

Foot and Ankle Orthopedic Disorders (non-live)

Goals and Objectives

Course Description

"Foot and Ankle Orthopedic Disorders" is an online recorded video of a previously presented live CE webinar for occupational therapists and occupational therapy assistants that examines common orthopedic ankle and foot disorder. This course includes a review of current literature relating to pathogenesis, clinical presentation, and rehabilitation considerations for pathologies of the foot and ankle.

Course Rationale

The purpose of this course is to provide participants with contemporary information on orthopedic foot and ankle disorders with comparative analysis of pathogenesis and clinical presentation to understand rehabilitation considerations and maximize outcomes based on current research.

Course Goals and Objectives

Upon completion of this course, participants will be able to:

1. List and identify common anatomical structures of the foot and ankle.
2. Identify normal and abnormal foot and ankle arthrokinematics.
3. Recognize and define common pathologies involving the joints, bones, ligaments, tendons, and fascia of the foot and ankle.
4. Distinguish the mechanism of injury and pathogenesis of common foot and ankle disorders.
5. Define foot and ankle fracture classifications.
6. Identify the clinical presentation of common foot and ankle disorders.
7. Differentiate provocative tests utilized to assess disorders of the foot and ankle.
8. List management strategies for disorders of the foot and ankle.
9. Compare and contrast foot and ankle patient reported outcome measures.
10. Identify balance tools for assessment of foot and ankle disorders.

Course Provider – Innovative Educational Services

Provider Contact Information – information@cheapceus.com

Course Instructor - Jodi Gootkin, PT, MEd, CEAS

Conflict of Interest – No financial or non-financial conflict of interest exists for the presenter or provider of this course.

Target Audience – Occupational Therapists, Occupational Therapy Assistants

Course Educational Level – This course is applicable for introductory learners.

Course Prerequisites – None

Method of Instruction – Distance learning - Independent

Location - Cheapceus.com

Date – Continuously available on-demand

PD Activity Completion Requirements / Criteria for Issuance of CE Credits – Completion of viewing of 3 hour recorded video, and a score of 70% correct or greater on the course post-test

Continuing Education Credits – Three (3) contact hours / .3 AOTA CEUs

Course Fee - \$34.95

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Foot and Ankle Orthopedic Disorders

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Course Overview

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Course Outline and Schedule

Topic	Time
Anatomy and Arthrokinematics	0:00-0:20
Lateral Ankle Sprain	0:21-0:30
Medial Ankle Sprain	0:31-0:35
Syndesmosis Sprain	0:36-0:40
Chronic Ankle Instability	0:41-0:50
Interactive Discussion of Clinical Applications	0:51-1:00
Traumatic Foot and Ankle Fractures	1:01-1:10
Stress Fractures	1:11-1:20
Osteochondral Lesion of Talus	1:21-1:25
Ankle Impingement Syndrome	1:26-1:35
Achille's Tendinopathy	1:36-1:45
Sever's Disease	1:46-1:50
Interactive Discussion of Clinical Applications	1:51-2:00
Achille's Rupture	2:00-2:05
Peroneal Tendinopathy	2:06-2:15
Plantar Fasciitis	2:16-2:25
Turf Toe	2:26-2:30
Assessment Tools	2:30-2:50
Interactive Discussion of Clinical Applications	2:51-3:00

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 - May be retaken multiple times
- Submit online payment for course
- Print certificate



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Course Post Test

- Slides with “Consider This” icon in bottom right corner will be helpful in completing the post-test.

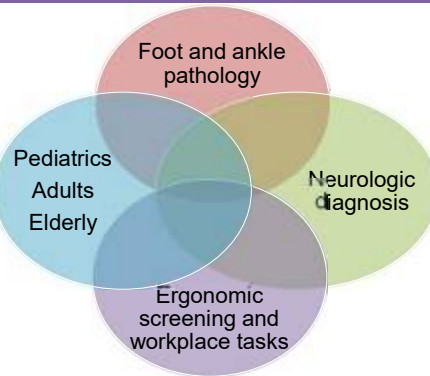
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Foot and Ankle Function

- The foot and ankle is critical for locomotion, balance, and weight bearing when performing functional and recreational activities



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Regions of the Foot

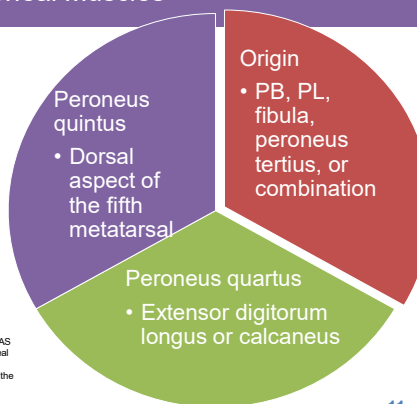
Hindfoot	Talocrural and Subtalar	Tibia, Fibula, Talus, Calcaneus
Midfoot	Transverse tarsal, talonavicular, calcaneocuboid, TMT	Navicular, Cuboid, 3 Cuneiforms, Metatarsals
Forefoot	Tarsometatarsal, MTP, PIP, DIP	Metatarsals, Phalanges, Sesamoids

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Accessory Peroneal Muscles

- Located in lateral retromalleolar groove



van Dijk, P. A., et al. (2018). The ESSKA-AFAS international consensus statement on peroneal tendon pathologies. Knee surgery, sports traumatology, arthroscopy : official journal of the ESSKA, 26(10), 3096-3107.

