

What is osteoarthritis of the foot?

Osteoarthritis (OA) in your foot can reveal itself in different ways, but is likely to cause pain and discomfort. Clearly, your feet are essential for getting you about — so it is important to get any problems checked out by your GP in the first instance.

Osteoarthritis occurs when the cartilage which allows the bones to move smoothly in the joint becomes damaged. This means the joint is no longer protected so well. In the foot, cartilage and joint damage can occur because of an injury, occupation or footwear, or sometimes because of the destructive effects of inflammatory arthritis. Sometimes the causes cannot be pinpointed.

REAL LIFE STORY

‘I have osteoarthritis in my toe. It does upset me when I can’t bend and care for my feet — but I’m lucky that my partner paints my nails for me. I see a chiropractor every two weeks.

I like to be stylish, but I can’t wear heels or pointed shoes. I make sure I don’t wear open-toed shoes when I’m out because my toes wouldn’t be protected.’

How will it affect me?

With more than 30 small joints in your foot, there are many different areas in which osteoarthritis might affect you, but some problems are more common than others.

Osteoarthritis of the big toe

If it is your big toe that is affected, the damaged joint may push the toe towards the other toes so that it leans over (known as bunions). The big toe will be difficult to move and painful, especially after walking or standing for long.

Bunions

A bunion is the enlarged joint at the base and side of the big toe. The pressure inside the joint causes pain — as can the pressure of footwear on the bunion. It can also be difficult to move.

An imbalance in the forces exerted across the joint when you are walking can lead to bunions. So if your walking is already affected in any other way (if you have arthritis elsewhere, for example) you may be predisposed to developing bunions.

Wearing inappropriate footwear — shoes that are too tight, provide little support, or that have high heels — will increase the likelihood of developing bunions. Bunions can also lead to hammer toes, corns and calluses, and ingrown toenails.

Hammer toes

If a toe is permanently bent, the base pointing up and the end of the toe pointing down, this is known as a hammer toe. It is either down to wearing tight shoes which squash the toes, a knock-on effect of a bunion, or because of problems with the tendons inside the foot.

Arch pain

It is fairly common to experience pain in the arch area which helps distribute the weight of the body over the foot. Osteoarthritis in the joints in the middle of the foot can be one reason for this. The discomfort can develop into a burning sensation if the muscles and tendons are overworked.

Arch pain is a symptom of other problems so it is important to see your GP to get an accurate diagnosis in order to manage your condition effectively.

Hard skin over the raised up joint (probably due to the pressure of footwear on the toe) causes discomfort. If left untreated, the toe can become rigid and may need surgery.

Corns and calluses

Corns and calluses are areas of thickened, dry skin. Calluses are broad areas of skin, usually found on the bottom of the foot. Corns usually develop around the toes and may have a central knot of dense skin.

With good foot maintenance, they should not become a problem. If left, they can build up and cause pain, especially if they become entwined with the nerves of the skin. You might need to visit a podiatrist.

Ingrowing toenails

Ingrowing toenails can occur if toenails are cut badly or are damaged, or if shoes are too tight. Left untreated, they can be very painful and can get seriously infected. You might need to visit a podiatrist.

What is the treatment?

If your GP has diagnosed OA, he or she may prescribe medication. You could be given analgesics — drugs such as paracetamol, or stronger, combined painkillers such as co-codamol. Analgesics will not affect the actual arthritis but should help relieve the pain and stiffness.

If you have inflammation in your joints you may be prescribed non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (for example, Nurofen), diclofenac (for example, Voltarol), celecoxib (for example, Celebrex), and many more. Ask your doctor to explain any possible side effects and benefits to you.

Your doctor may suggest giving you a steroid injection directly into the joint to relieve inflammation. You will need to rest the foot after this and may need to have the procedure repeated.

Alternatively, you might find that rubbing in pain-relieving or anti-inflammatory creams or gels helps. This also avoids the disadvantages of taking pills. However, you should discuss with your doctor what treatment is best for you — medication is rarely the only answer for problems with your feet.

What can I do to help myself?

Exercise and diet

The lighter you are on your feet, the better. Excess weight creates more stress and pressure for the bones in your feet when you are standing, walking and running. Being overweight increases your risk of developing osteoarthritis. Therefore reducing your bodyweight can prevent osteoarthritis spreading to other joints and has been shown to help joint pain symptoms.

A healthy, balanced diet can help you achieve a sensible weight — and should contribute towards your overall health, giving your body strength to deal with your condition. For more information, see Arthritis Care's booklet *Healthy Eating and Arthritis*, at: www.arthritiscare.org.uk/what-is-arthritis/resources

It is important to try to maintain a good range of motion for all the joints in your feet. Like any area of the body, exercising and stretching regularly can help the joints and strengthen the muscles and tendons around the joint.

If you are able to manage some gentle exercise, swimming can be an excellent option. Supported by the water, it should be easier to move the joints in your feet as they will be free from the pressure of your bodyweight bearing down.

Doing simple exercises regularly should help — a few are described below (each should be repeated several times). However, to ensure you do not exacerbate your problems speak to your doctor or physiotherapist before trying these to find out what might be appropriate for you.

For feet and ankles — general exercises

- When lying down or sitting with your feet up, bend your feet up and down to point your toes.
- In the same position, move your feet in circles clockwise, then anti-clockwise.
- Sitting down and keeping the outside edge of your foot on the floor, raise the inner edge (so that you are showing the sole of your foot). Lower back into a flat position.
- Keeping the inside edge of your foot on the floor, raise the outer edge (so that you are showing the sole of your foot). Repeat with other foot. Keep your knees in a fixed position throughout this exercise.

