

Potsdam Fibromyalgia Support Group Newsletter

October, 2016

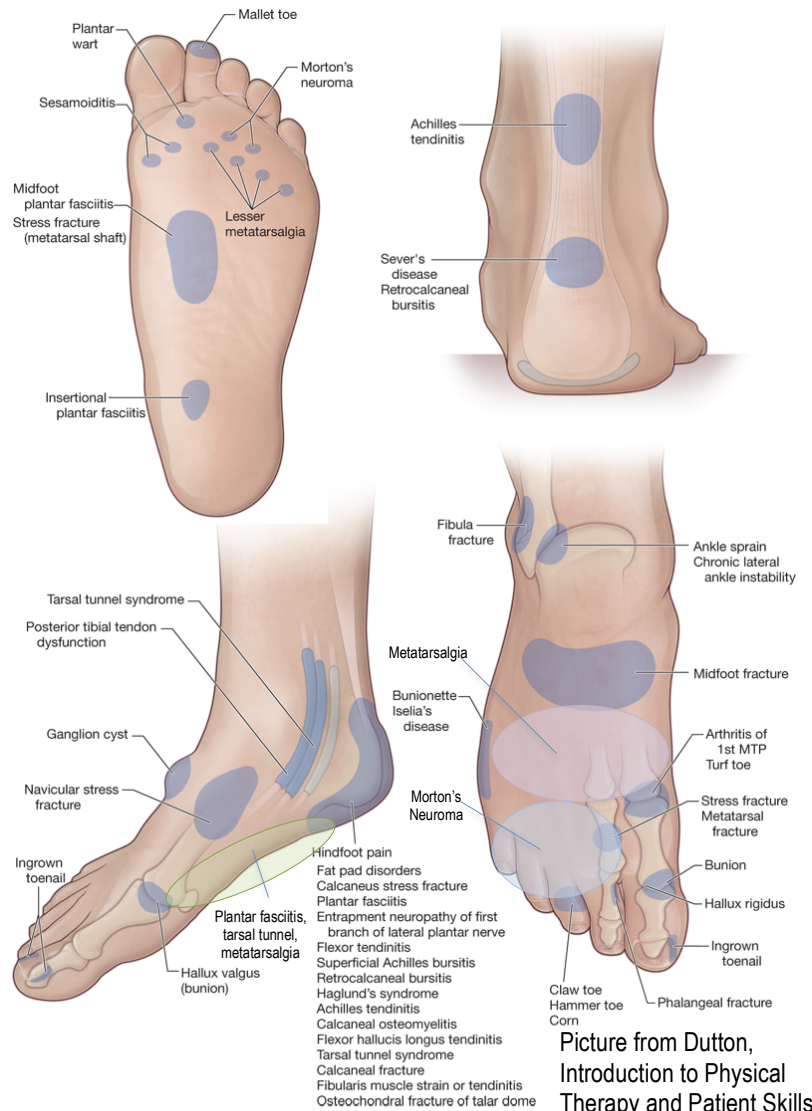
“Oh, My Aching Feet!”

People with FM often have foot pain. And when your feet hurt, just walking can be incredibly painful. Sometimes foot pain can be managed if you understand what is causing it and you are able to address the causes. So, this newsletter will discuss a few of the common sources of foot pain that people with FM are particularly vulnerable to. The picture on this page shows many of the non-trigger point (TrP) causes of pain; on the next page are TrP that can refer to the foot. It is very important to figure out whether your pain is due to a TrP or not, because that determines what treatments will help. For example, anti-inflammatory medication will not help plantar foot pain due to a gastrocnemius TrP.

Starting with non-trigger point pain. People with FM are particularly vulnerable to nerve compression disorders, and 2 common ones affect the foot: tarsal tunnel syndrome causes pain on the sole of the foot (often mistaken for plantar fasciitis), and Morton's neuroma causes shooting electric pain into the toes – usually the 3rd and 4th toes. Tarsal tunnel is aggravated by flat arches and lack of arch support in shoes. Wearing sandals in the summer or boots in the winter can aggravate tarsal tunnel. Morton's neuroma occurs when the small nerves between the foot bones get compressed. Morton's neuroma can also be aggravated by shoes that lack arch support if you have flat feet, and by tight shoes that squeeze the forefoot.

Metatarsalgia is a deep, aching pain in the middle of the foot, and can be felt on the top or bottom of the foot. It is aggravated by flat feet or tight shoes. Metatarsalgia can lead to or be present along with Morton's neuroma.

Plantar fasciitis occurs when the thick connective tissue in the sole of the foot is irritated. The defining feature is severe pain in the first few steps in the morning. It is aggravated by both flat feet and high arches, as well as tight calf muscles, unsupportive shoes, and even tight or weak thigh muscles. Many TrP cause pain in the sole of the foot, so be sure to look for and address TrP as well.