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Arthrokinematics

- Dorsiflexion
 - The superior surface of the body of the talus is wider anteriorly
- Inversion and eversion motion
 - The medial malleolus is shorter than the lateral
- Acquired flat foot with aging
 - “Pull-off” vs. “push-off” gait pattern

Copyright Jodi Gootkin Menz, H. B. (2015). Biomechanics of the ageing foot and ankle: a mini-review. Gerontology, 61(4), 381-388.

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Weight Bearing Lunge Test

- While keeping heel on floor, flex hip and knee to dorsiflex ankle and lunge forward toward the wall

Tape measure	• Great toe to wall
Inclinometer	• Anterior tibia
Goniometer	• Lateral ankle
Smartphone	• Anterior tibia

Copyright Jodi Gootkin Rathil, A., & Sahaerabudde, P. (2021). Inter and Intra Rater Reliability of Different Measurement Techniques of Weight Bearing Ankle Dorsiflexion Range of Motion. Int J Physiother Res, 9(6), 4045-50.

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Soft Tissue Injury Management

- ICE RICE PRICE POLICE
- PEACE & LOVE
 - Encompasses continuum of care and addresses psychosocial contributors to healing

PEACE

- Protection
- Elevation
- Avoid Anti-Inflammatories
- Compression
- Education

LOVE

- Load
- Optimism
- Vascularization
- Exercise

Copyright Jodi Gootkin Dubois, B., Esculier, J.F. (2020). Soft-tissue injuries simply need PEACE and LOVE. British journal of sports medicine, 54(2), 72-73.

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Ankle Sprain

- Lateral sprains are the most common followed by high then medial sprains
- May present with concurrent injuries of the foot and ankle

Grade 1

- Stretching or microscopic tearing

Grade 2

- Partial tearing with laxity

Grade 3

- Complete tear

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Ankle Ligaments

- Lateral complex
 - Anterior talofibular
 - Calcaneofibular
 - Posterior talofibular
- Deltoid ligament
 - Posterior tibiotalar
 - Tibiocalcaneal
 - Tibionavicular
 - Anterior tibiotalar
- Distal tibiofibular syndesmosis
 - Anterior-inferior, posterior-inferior, transverse tibiofibular ligaments
 - Interosseous membrane and ligament
 - Inferior transverse ligament

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Lateral Ankle Sprain (LAS)

- Mechanism of injury to the lateral ligamentous complex is combined foot plantarflexion, supination and adduction

Ligament Extensible Strength

Posterior talofibular (PTFL)

Calcaneofibular (CFL)

Anterior talofibular (ATFL)

Copyright Jodi Gootkin Allink, J. N., et.al. (2022). Ankle Sprains and Instability. In Management of Track and Field Injuries (pp. 263-272). Springer, Cham.

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LAS Clinical Presentation

- Lateral perimalleolar swelling, ecchymosis, increased symptoms with passive plantarflexion with inversion
- Pain or tenderness with palpation of ligaments
- Tenderness of peroneus longus and/or brevis
- Assess Weight Bearing Lunge Test, single-limb balance and hopping, and dynamic balance mindful of safety

Copyright Jodi Gootkin Gribble, P. A. (2019). Evaluating and differentiating ankle instability. Journal of athletic training, 54(6), 617-627.

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ATFL and CF Provocative Tests

- Medial Talar Tilt Test**
Ankle neutral with inversion force at talus and calcaneus
- Anterior Drawer Test**
Neutral ankle; anterior force to posterior aspect calcaneus
- Anterolateral Drawer Test**
10*-15* PF; anterior force to posterior aspect calcaneus and lateral talus palpation
- Reverse Anterolateral Drawer Test**
Hook lying with 10*-15* PF; posterior force to anterior aspect tibia and lateral talus palpation

Li, Q., et al. (2020). Reverse anterolateral drawer test is more sensitive and accurate for diagnosing chronic anterior talofibular ligament injury. *Knee Surgery, Sports Traumatology, Arthroscopy*, 28(1), 55-62.
Larkins, L., et al. (2020). Physical examination of the ankle: a review of the original orthopedic special test description and scientific validity of common tests for ankle examination. *Archives of Rehabilitation Research and Clinical Translation*, 2(3), 100072.

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Medial Ankle Sprain

- Mechanism of injury to the deltoid complex is combined pronation, abduction, and dorsiflexion of the foot
- Differential diagnosis includes Maisonneuve fracture
 - Medial ankle sprain and proximal fibula fracture

Wade, F., et al. (2018). Kinematic analysis of a televised medial ankle sprain. *Asia-Pacific Journal of Sports Medicine, Arthroscopy, Rehabilitation and Technology*, 12, 12-16.

