Common Foot Disorders

Bunion

• A bunion, one of the most common foot problems, is an abnormal prominence of the inner aspect of the 1st metatarsal head, accompanied by bursal formation, that results in a lateral or valgus displacement of the great toe
• Also known as hallux valgus, bunions are painful swellings that usually develop on the inner side of the foot near the base of the first toe, or hallux. They result from abnormal bone formation in the first metatarsalphalangeal joint and misalignment of the first toe, and can also be related to inflammation or to degenerative disease such as osteoarthritis
• “Hallux abducto valgus” (HAV) is a term that refers to the hallux going away (abducting) from the midline of the body and twisting so the inside edge touches the ground and the outside edge turns upward
• Bunions cause redness, tenderness, and pain, and alter the normal position of the first toe. Bunions worsen over time and cause discomfort, difficulty walking, and skin problems such as corns and lesions. Inflammation of the bunion can cause additional swelling, redness, and pain
• Bunions often run in families, suggesting that the inherited shape of the foot may predispose individuals to this condition
• Pronated or pes planus feet are unstable and often lead to bunion formation. Body weight is repeatedly transferred to the hallux while walking, and in flat feet, this transfer of weight allows certain muscles to become stronger than others, leading to bending and deformation of the great toe
• Bunions may also be caused by tight, pointy-toed, or high-heeled shoes, and shoes that are too small. Women get bunions much more often than men, and improper shoes exacerbate the underlying cause of flat, unstable feet
• Typically, bunions begin as a bump or outward bend of the big toe that is only a cosmetic concern. However, the misaligned, outward-bending toe stretches the ligaments that connect the foot bones and pulls against the tendons, gradually drawing the toe farther out of line
• Over time, the big toe continues to twist until it no longer lines up properly with its corresponding metatarsal and the end of the metatarsal may become enlarged. Pressure from the first toe can result in deformity of the metatarsalphalangeal joint in the second toe, pushing it toward the third toe, leading to pain

Prevention and Management

• In early stages, soaking feet in warm water can provide temporary relief.
• The best way to alleviate the pain associated with bunions is to wear properly fitting shoes
• Shoes designed with a high, wide toe box are recommended for people suffering from several forefoot disorders, including bunions
• Shoes with rocker soles will unload pressure to the bunion area
• Orthotics are also recommended for this condition to provide extra comfort, support, and protection
• Other conservative treatments include using forefoot products designed to accommodate and relieve bunions such as bunion shields, bunion night splints, and bunion bandages
• These conservative treatments can limit the progression of the bunion formation, relieve pain and provide a healthy environment for the foot
• Refer patients to a foot care specialists if conservative management options are not successful

Tailor's Bunion/Bunionette

• A bunion that occurs at the base of the fifth toe, bunionettes are much more common in women than in men, primarily because of wearing high heels. Any shoes that are pointed, such as cowboy boots, can cause the condition. As one might suspect, bunionettes are uncommon in societies in which shoes are infrequently worn
• They can also be caused by an outward angulation of the 5th metatarsal shaft

Prevention and Management

• Management and prevention options are similar to those in bunions. Please see above information for bunions

Calluses

• Calluses are thick areas of skin that form in response to repeated pressure and friction that are intended to protect the skin and the structures beneath it from injury. There are certain areas of the foot where callus formation is common, including the sole of the foot, on the heel, or under the metatarsal heads. These are areas that generally bear most of the pressure and friction associated with standing and walking. As the callus thickens, additional pressure against the skin inside the shoe results in pain. A callus on the foot usually indicates a biomechanical problem resulting in excessive pressure between the skin and the underlying bone
• Calluses tend to develop under the metatarsal heads for two reasons. Either one or more of the metatarsal heads is too low, causing it to bear more pressure than the others or one of the metatarsals, normally either the first or fifth, is unstable and shifts weight to those adjacent to it – typical in individuals with pes planus because of instability of the foot secondary to a lowered plantar arch
• When weight is applied to the first metatarsal, it drifts upward, causing the second metatarsal to accept extra weight. The second metatarsal is not capable of supporting this extra force resulting in a protective callus formation

• This process can occur with the other metatarsals as well, and more than one callus often forms on the foot at the same time. In many cases, a single large callus develops across the entire metatarsal pad on both feet

