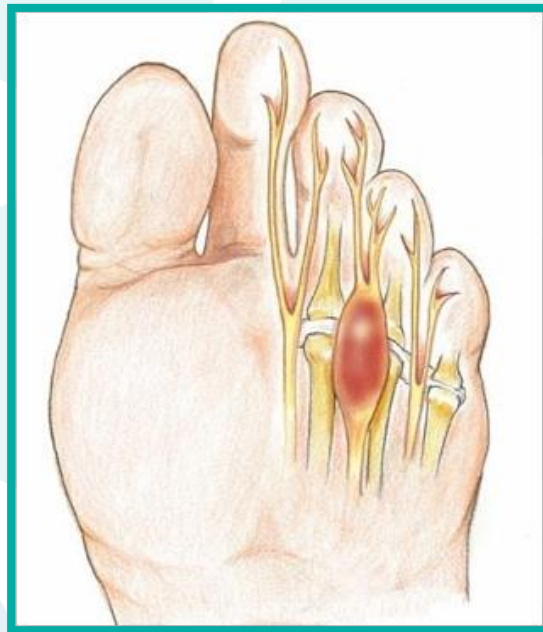


## Morton's Neuroma Information & Exercise

# Morton's Neuroma

Morton's neuroma is an enlargement of a nerve which runs in between the long bones of the foot called the metatarsals. This enlargement causes swelling and irritation of the nerve, which can cause pain in the ball of the foot that radiates into the toes. It most commonly affects the 3rd webspace but can occur in the 2<sup>nd</sup> and 4<sup>th</sup> webspace also.

The condition usually occurs between 40 and 60 years of age and tends to be more common in woman than in men.



## Causes

The cause of Morton's neuroma is due to repetitive compression and irritation of one of the nerves which sits in between two metatarsal bones and underneath a ligament that connects the two bones together. As the nerve becomes irritated, it can lead to swelling and the formation of scar tissue, reducing the space available, and leading to further compression.

Footwear can play a significant role in both the cause and the management of symptoms. Poor fitting footwear such as tapered shoes with insufficient toe box space, can compress the nerve leading to a worsening of symptoms.

Other things that increase the possibility of developing a Morton's Neuroma:

- Poor foot arch control resulting in excessive pronation whereby the foot rolls in excessively.
- Being overweight

## Symptoms

You may feel sharp and stabbing pains around the ball of your foot or the base of your toes.

Your foot may feel like there's a pebble in your shoe or a sock is bunched up. Your toes might burn, tingle or feel numb.

Your pain will likely get worse the more you walk or when you wear shoes that squeeze your feet.

The pain tends to ease off at night and removing shoes may give you some relief.

## Management

Conservative management is usually the first line of treatment in the management of Morton's Neuroma. The goal should be on removing pressure and irritation on the affected nerve.

This can be done by:

- Avoiding high-heeled shoes which move your bodyweight onto the balls of your feet and changing to a shoe with a wider and deeper toe box.
- Using a metatarsal pad can help to reduce pressure by raising the central part of the forefoot and spreading the metatarsals away from each other, increasing the space between them and taking the pressure off the nerve.
- Wearing an arch support insole. By reducing pronation, an insole may help to alleviate your pain.
- Reducing overall bodyweight

## Useful Tips

- Keep active without overdoing it (Little and often) with activities that don't aggravate your symptoms.
- If you have pain on the stairs, then use hand rails and supports; go up the stairs with the non-affected leg leading and come down with the affected leg leading.

## Pain & Symptom Management

### Pain Relief

#### Ice/Heat

Using Ice to cool the painful area can be helpful in managing pain. The smaller the body area the less time you will need to keep the ice on. Start with 5 minutes but no more than 15/20 minutes.

Use a damp towel between yourself and ice to prevent any cold burns. Regularly check your skin while using ice and remove immediately if any burn or injury occurs.

#### Medication

Over the counter pain relief or anti-inflammatory medication can be used to reduce your pain.

All medications have side effects and must be used carefully. Paracetamol and Ibuprofen are the most common over the counter pain killers. However, some medical conditions will prevent you from taking them so you should always check with your GP or Pharmacist to ensure they are safe for you.

#### Corticosteroid injections

A corticosteroid injection may be suggested if your symptoms aren't resolving with the above advice. A corticosteroid injection can be used to help settle pain and inflammation. This will not resolve the problem but may help to reduce pain and inflammation to the nerve. The pain can however re-occur, and the corticosteroid injections are not something that can be repeated on a regular basis due to the potential side effects.

#### Surgical Opinion

Surgery is an option after all other treatments have failed. It involves the removal of the neuroma through a cut on the top of the foot between the metatarsal bones. The affected webspace and side of the toes will remain numb but will no longer be painful.



Following surgery, your foot will be bandaged, and you will be required to wear a surgical shoe/boot for several weeks of inactivity. Depending on work and family commitments, this may not be a viable option for everyone.

## Other Resources

<https://www.nhs.uk/conditions/mortons-neuroma/>