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Syndesmosis Sprain

- Mechanism of injury is forced dorsiflexion and external rotation of the planted foot
- Classified as stable or unstable based on extent of ligament damage

Corte-Real, N., & Caetano, J. (2021). Ankle and syndesmosis instability: consensus and controversies. *EFORT open reviews*, 6(6), 420-431.

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Syndesmosis Sprain Clinical Presentation

- Anterolateral ankle and distal leg pain exacerbated with weight bearing and ambulation on uneven surfaces
- Heel raised during gait with short stance on involved side

Larkins, L., et al. (2020). Physical examination of the ankle: a review of the original orthopedic special test description and scientific validity of common tests for ankle examination. *Archives of Rehabilitation Research and Clinical Translation*, 2(3), 100072.

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Ankle Sprain Neuropathy

- Monitor for initial or delayed neurologic symptoms and CRPS Type 1

Deep peroneal
Distal first intermetatarsal space Percuss extensor hallucis brevis

Superficial peroneal
Distal lateral leg/ankle/dorsum of foot
Pressure proximal to distal tip of fibula with active dorsiflexion/eversion
Percuss with passive plantarflexion and inversion

Sural
Lateral foot/ankle
Pressure posterior to lateral malleolus Passive plantarflexion/inversion

Tibial
Medial ankle or plantar surface
Palpate tarsal tunnel Passive ankle/toe dorsiflexion with foot eversion

Copyright Pina, M., et al. (2021). Persistent Nerve Injury and CRPS After Ankle Sprains. *Techniques in Foot & Ankle Surgery*, 20(1), 2-23.
Jodi Gootkin, Jodi Gootkin, Jr., R., and Morrison, S. (2018). Recognizing nerve injuries in patients with acute ankle sprain. *Podiatry Today*.

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Ankle Sprain Management

- Surgery may be indicated based on severity of sprain
- Mulligan mobilization with movement
 - Lateral sprain - inferior tibiofibular, talocrural, cubometatarsal joints

Can/may use	• Cryotherapy and diathermy
Should use	• Manual therapy pain free range
Should NOT use	• Ultrasound
Conflicting evidence	• Acupuncture and electrotherapy

Nguyen, A., et al. (2021). Effects of Mulligan mobilization with movement in subacute lateral ankle sprains: a pragmatic randomized trial. *Journal of Manual & Manipulative Therapy*, 29(6), 341-352.
Martin, R., et al. (2021). Ankle Stability and Movement Coordination Impairments: Lateral Ankle Ligament Sprains Revision 2021: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. *Journal of Orthopaedic & Sports Physical Therapy*, 51(4), CPG1-CPG80.

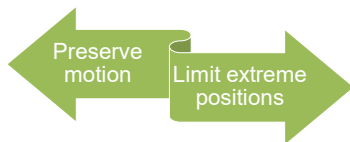
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Ankle Sprain Functional Support

- External stabilizing support combined with exercise facilitates return to work and sport



Copyright Jodi Gootkin Vuurberg, G., et al. (2018). Diagnosis, treatment and prevention of ankle sprains: update of an evidence-based clinical guideline. British journal of sports medicine, 52(15), 956-956.

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Ankle Sprain Functional Support Outcomes

LAS Intervention	Outcome
Dynamic tape	Improved asymmetrical loading
Kinesiotape	Single-leg dynamic balance improved Dynamic postural control similar to sham
Bracing	No consensus on flexible vs. rigid

Pawik, L., et al.(2022). In Patients with Grade I and II Ankle Sprains, Dynamic Taping Seems to Be Helpful during Certain Tasks, Exercises and Tests in Selected Phases of the Rehabilitation Process: A Preliminary Report. International Journal of Environmental Research and Public Health, 19(9), 5291.
Tomruk, M., et al. (2022). Is Ankle Kinesio Taping Effective to Immediately Change Balance, Range of Motion, and Muscle Strength in Healthy Individuals? A Randomized, Sham-Controlled Trial. Korean Journal of Family Medicine, 43(2), 109.
Altomare, D., et al. (2022). Evidence-based treatment choices for acute lateral ankle sprain: a comprehensive systematic review. Eur Rev Med Pharmacol Sci, 26(6), 1876-1884.

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Ankle Sprain Functional Therapy

- Core and bilateral lower extremity strengthening
- Proprioception training, reaction time
- Dynamic balance
 - Consider sensorimotor connectivity deficits in the elderly
- Hop stabilization program

Bain, K., et al. (2021). Sensorimotor Connectivity is related to Static Postural Control in Older Adults with History of Lateral Ankle Sprain.
Ardakani, M., et al.(2019). Hop-Stabilization Training and Landing Biomechanics in Athletes With Chronic Ankle Instability: A Randomized Controlled Trial. Journal of athletic training, 54(12), 1296-1303.