• In parts of the world where people commonly go barefoot most of the time, a thick layer of callus along the plantar surface of the feet often forms, providing protection

**Prevention and Management**

• Properly fitted footwear is the key to preventing and managing calluses

• Shoes should have a wide enough toe box to accommodate the foot, and not be too tight or too loose

• If a patient does not have diabetes, management strategies include soaking the affected area in warm water and using a pumice stone or callus file to soften and reduce the size of the callus. If the individual has diabetes or another condition that requires medical attention, he or she should see a foot specialist who can trim the callus by shaving off the dead layers of skin with a scalpel in order to restore the normal contour of the skin, and reduce pressure and pain

• Other strategies include wearing a donut-shaped foam pad over the callus to help relieve pressure. Additionally, calluses that appear between the toes or at the tips of toes can be reduced by wearing special padding or devices to separate the toes

• Always refer the patient to a podiatrist or physician if any of the following apply:
  • A callus is too thick for self management
  • The patient cannot undertake careful self management
  • Signs of infection appear, such as redness or pus drainage
  • If the corn or callus is caused by an underlying foot abnormality, such as hammertoe, correcting the deformity is the most effective treatment, so referral is important

**Clawtoe and Hammertoe**

In foot anatomy, at least six sets of muscles control each toe. The extensor digitorum longus and extensor digitorum brevis tendons join on the dorsal aspect of the toes, and insert into the middle and distal phalanges of each toe. On the plantar aspect of the toes, there are two additional muscles that remain separate, and each muscle stabilizes one of the bones in the toe. Additionally, the flexor digitorum longus muscle attaches to the bone at the end of the distal phalanx and the flexor digitorum brevis attaches to the middle phalanx. When there is an imbalance in the foot, these smaller muscles can be overpowered by the larger flexor and extensor muscles. Likewise, if a foot is pronated, the two flexor muscles can overpower the others because a flat foot is longer than a foot with a normal arch, and when the foot flattens and lengthens, this leads to a greater than normal tension in the toes. This results in one of two possible deformities, hammertoe or clawtoe, depending on which muscle contracts first
Claw Toe

- If the flexor digitorum brevis contracts first and overpowers the rest of the muscles in the toe, the middle phalanx is pulled downward, causing the joint between the proximal and middle phalanges to buckle upward.
- Claw toe refers to a condition in which there is a high arched foot and toes hyperextended at the metatarsophalangeal joint and flexed at the distal joints.

Hammer Toe

- If the flexor digitorum longus contracts first and overpowers the smaller muscles, it can pull on the proximal phalanx, causing the outer two joints of the toe to bend downward.
- A hammertoe refers to a condition in which there is a fixed or supple contracture of the proximal interphalangeal joint.

Prevention and Management

- Patients should wear properly fitted shoes with soft, roomy toe boxes that allow the toes to curl under, and should avoid wearing tight, narrow-toed shoes.
- Other measures include wearing cushions and donut-shaped pads to help alleviate mild joint pressure and pain, and encourage toe exercises and stretches.
- Refer patients to a podiatrist or other medical specialist if there is moderate pain, or if pain is worsening over time.

Crossover toe

- Crossover toe is a condition in which there is joint instability of the second toe leading to misalignment and drift.
- This is a common foot problem that can inhibit physical activity for older Americans, especially those individuals with hammertoes, bunions or a second toe that extends beyond the big toe.
- The first symptom of crossover toe is usually pain in the ball of the foot caused by a tear in the underlying joint capsule that allows the second toe to fall out of alignment and eventually drift.

Morton’s Neuroma

- Thickening or swelling of a nerve near the toes, morton’s neuroma typically manifests between the third and fourth toes of the foot.
- Associated with a burning or shooting pain in the ball of the foot that commonly radiates into the toes and can lead to a numbness sensation in the toes. There is frequently a sensation of walking on a marble and pain tends to worsen during activity or when wearing shoes.
**Prevention and Management**

- Recommend shoe modifications such as shoe cushions or encourage wearing wide, roomy shoes in order to take pressure off of the inflamed nerve
- Orthotic devices are beneficial in repositioning weight and pressure and preventing further nerve irritation
- Referral to a foot care specialist is recommended as they can provide further treatment options

