Morton’s Neuroma

What is it?

Morton’s Neuroma (MN) is a painful condition that affects the common plantar digital nerve that runs between the metatarsals. It is the second most common nerve entrapment after Carpal Tunnel and will commonly affect the nerves running between the second and third, and third and fourth toes.

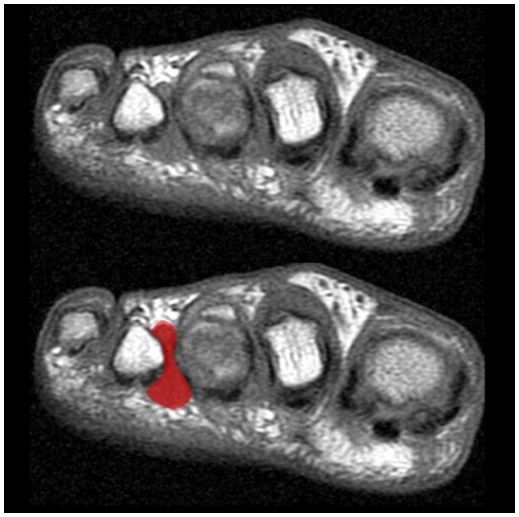


Clinical presentation

MN can present anywhere from a dull ache to a sharp burning pain and numbness depending on the severity of the condition. This will commonly be felt through the underside of the balls of the toes, as shown in the image to the right. People will often describe it as having a small rock in their shoe or walking on razorblades if severe enough. It will often be aggravated with walking and wearing tight shoes or high heels, and eased by rest. It is also more commonly experienced by middle-aged females.

Diagnosis

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Diagnosis is often made clinically, collating information from the person's subjective assessment and clinical testing. Direct pressure between the toe space will often reproduce the person's symptoms, as will compressing through the transverse arch of the foot. Your physiotherapist will also assess muscle strength, sensation and nerve dynamics.

Whilst neuromas are soft tissue abnormalities, your health professional may refer X-ray or MRI in order to rule out other pathologies such as arthritis and stress fractures. Ultrasound is more commonly used to help diagnose thickening of the interdigital nerve between the web spaces.

Management

Treatment of Morton's Neuroma should be a multimodal approach with physiotherapy, podiatry and medical management all at the forefront. The goal of treatment should be to help offload the entrapped nerve and minimise the load through the forefoot. Common management strategies across these professions may include:

- Activity modification and rest
- Appropriate footwear – tight toe boxes and high heels are common aggravators
- Orthotic prescription which may include a metatarsal dome
- Exercise therapy to improve muscle control and strength
- Manual therapy
- Taping
- Cortisone injections or anti-inflammatory medications
- Surgical excision if all other conservative treatment fails

Prognosis

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Morton’s Neuroma can last weeks to months depending on severity and the quality of the rehabilitation. Conservative management generally has good success, with reports of up to 80% full resolution. Some cases may end up in surgery if conservative treatment does not resolve all symptoms. This will include complete or partial removal of the neuroma. Surgical management is reported to be around 80-95% successful.

If you have been experiencing symptoms like those described above, please come in and see one of our physiotherapists so we can get you back to doing what you love!

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