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Ankle Sprain Gait Analysis

- Talar inversion secondary to altered soft tissue mechanical stiffness can increase ankle complex joint degeneration



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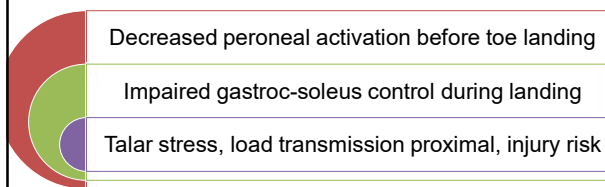
Fraser, J., et al.(2019). Multisegmented ankle-foot kinematics during gait initiation in ankle sprains and chronic ankle instability. Clinical biomechanics, 68, 80-88.

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Ankle Sprain Altered Gait Kinematics

- Altered mechanics when landing may contribute to recurrent ankle sprain, anterior cruciate injury, and ankle/knee osteoarthritis



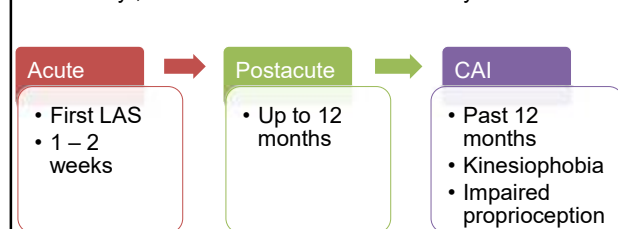
Lin, J., et al. (2022). Influence of Landing in Neuromuscular Control and Ground Reaction Force with Ankle Instability: A Narrative Review. Bioengineering, 9(2), 68.
Jeon, H., et al.(2021). Ankle Instability Patients Exhibit Altered Muscle Activation of Lower Extremity and Ground Reaction Force during Landing: A Systematic Review and Meta-Analysis. Journal of Sports Science & Medicine, 20(2), 373.

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Chronic Ankle Instability (CAI)

- History of at least 1 significant ankle sprain, episodes of “giving way” and/or recurrent sprain and/or “feelings of instability”, diminished function measured by validated tool



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Gribble, P., et al.(2013). Selection criteria for patients with chronic ankle instability in controlled research: a position statement of the International Ankle Consortium. Journal of orthopaedic & sports physical therapy, 43(8), 585-591.

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CAI Evaluation

- Include comprehensive examination for multiple ankle pathologies with the addition of specific assessments for coping skills and comfort with movement

Pain Self-Efficacy Questionnaire

11-item Tampa Scale of Kinesiophobia

Fear-Avoidance Beliefs Questionnaire

Copyright Jodi Gootkin Lin C., et al. (2021) The effect of chronic ankle instability on muscle activations in lower extremities. PLoS ONE 16(2): e0247581.

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CAI Classification

Functional Ankle Instability (FAI)

- Anatomic stability
- Sensorimotor and proprioceptive training

Mechanical Ankle Instability (MAI)

- Structural pathology
- Stabilization and surgery

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Contributors to CAI

- Bilateral impaired proprioception/dynamic postural control**
 - Kinesthesia and joint position sense diminished
- Inversion and eversion weakness**
 - Delayed peroneal reaction time
- Decreased dorsiflexion range of motion**
 - Gastroc-soleus tightness and/or talus hypomobility
- Altered postural control**
 - Decreased gluteus medius activation and increased trunk activation

Hertel, J., & Corbett, R. O. (2019). An updated model of chronic ankle instability. *Journal of athletic training*, 54(6), 572-588.

Ma, T., et al. (2021). Chronic ankle instability is associated with proprioception deficits: a systematic review and meta-analysis. *Journal of sport and health science*, 10(2), 182-191.

Hoch, M. C., & McKeon, P. O. (2014). Peroneal reaction time after ankle sprain: a systematic review and meta-analysis. *Medicine and Science in Sports and Exercise*, 46(3).

Powers, C., et al. (2017). Hip strength as a predictor of ankle sprains in male soccer players: a prospective study. *Journal of athletic training*, 52(11), 1048-1055.

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CAI Rehabilitation Outcomes

Cohort	Intervention	Outcome
Female athletes with FAI	Wobble board progression, kinesiotape, combined	Improved balance, stability, and instability scores
Male football players with FAI	Virtual reality, resistance band, combined	Improved balance and subjective sense of instability
Healthy vs. Individuals with CAI	Functional performance tests	Side-hop, multiple-hop, foot-lift better identified CAI

Khalili, S., et al., (2022). Effect of Combined Balance Exercises and Kinesio Taping on Balance, Postural Stability, and Severity of Ankle Instability in Female Athletes with Functional Ankle Instability. *Life*, 12(2), 178.

Mohammed, N., et al. (2022). Compare the Effect of Traditional and Virtual Reality Training on Subjective sense of Instability and Balance in Basketball-players with Functional Ankle Instability. *Matched Randomized Clinical Trial. Journal of Biomedical Physics and Engineering*.

Rosen, A., et al. (2019). Ability of functional performance tests to identify individuals with chronic ankle instability: a systematic review with meta-analysis. *Clinical Journal of Sport Medicine*, 29(6), 509-522.