**Morton’s Toe**

- A common forefoot disorder in which the first metatarsal is shorter than the others, leading to the appearance of a longer second toe
- This can lead to excessive pressure placed on the second metatarsal head, resulting in pain similar to that experienced in metatarsalgia
- Additionally, the constant pressure placed on the longer second toe while walking or standing can lead to callus formation under the second metatarsal head due to this excessive pressure

**Management**

- Recommend properly fitted footwear with a high and wide toe box

**Ingrown toenail**

- Ingrown toenails result when the edge of the toenail grows into the skin of the toe. Most common in the great toe, ingrown toenails can occur in any toe, and usually result from curved toenails, poorly fitting shoes, toenails that are trimmed improperly, or a toe injury
- The skin surrounding the toenail can become infected as a result of the inwardly growing toenail, therefore this condition can become very serious in patients with diabetes

**Prevention and Management**

- Prevention of ingrown toenails includes the following strategies
  - Recommend properly fitted shoes
  - Stress to patients the importance of trimming toenails straight across the top but not too short
  - Have him/her keep feet clean and dry
  - Always remind patients with diabetes to have routine foot examinations, nail care, and to inspect feet daily
- Management strategies include having the patient:
  - Soak the toe in warm water saturated with table salt and repeat several times a day
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- Wear open-toed shoes or sandals to keep pressure off of the ingrown nail area
- Gently lift the ingrown nail from its embedded position and insert a strip of sterilized cotton between the nail and the skin and change this packing daily
- Refer the patient to a foot care specialist if the toenail appears infected, or if the infection does not improve after treatment

Metatarsalgia

- Metatarsalgia is a general term used to describe a painful foot condition that occurs in the metatarsal region of the foot
- Any abnormality of the foot that results in faulty weight distribution may produce forefoot pain, and metatarsalgia pain is a common finding in patients with hallux valgus, claw toes, pes cavus, and pes planus
- Prevention and management options should include the use of properly fitted footwear

Corn

- Corns are thickened areas of skin that form in response to excessive pressure and friction, as the result of the body's attempt to protect the skin and the structures beneath it
- Corns are usually hard and circular, with a polished or translucent center that resembles a kernel of corn, may become painfully inflamed in response to persistent, excessive pressure or friction and ulcerated by rubbing against each other
- Two types of corn
  - Heloma durums (hard corns) are the most common type that develops on the tops and tips of the toes and along the sides of the feet
    - Improperly fitted shoes is the most common cause of heloma durums, since toes that are curled into shoes with tight toe boxes cause the toes to press against the inside of the shoe at the joints with the tip of the toe pressed against the sole. As a result, the skin thickens at the contact point forming a hardened area that protects the underlying structure
  - Heloma molles (soft corns) develop between the toes and are sometimes referred to as "kissing corns"
    - The most common cause of heloma molles is when the ends of the toe bones are too wide, leading to friction in between the toes, a problem aggravated by tight-fitting shoes
    - Individuals with normal toe bones can also develop soft corns, especially in women who wear high-heel shoes

Prevention and Management

- Heloma Durum
  - Recommend that the patient wear wider shoes or sandals
If the toes are flexible and can be straightened, an orthotic, or possibly a small pad, may enable the toe to return to a normal position

- **Heloma Molle**
  - Recommend that the patient with excessively wide toe bones switch to wider shoes with more room between the toes
- If the corn is excessively painful or bothersome, refer the patient to a foot care specialist for treatment

**Foot Ulcer**

- A local sore most commonly found on the surface of a toe or foot area, produced by the sloughing of inflammatory necrotic tissue
- Refer patients, especially patients with diabetes, vascular system problems, or immune system disorders, immediately to a physician or foot care specialist when they present with a foot ulcer

**Osteoarthritis**

- The most common type of arthritis, osteoarthritis is characterized by the wearing away of cartilage around the joints. It is also known as “wear and tear” arthritis, and is a non-inflammatory degenerative joint disease that is accompanied by pain and stiffness in the joints
- Pain and soreness associated with osteoarthritis is caused by deterioration of cartilage in the joints, not by inflammation
- Typical symptoms include pain in frequently used joints such as the hands, shoulders, hips, knees, and the first metatarsalphalangeal joint. The most affected joints are typically the weight bearing joints