For bunions — to keep the joint mobile

- Hold the big toe and stretch it left, right, up and down. Hold in each position for 10-15 seconds.
- While sitting, loop an elastic band around both big toes. Spread your feet apart so the band is tightened (making sure it doesn't snap) and the toe straightened. Hold for as long as is comfortable.



Caring for your feet

Footwear

- Foot size increases with age and poorly fitting footwear is a common cause of foot pain and discomfort. To help this we would recommend you have the length and width of your feet professionally measured and always try a shoe out before purchasing as styles will differ.
- If your feet tend to swell, buy your shoes later in the day for a more accurate fitting.
- Make sure there is at least a half-inch gap between your longest toe and the end of the shoe. You should be able to wiggle your toes.
- Try not to regularly wear heels any higher than 2.5cm or 1 inch.
- Select shoes with soft, flexible uppers (the top part) and flexible, strong soles with a good grip.
- Try not to wear the same shoes all the time to avoid too much wear on the same parts of your feet.

Foot maintenance

- Wash your feet every day in warm, soapy water — don't soak them as that can lead to dry skin. If bending is difficult, try using a long-handled brush. Dry thoroughly between the toes — use a hairdryer if you can't reach.
- Gently use a pumice to remove hard skin. Do not attempt to cut any hard skin yourself as you run a very high risk of infection. Corn plasters can improve corn pain, however we would recommend you seek professional advice before starting treatment.
- Cut your toenails regularly after washing (when they are softer). Trim to follow the natural curve, do not round them down.
- If you can't see well or can't bend to reach your feet, see a podiatrist regularly.

Is surgery an option?

Very occasionally, foot surgery can be an option if your osteoarthritis is severe. There are three general types of surgery.

- Arthroscopic debridement — a less invasive form of surgery, this involves making a small incision and using tiny instruments to clean the joint area. It is useful where there has been a build up of natural debris and bony outgrowths.



- Implant reconstruction — some of the damaged bone is removed and an implant inserted. The tendons, ligaments and joint capsule are reconstructed around the implant.
- Arthrodesis (fusion) — this option might be used if your arthritis is more advanced and it is not possible to save the joint. In this case, the damaged bone ends are removed and then compressed, or fused, together.

Whilst the debridement should allow for a quick recovery, you will need more time to recover from an implant or fusion (up to approximately three months). You may need to use crutches while the foot heals.

Who will I see?

In most instances your GP should be your first port of call for a diagnosis, initial treatment, and referral if you need specialist treatment.

Podiatrists (also known as chiropodists) are experts in foot care. As with many professions, the extent to which a person has been trained will determine their skills and knowledge. They will need to be state-registered and, ideally, they will have a degree or a three-year diploma in podiatry. Your GP, practice nurse or health visitor should be able to refer you for treatment on the NHS although you may be able to self-refer (check whether you will have to pay).

A podiatrist should be able to treat difficult nails, corns and calluses. They will advise you on appropriate footwear and can often help you if you need an orthosis. Normally, orthoses are insoles/supports worn inside the shoe to provide support. It may be appropriate for you to see an orthotist — this is a specialist in suitable shoes and insoles.

Physiotherapists and occupational therapists may be able to help your mobility with appropriate exercises. If they have a relevant specialism this can only improve your chances of getting the best possible care. You should be able to be referred by your GP.

If you need minor surgery, your podiatrist may be able to carry out the operation. However, for more extensive work you should be referred to an orthopaedic surgeon who specialises in foot surgery.

What about the rest of me?

It's very important not to consider the problems in your foot in isolation. If other parts of your lower body (hips and knees, for example) are affected by arthritis, problems do sometimes get transferred down to the feet. So do not ignore any symptoms, however small — mention them to your doctor so they can take everything into account.

Some people experience osteoarthritis in their foot and their ankle. See Arthritis Care's factsheet *Osteoarthritis of the Ankle* for further information.

Where can I get more information and support?

Arthritis Care is the UK's largest charity working with and for all people who have arthritis.

We are here to help you make positive choices through our information, website, self-management training, and professional helpline. Call the free helpline for confidential support on 0808 800 4050 (09:30-17:00 weekdays) or email: Helplines@arthritiscare.org.uk

You can find support from others with arthritis by joining our online discussion forums.



Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at arthritiscare.org.uk/merger. All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

Registered Charity Number 207711, SC041156.

Our factsheets are reviewed every 18 months. Please check our website for up-to-date information and reference sources or call 020 7380 6577.

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Contact us

For confidential information and support about treatments, available care and adapting your life, contact the Arthritis Care Helpline

Freephone: 0808 800 4050

09:30-17:00 (weekdays)

Email: Helplines@arthritiscare.org.uk

For information about Arthritis Care and the services we offer, contact us at: **www.arthritiscare.org.uk**

You can also talk to other people who are living with arthritis, through the discussion forums on our website.

Arthritis Care UK office and England regional services:

Tel: 020 7380 6500

Arthritis Care in Northern Ireland

Tel: 028 9078 2940

Email: Nireland@arthritiscare.org.uk

Arthritis Care in Scotland

Tel: 0141 954 7776

Email: Scotland@arthritiscare.org.uk

Arthritis Care in Wales

Tel: 029 2044 4155

Email: Wales@arthritiscare.org.uk