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Sensory Targeted Ankle Rehabilitation Strategies (STARS)

Sensorimotor Freedom

Motor Action

Plantar massage

Ankle joint mobilization

Triceps surae stretching

McKeon, P. O., & Wikstrom, E. A. (2016). Sensory-targeted ankle rehabilitation strategies for chronic ankle instability. *Medicine and science in sports and exercise*, 48(5), 776.

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Traumatic Foot and Ankle Fractures

- Weber Classification**

Type A
Distal to ankle joint
Palpate fifth metatarsal and calcaneocuboid joint

Type B
At level of ankle joint
Palpate distal fibula and tibia

Type C
Proximal to ankle joint
Palpate proximal fibula

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Ottawa Ankle Rules (OAR)

- Determine potential presence of fracture and need for radiographic imaging

Ankle X-ray

Malleolar zone pain

Tender posterior edge tibia or tip medial malleolus
Tender posterior edge fibula or tip lateral malleolus
Unable to bear weight 4 steps

Foot X-ray

Midfoot pain

Tender navicular
Tender base of fifth metatarsal
Unable to bear weight 4 steps

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Pilon Fracture

- High energy axial loading forces talus into tibial articular surface resulting in distal tibia fracture
- Nondisplaced fractures managed with immobilization and weight bearing limitation
- Complex fractures require surgical intervention

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Hegmann, KT. (2018). American College of Occupational and Environmental Medicine: Ankle and Foot Disorders Guideline. Reed Group, Ltd.

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Calcaneus Fractures

- Typically, displaced and intra-articular resulting from axial loading
- Plantar ecchymosis and Calcaneus Squeeze Test
- Conservative or surgical management based on severity
- Monitor for peroneal impingement, compartment syndrome and CRPS
- Incorporate toe exercises

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Lisfranc Complex Injury

- Fracture-dislocation or pure ligamentous injury of the first and second tarsometatarsal joints



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Yan, A., et.al. (2021). Updates on Lisfranc Complex Injuries. Foot & Ankle Orthopaedics.

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Lisfranc Complex Injury Rehabilitation

- Medial plantar ecchymosis
- Midfoot pain exacerbated with push-off
- Dorsal midfoot pain with Tarsometatarsal Squeeze Test
- Conservative or surgical management based on severity
- Monitor for compartment syndrome

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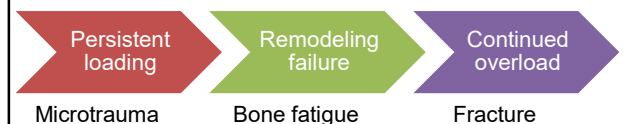
Yan, A., et.al. (2021). Updates on Lisfranc Complex Injuries. Foot & Ankle Orthopaedics.

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Stress Fractures

- Combination of excessive muscular force and repetitive loading resulting in fracture
- Second and fifth metatarsal are most common



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Caravelli, S., et.al. (2022). Foot and Ankle Stress Fractures in Athletics. In Management of Track and Field Injuries (pp. 301-309). Springer, Cham.

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Fifth Metatarsal Fracture Clinical Presentation

- Lateral forefoot pain exacerbated with weight bearing, tenderness and swelling
- Inspect for varus hindfoot and metatarsal callus
- Pain and weakness with eversion
- Interview regarding activity patterns and comorbidities

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Female Athlete Triad

- Very active females may present with a combination of conditions increasing risk of stress fractures

Menstrual dysfunction

- Excessive exercise or activity
- Amenorrhea, oligomenorrhea
- Low estrogen levels

Low energy availability

- Insufficient food intake or eating disorder
- Decreased Calcium and Vitamin D

Low bone mineral density

- Osteoporosis

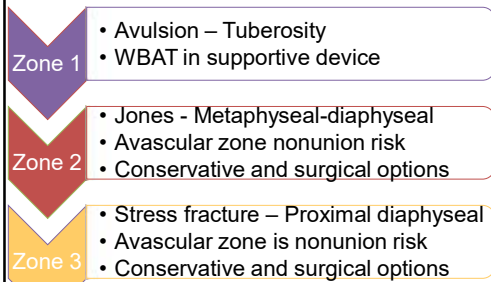
Copyright Jodi Gootkin (Nazem, T. G., & Ackerman, K. E. (2012). The female athlete triad. Sports health, 4(4), 302–311.

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Fifth Metatarsal Fracture Rehabilitation

- DVT prophylaxis



Copyright Jodi Gootkin Metzl, J., et al. (2022). Fifth metatarsal Jones fractures: diagnosis and treatment. JAAOS- Journal of the American Academy of Orthopaedic Surgeons, 30(4), e470-e479.

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Osteochondral Lesion of Talus (OLT)

- Talus subchondral bone and cartilage damage following traumatic ankle injury
- Deep ankle pain with weight bearing and catching sensation
- Pain with palpation of ankle mortise

Osteonecrosis

Talar dome microfractures
Subchondral synovial infiltration

Osteochondritis dissecans

Fibrous cartilage attachment loosens

Copyright Jodi Gootkin Rikken, Q. et al. (2022). Osteochondral Lesions of the Ankle: An Evidence-Based Approach for Track and Field Athletes. In Management of Track and Field Injuries (pp. 273-281). Springer, Cham.