**Management**

- Proper footwear includes shoes with an extra-wide toe box, arch supports, or, orthotic devices, to relieve pressure on the affected joints
- Resting the affected joints can help relieve joint pain and prevent further damage
- The use of hot and cold compresses, hot to reduce stiffness and cold to relieve pain, can help relieve symptoms
- The use of regularly scheduled medications such as acetaminophen, anti-inflammatory medications such as ibuprofen or naproxen, or other drugs prescribed by a physician can help control pain
- Regular low impact exercise can help maintain strength and muscle tone
- Weight loss, or maintenance of a healthy weight can help reduce excess strain on the affected joints
Genu Valgum

- Also known as “knock-knee”, genu valgum is a valgus knee deformity in which the lower legs distal to the knees point away from the midline, the knees are abnormally close together, and the space between the ankles is increased.
- This condition is frequently seen in children between the ages of 2 and 4 years old, is usually benign if symmetrical and independent of any other abnormality, and in most cases resolves by the age of 6 years old.
- In older patients genu valgum may occur in association with rheumatoid arthritis or osteoarthritis.
- Genu valgum may present secondary to uncorrected fractures of the lateral tibial table and after a variety of paralytic neurological disorders.

Genu Varum

- Also known as “bow-legged” genu varus is a varus knee deformity in which the lower legs distal to the knees point toward the midline, the knees are abnormally separated, and limbs of the lower extremity are bowed inward.
- This condition is not uncommon in infants and is normal in a child less than 2 years old, and usually corrects with growth, although it can be caused by a growth disturbance of the tibial epiphysis and the tibial shaft.
- Non-traumatic causes can include rickets, Paget's disease, scurvy, fibroid dysplasia, Blount's disease, and various other bone diseases, as well as degenerative arthritis.

Pes Planus

- Pes planus, also known as “flat foot” or “fallen arches” is a condition where the arch or instep of the foot collapses and comes in contact with the ground, although in some individuals, this arch never develops.
- The position of the bones relative to each other has been altered, with a lowering of the longitudinal arch.
- Flat feet may be associated with pronation, a leaning inward of the ankle bones toward the center line.
- Pes planus rarely causes pain or other problems, and is a common condition.
- In infants and toddlers, the longitudinal arch is not developed and flat feet are normal until the arch develops in childhood.
- By adulthood, most people have developed normal arches, and in those individuals who do not develop them, the majority are considered variations of normal feet.
- Flat feet that are painless do not require treatment.

Prevention and Management
- If pain is due to flexible flat feet occurs, an orthotic can be recommended
- Rigid or painful flat feet require the evaluation of a foot care specialist, and treatment will depend upon the cause

**Pes Cavus**

- Pes cavus, also known as ‘high arch’, is a condition that describes an excessively elevated toe-to-heel arch of the foot
- Pes cavus is the opposite of flat feet, much less common than flat fees, and more likely to be associated with an abnormal orthopedic or neurological condition
- Neuromuscular diseases that cause changes in muscle tone may be associated with the development of high arches
- Unlike pes planus, pes cavus feet tend to be painful because of increased stress placed on the metatarsals. Highly arched feet may make it difficult to fit shoes, generally require a foot support, and can cause significant disability

**Prevention and Management**

- Corrective shoes including arch inserts and/or support insoles may help to relieve pain and can improve walking
- Individuals presenting with highly arched feet should be referred to a physician and/or foot care specialist to be evaluated for underlying neurological and orthopedic conditions

**Talipes Equinovarus Deformity**

- This condition refers to a complex deformity involving many bones, articulations, and soft-tissue structures
- A form of clubfoot disorder, in talipes equinovarus, the heel is elevated and turned outward from the midline of the body, due to a displacement of the navicular, calcaneus and cuboid bones around the talus

**Management**

- Special shoes are required in managing this deformity
- Referral to a foot care specialist should always be made if a patient presents with this deformity

**Plantar Warts**
Plantar warts are painful epidermal tumors that occur on the plantar surface of the foot, caused by human papilloma virus. Manifested as gray brown bumps on the skin, plantar warts also have tiny black dots that look like seeds, but are actually capillaries that provide nutrition to the wart. Sometimes mistaken as calluses or corns, plantar warts are similar in structure to an iceberg since these are sometimes rough, bumpy, spongy superficial areas that grow into the deep layers of the skin.