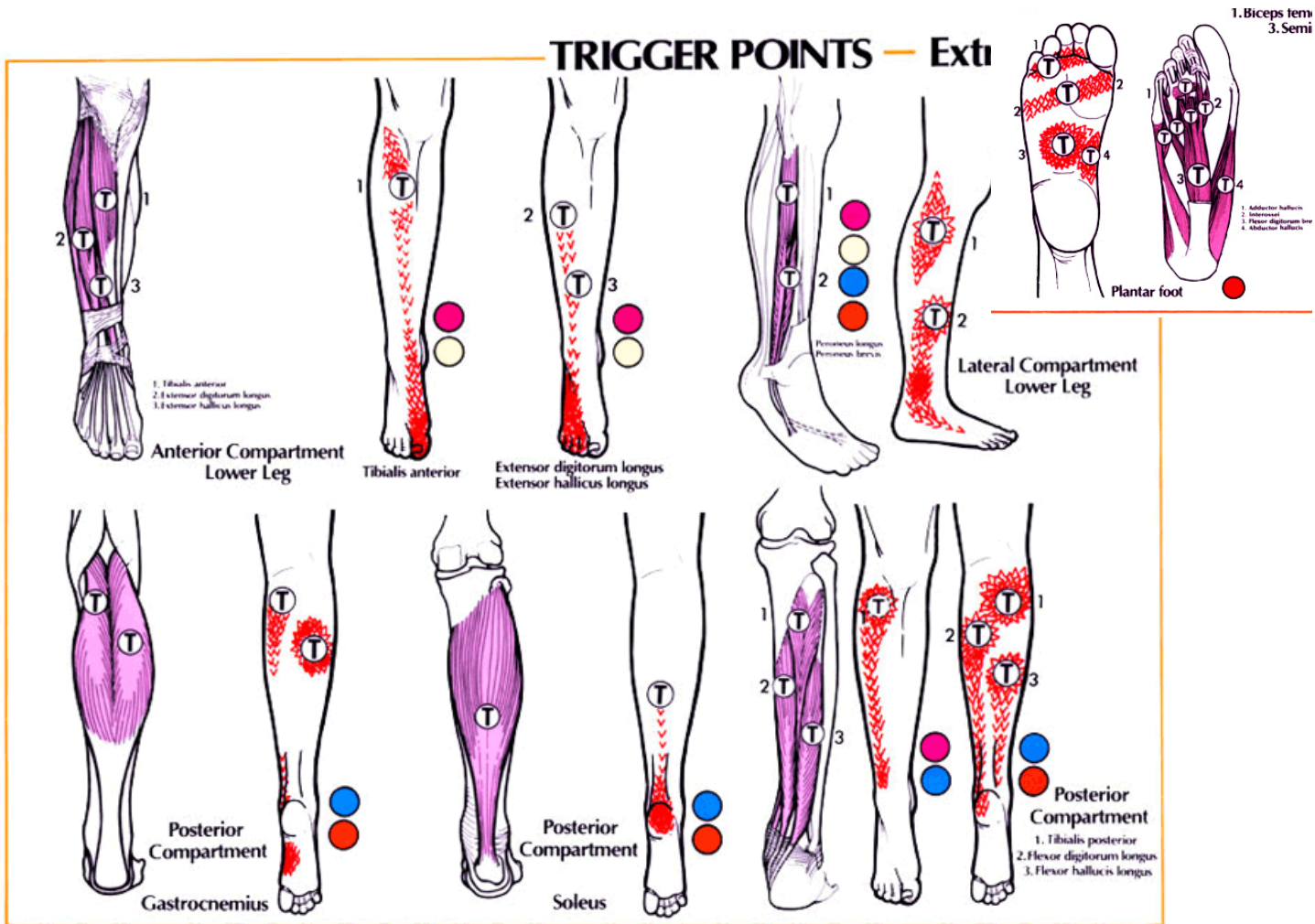
Source: Mark Dutton: Introduction to Physical Therapy and Patient Skills
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Picture from Dutton,
Introduction to Physical
Therapy and Patient Skills

Hallux valgus and bunions are caused when the big toe points outward rather than forward, causing an angle at the toe joint. Bunions can also occur on the little toe, when it points inward. People with FM are often hypermobile, making this problem more common. Tight shoes can aggravate this problem.

The website Foot.com has a foot pain identifier that might help you figure out which of these problems may be causing your foot pain:

<http://www.foot.com/site/foot-pain-identifier>



People with FM often have TrP, and many TrP can cause foot pain. The picture, above, shows where the TrP is (marked as "T"), and where the pain is commonly felt (red shaded areas). Several muscles can cause pain in the plantar fascia, mimicking plantar fasciitis, tarsal tunnel, or metatarsalgia: gastrocnemius, soleus, tibialis posterior, and toe flexors both in the calf and toe flexors in the foot (inset picture, above). These TrP are aggravated by walking. The muscles in the foot are also aggravated by having either flat feet or high arches.

Pain on the top of the foot can be caused by TrP in the muscles on the front of the shin: tibialis anterior and toe extensors. These TrP are aggravated by bending the ankle up (e.g., lifting the toes), as in holding your foot over but not on the brakes in the car; also, loose sandals or heavy shoes overwork these muscles. Pain on the outside of the ankle and foot can be caused by TrP in the fibularis (or peroneal) muscles. These muscles can be over-worked by walking on uneven or soft surfaces.

Trigger points can often be managed by avoiding the aggravating activity, stretching the muscle, applying TrP pressure, ice, heat, or a menthol rub. A physical therapist can help you figure out what is

causing your foot pain, and how you can best manage it. As always, this newsletter simply tries to present health information and cannot be used to make medical diagnoses or decisions. Discuss treatment options with your health care providers.

Web resources:

- <http://www.foot.com/site/foot-pain-identifier>
- <http://www.balanceinmotionsb.com/trigger-point-referral-pattern>

Meeting Tuesday, October 4th

The Potsdam Fibromyalgia Support Group meets next on **Tuesday, October 4th, noon-1 pm**. Topic is **"Oh, My Aching Feet"**. Anyone with a chronic illness is welcome, as are friends and family.

This newsletter is a joint effort of Clarkson University and Canton-Potsdam Hospital. If you would like to receive these newsletters electronically, please send your email address to lrussek@clarkson.edu.

You can access current and previous Potsdam Fibromyalgia Support Group Newsletters on our web site: www.people.clarkson.edu/~lrussek/FMSG.