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OLT Rehabilitation

- Ankle joint off-loading
- Flexibility, strength, balance for biomechanical correction
- Platelet rich plasma or hyaluronic acid injections
- Surgery if conservative treatment unsuccessful

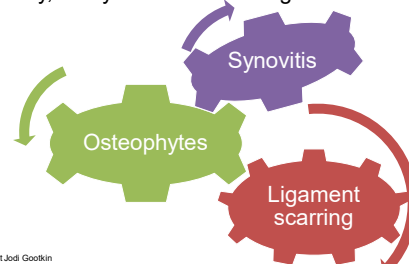
Copyright Jodi Gootkin Mei-Dan O. et al. (2012) Platelet-Rich Plasma or hyaluronate in the Management of Osteochondral Lesions of the Talus. The American Journal of Sports Medicine, Vol 40, Issue 3, pp. 534 – 541.

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Ankle Impingement Syndrome

- Soft tissue or osseous abnormalities of the ankle creating pain and restriction of the talocrural joint
- Anterior or posterior impingement
- Typically, delayed onset following traumatic ankle injury



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Foot and Ankle Orthopedic Disorders

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Anterior Ankle Impingement Clinical Presentation

- Anterior ankle pain with activities in terminal dorsiflexion
- Pain with passive dorsiflexion and eversion
- Lateral ankle instability with history of sprain



Copyright Jodi Gootkin Lavery, K., et al., (2016). Ankle Impingement. Journal of orthopaedic surgery and research, 11(1).

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Posterior Ankle Impingement Clinical Presentation

- Soft tissue encroachment at tibiotalar and talocalcaneal articulations with end range of motion plantarflexion activities
- Posterior Ankle Impingement Test

Talus Stieda process or os trigonum

Hypertrophic capsule or osteophytes

Ligament scarring

Flexor hallucis longus tendinopathy

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Kalbounieh, H., et al. (2021). The Anatomical Variations of the Posterolateral Tubercle of Talus in Patients with Posterior Ankle Impingement Syndrome.

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Ankle Impingement Syndrome Rehabilitation

- Avoid provocative activity
- Joint mobilization
- Footwear and training patient education
- Proprioceptive training and strengthening
- Cortisone injection
- Surgery may be necessary

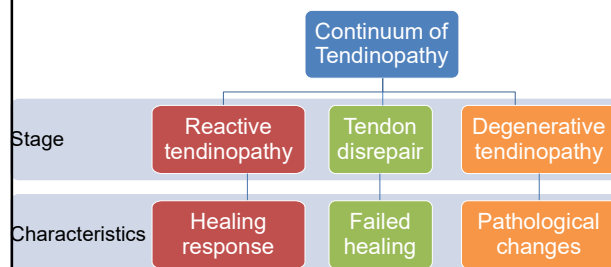
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Tendon Pathology

- Tendonitis vs. tendinosis vs. tendinopathy



Scott, A., et al. (2020). Icon 2019: international scientific tendinopathy symposium consensus: clinical terminology. British journal of sports medicine, 54(5), 260-262.
 Matthews, W., Ellis, R., Furness, J. W., Rathbone, E., & Hing, W. (2020). Staging achilles tendinopathy using ultrasound imaging: the development and investigation of a new ultrasound imaging criteria based on the continuum model of tendon pathology. BMJ Open Sport & Exercise Medicine, 6(1), e000699.

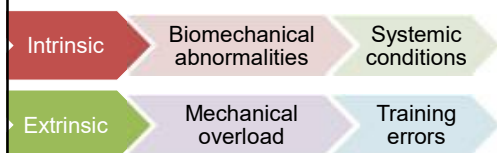
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Achilles Tendinopathy

- Posterior ankle pain
 - Insertional - Between tendon and calcaneus
 - Midportion - In tendon body



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Achilles Tendinopathy Clinical Presentation

- Palpable localized tendon thickening or swelling and pain
 - Achilles Tendon Palpation Test
 - Arc Sign
- Ankle plantar flexion endurance
- Single-limb Hop Tests

Martin, R. et al. (2018). Achilles pain, stiffness, and muscle power deficits: midportion Achilles tendinopathy revision 2018: clinical practice guidelines linked to the International Classification of Functioning, Disability and Health From the Orthopaedic Section of the American Physical Therapy Association. Journal of Orthopaedic & Sports Physical Therapy, 48(5), A1-A38.