**Prevention and Management**

- Plantar warts are caused by exposing the tissues of the foot to the virus, usually through broken skin. Wearing shoes and/or socks in public areas can help decrease the incidence of plantar warts.
- Keep foot clean and use a pumice stone to soften the affected area.
- Salicylic acid treatments can be applied repeatedly to soften the wart and expose the virus.
- Referral to a foot care specialist is necessary when there are clusters of plantar warts, pain involved, or when the over-the-counter salicylic acid applications are not effective.

**Achilles Tendinitis**

- Achilles tendinitis causes inflammation and degeneration of the achilles tendon, the large tendon located in the back of the leg that inserts into the heel, and can be aggravated by activities that repeatedly stress the tendon, causing inflammation. In some cases even prolonged periods of standing can cause symptoms.
- The pain caused by achilles tendinitis can develop gradually without a history of trauma, and can be a shooting pain, burning pain, or even an extremely piercing pain, and is a common problem often experienced by athletes, particularly distance runners. Achilles tendinitis is a difficult injury to treat in athletes due to their high level of activity and reluctance to stop or slow down their training, however, it should not be left untreated due to the danger that the tendon can become weak and ruptured.
- Individuals who suffer from achilles tendinitis often complain that their first steps out of bed in the morning are extremely painful. Another common complaint is pain after steps are taken after long periods of sitting. This pain often lessens with activity.
- The most common cause of achilles tendonitis is over-pronation, which occurs in the walking process when the arch collapses upon weight bearing, adding stress on the achilles tendon. Other factors that lead to achilles tendinitis are improper shoe selection, inadequate stretching prior to engaging in athletics, a short achilles tendon, direct trauma to the tendon, and heel bone deformity.

**Prevention and Management**
Proper stretching and warm-up prior to exercise is important in preventing achilles tendinitis in athletes, who should also decrease the distance of their walk or run. Apply ice after the activity and avoid any uphill climbs if managing achilles tendonitis.

Use of an orthotic device, heel cup, or heel cradle for extra support: A heel cup or heel cradle elevates the heel to reduce stress and pressure on the achilles tendon. The device should be made with light-weight, shock absorbing materials.

An orthotic device can be used to control over-pronation, support the longitudinal arch, and reduce stress on the achilles tendon.

Arch Pain / Arch Strain

Arch pain or arch strain refers to an inflammation and/or burning sensation at the arch of the foot.

Arch pain can be caused by a structural imbalance or an injury to the foot, however, the most frequent cause is plantar fasciitis.

The plantar fascia is a broad band of fibrous tissue located along the bottom surface of the foot that runs from the heel to the forefoot. Excessive stretching of the plantar fascia, usually due to over-pronation, causes plantar fasciitis.

The inflammation caused by the plantar fascia being stretched away from the heel often leads to pain in the heel and arch areas. The pain is often extreme in the morning when an individual first gets out of bed or after a prolonged period of rest.

If this condition is left untreated and strain on the longitudinal arch continues, a bony protrusion may develop, known as a heel spur. It is important to treat the condition promptly before it worsens.

Prevention and Management

Encourage patients to avoid high-heeled shoes whenever possible, opting instead for footwear with a reasonable heel, soft leather uppers, shock absorbing soles and removable foot insoles.

When arch pain is pronation related, an orthotic designed with a medial heel post and proper arch support is recommended for treating the pain. This type of orthotic will control over-pronation, support the arch and provide the necessary relief.

Heel Pain

Heel pain is a common condition in which weight bearing on the heel causes extreme discomfort.

There are two different categories of heel pain: over-use repetitive stress. A soreness resulting from too much impact on a specific area of the foot, is often referred to as "heel pain syndrome" and can be caused by shoes with heels that are too low, a thinned out fat pad in the heel.
area, or from a sudden increase in activity. The second cause is plantar fasciitis

Prevention and Management

- Managing heel pain requires shock absorption, cushioning and elevation of the heel to transfer pressure
- This can be accomplished with a heel cup, heel cradle, or an orthotic designed with materials that will absorb shock and shear forces
- When the condition is pronation related, generally due to plantar fasciitis, an orthotic with medial posting and good arch support will control the pronation and prevent the inflammation of the plantar fascia
- Footwear selection is also an important criteria when treating heel pain. Shoes with a firm heel counter, good arch support, and appropriate heel height are the ideal choice