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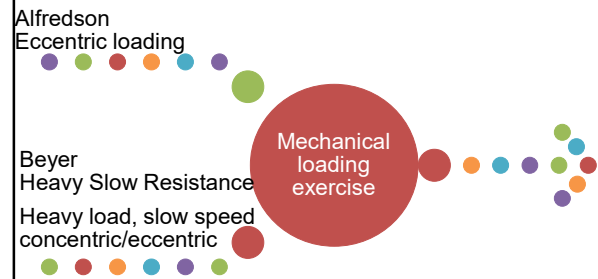
Midportion Achilles Tendinopathy Rehabilitation

- Iontophoresis
- Dry needling
- Joint mobilization
- Orthotic
- Rigid taping
- Isometric exercise
- Gastrocnemius and soleus stretching
- Body weight resistance exercise
- Modifiable risk factor education

Martin, R. et al. (2018). Achilles pain, stiffness, and muscle power deficits: midportion Achilles tendinopathy revision 2018: clinical practice guidelines linked to the International Classification of Functioning, Disability and Health From the Orthopaedic Section of the American Physical Therapy Association. *Journal of Orthopaedic & Sports Physical Therapy*, 48(5), A1-A38.
 Copyright Jodi Gootkin Lee, K. et al. (2019). Controlled trial to compare the Achilles tendon load during running in flatfoot participants using a mechanical loading exercise. *PMAS*.
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Midportion Achilles Tendinopathy Exercise



Habels, B., et al. (2021). No difference in clinical effects when comparing Alfredson eccentric and silberman combined concentric-eccentric loading in achilles tendinopathy: a randomized controlled trial. *Orthopaedic journal of sports medicine*, 9(10), 23259671211031254.
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Sever's Disease

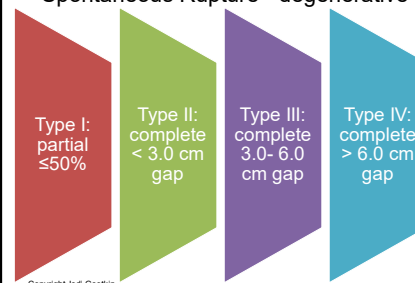
- Repetitive stress on calcaneal growth plate causing calcaneal apophysitis in children
- Insidious onset of posterior heel pain and tenderness exacerbated with activity
- Calcaneal Squeeze Test
- Management with activity restriction, orthosis, gastrocnemius stretching and open chain eccentric strengthening

Feres, M., et al. (2021). Sever's Disease of the Pediatric Population: Clinical, Pathologic, and Therapeutic Considerations. *Clinical Medicine & Research*, 19(3), 132-137.
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Achilles Tendon Rupture

- Mechanism of injury
 - Acute Rupture - sudden high load dorsiflexion
 - Spontaneous Rupture - degenerative changes



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Achilles Tendon Rupture Clinical Presentation

- Palpable tendon gap
- Weak plantarflexion
- Achilles Tendon Total Rupture Score (ATRS)

Thompson Test

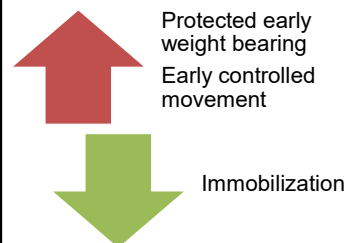
Matles Test

Kearney, R., et al. (2012). The Achilles tendon total rupture score: a study of responsiveness, internal consistency and convergent validity on patients with acute Achilles tendon ruptures. *Health and quality of life outcomes*, 10(1), 1-7.
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Achilles Tendon Rupture Rehabilitation

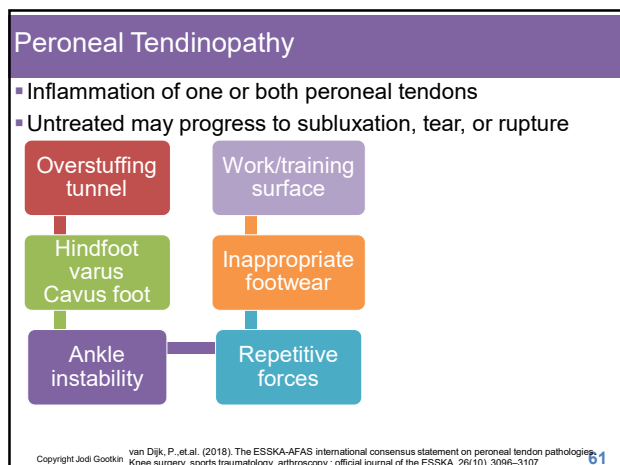
- DVT prophylaxis
- Functional rehabilitation
 - Tendon gap may not be valid predictor of outcome