Heel Spurs

- A heel spur develops as an abnormal growth of the heel bone. Calcium deposits form when the plantar fascia pulls away from the heel area, causing a bony protrusion, or heel spur to develop. Pain associated with heel spurs is thought to result from the plantar fascia inflammation and not from the heel spur itself
- The calcaneus, or heel bone, is the largest bone in the foot and absorbs most of the shock and pressure applied to the foot
- This stretching of the plantar fascia is usually the result of over-pronation but people with pes cavus feet can also develop heel spurs
- Women have a significantly higher incidence of heel spurs due to the types of footwear often worn on a regular basis

Prevention and Management

- Heel spurs are managed by alleviating the excessive stretching of the plantar fascia
- Options include the use an orthotic with rearfoot posting and longitudinal arch support to reduce the over-pronation, and allow the condition to heal
- Other common treatments include stretching exercises, weight loss and/or weight maintenance, wearing shoes with a shock absorbing cushioned heel, and elevation of the heel via the use of a heel cradle, heel cup, or orthotic
- Heel cradles and heel cups provide extra comfort and cushion to the heel, and reduce the amount of shock and shear forces experienced from everyday activities

Plantar Fasciitis
Plantar fasciitis is an inflammation of the plantar fascia, or plantar aponeurosis, a broad band of fibrous tissue, which runs along the bottom surface of the foot and attaches the heel bone to the forefoot.

Excessive stretching of the plantar fascia results in plantar fasciitis, which can also lead to heel pain, arch pain, and heel spurs.

Other causes of plantar fasciitis include: pes planus, which results in the arch collapsing upon weight bearing; pes cavus, a foot with an unusually high arch; a sudden increase in physical activity; excessive weight on the foot, usually attributed to obesity or pregnancy; and improperly fitting footwear.

The pain associated with plantar fasciitis is noticeable at the medial plantar side where the heel and arch meet.

The pain is most acute either first thing in the morning or after a long rest, because while resting the plantar fascia contracts back to its original shape. As the day progresses and the plantar fascia continues to be stretched, the pain often subsides.

**Prevention and Management**

- Stretching exercises, especially stretching the calf muscles and achilles tendon, plantar fasciitis night splints, wearing shoes that have a cushioned heel to absorb shock, and elevating the heel with the use of a heel cradle or heel cup can help decrease inflammation and pain.
- Heel cradles and heel cups provide extra comfort, cushion the heel, and reduce the amount of shock and shear forces placed during everyday activities.
- Other management modalities include orthotics or insoles to accommodate and comfort the foot.

**Post-Tibial Tendon Dysfunction**

- Post-Tibial Tendinitis (PTT) results from a strain placed on the posterior tibial tendon, which runs along the inside of the ankle and the foot. With PTT, the tendon does not function to hold up the arch, and results in flat feet, which can lead to heel pain, arch pain, plantar fasciitis and/or heel spurs.
- Pain will be more severe upon weight bearing, especially while walking or running.
- PTT occurs when the muscle is overused and the tendon is strained, or when an individual has had pes planus long-term. If overuse of the muscle continues, tendinitis can develop.
- If you keep overusing the muscle, damage to the tendon builds up and tendinitis can develop, and intermittent pain or swelling may become permanent.

**Prevention and Management**
• To help prevent PTT recommend the following to patients:
  o Shoes that provide cushioning, support and shock absorption
  o Orthotics with sufficient arch support that are constructed from shock absorbing, cushioning materials
  o Varying exercise routines, to help keep one set of muscles from being under continuous stress
• To manage PTT, recommend that patients
  o Limit activity and rest the foot
  o Use foot orthoses with rearfoot posting and longitudinal arch support, designed with materials to comfort the foot and absorb shock, can reduce strain on the post tibial tendon and prevent excessive stretching of the plantar fascia
  o See a foot care specialist

Terminology

• **Achilles tendinitis:** Inflammation and degeneration of the achilles tendon, the large tendon located in the back of the leg that inserts into the heel, and can be aggravated by activities that repeatedly stress the tendon, causing inflammation. In some cases even prolonged periods of standing can cause symptoms
• **Arch pain:** Inflammation and/or burning sensation at the arch of the foot that can be caused by a structural imbalance or an injury to the foot: the most frequent cause is plantar fasciitis
• **Arch strain:** Inflammation and/or burning sensation at the arch of the foot that can be caused by a structural imbalance or an injury to the foot: the most frequent cause is plantar fasciitis
• **Bunion:** Also known as hallux valgus, a bunion is one of the most common foot problems. Characterized by an abnormal prominence of the inner aspect of the 1st metatarsal head, accompanied by bursal formation, and resulting in a lateral or valgus displacement of the great toe, bunions are painful swollen areas that occur at the hallux, or great toe
• **Bunionette:** Also known as a tailor’s bunion, this is a bunion that occurs at the base of the fifth toe, and is much more common in women than in men, primarily because of wearing high heels
• **Calluses:** Thick areas of skin that form in response to repeated pressure and friction that are intended to protect the skin and the structures beneath it from injury
• **Clawtoe:** A condition in which there is a high arched foot and toes hyperextended at the metatarsophalangeal joint and flexed at the distal joints
• **Corns:** Thickened areas of skin that form in response to excessive pressure and friction, as the result of the body’s attempt to protect the skin and the structures beneath it
• **Crossover toe:** A condition in which there is joint instability of the second toe leading to misalignment and drift
• **Genu valgum:** Also known as knock-knee, genu valgum is a valgus knee deformity in which the lower legs distal to the knees point away from the midline, the knees are abnormally close together, and the space between the ankles is increased
• **Genu varum**: Also known as ‘bow-leg’ genu varum is a varus knee deformity in which the lower legs distal to the knees point toward the midline, the knees are abnormally separated, and limbs of the lower extremity are bowed inward

• **Heel pain**: A common condition in which weight bearing on the heel causes extreme discomfort caused generally by either over-use repetitive stress or plantar fasciitis

• **Heel spur**: An abnormal growth or protuberance of the heel bone formed by calcium deposits left when the plantar fascia pulls away from the heel area

• **Heloma durums**: Also known as hard corns, these are the most common type develops on the tops and tips of the toes and along the sides of the feet

• **Heloma molles**: Also known as soft corns, these corns develop between the toes and are sometimes referred to as "kissing corns"

• **Ingrown toenail**: The edge of the toenail grows into the skin of the toe. Most common in the great toe, ingrown toenails can occur in any toe, and usually result from curved toenails, poorly fitting shoes, toenails that are trimmed improperly, or a toe injury

• **Metatarsalgia**: A general term used to describe a painful foot condition that occurs in the metatarsal region of the foot

• **Morton’s neuroma**: Thickening or swelling of a nerve near the toes, typically manifests between the third and fourth toes of the foot

• **Morton’s toe**: A common forefoot disorder in which the first metatarsal is shorter than the others, leading to the appearance of a longer second toe

• **Osteoarthritis**: The most common type of arthritis, osteoarthritis is characterized by the wearing away of cartilage around the joints. It is also known as “wear and tear” arthritis, and is a non-inflammatory degenerative joint disease that is accompanied by pain and stiffness in the joints

• **Pes cavus**: Also known as ‘high arch’, is a condition that describes an excessively elevated toe-to-heel arch of the foot

• **Pes planus**: Also known as “flat foot,” this is a condition in which the arch or instep of the foot collapses and comes in contact with the ground, although in some individuals, this arch never develops

• **Plantar fasciitis**: An inflammation of the plantar fascia, or plantar aponeurosis, a broad band of fibrous tissue, which runs along the bottom surface of the foot and attaches the heel bone to the forefoot. Frequently associated with heel spurs

• **Plantar warts**: Painful epidermal tumors that occur on the plantar surface of the foot, caused by human papilloma virus

• **Post-Tibial Tendon Dysfunction**: Tendinitis that results from a strain placed on the posterior tibial tendon, leading to an inability of the tendon to hold up the arch resulting in flat feet, which can lead to heel pain, arch pain, plantar fasciitis and/or heel spurs

• **Talipes Equinovarus Deformity**: A complex deformity, actually a form of clubfoot, involving many bones, articulations, and soft-tissue structures in which the heel is elevated and turned outward from the midline of the body

• **Ulcer**: A local sore most commonly found on the surface of a toe or foot area, produced by the sloughing of inflammatory necrotic tissue
Resources:

For more images, please go to images.yahoo.com or images.google.com and type in any foot condition name and then search