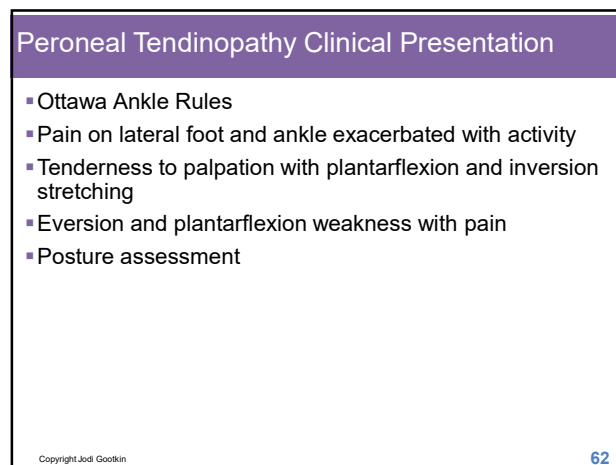
Tarantino, D. et al. (2020). Achilles Tendon Rupture: Mechanisms of Injury, Principles of Rehabilitation and Return to Play. *Journal of functional morphology and kinesiology*, 5(4), 95.
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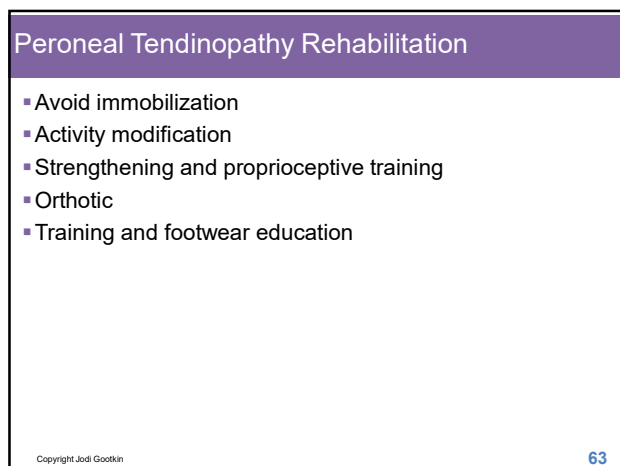
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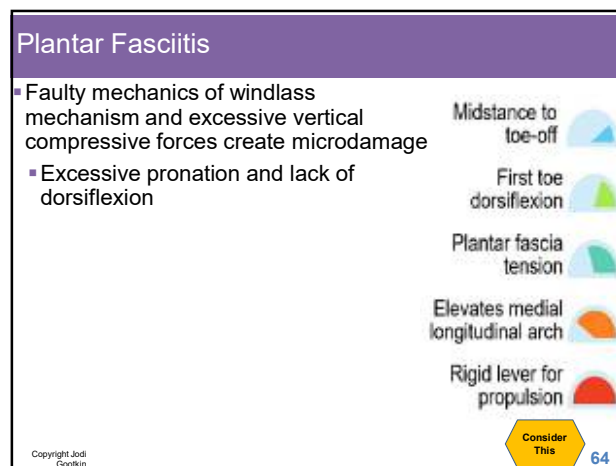
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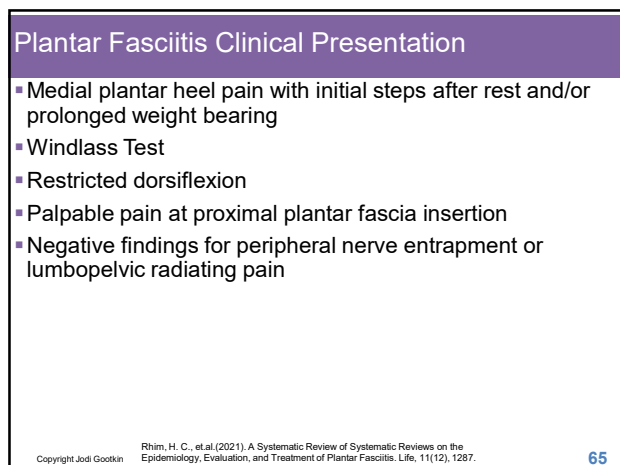
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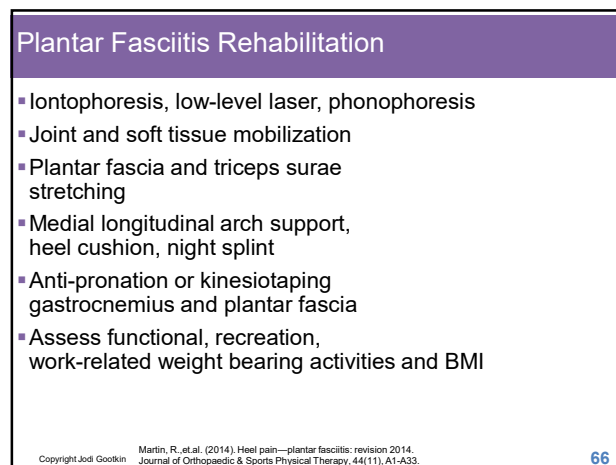
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Turf Toe

- Hyperextension injury resulting in injury of the first metatarsophalangeal joint complex
- First MTP pain, swelling, ecchymosis
- Pain with passive first MTP extension and active flexion
- Pain with weight bearing and antalgic gait
- Vertical Lachman Test
 - Foot planted in plantarflexion with MTP hyperextension
 - External force axial loading of heel
 - Plantar plate damage

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Turf Toe Rehabilitation

- Education on appropriate footwear for surface
- Grade 1 and 2
 - Taping, orthotics, strengthening
- Grade 3
 - Surgery may be indicated

Passive plantarflexion → Low-impact exercise protecting from passive MTP extension → Progression of weight bearing activities to full push-off position

Copyright Jodi Gootkin Fraser, T. W., & Doty, J. F. (2019). Turf toe: review of the literature and surgical technique. Ann Joint 2019;4:28 68

Assessment Tools

Pain and Disability

- System – Pain Interference (PROMIS-PI)
- Lower Extremity Functional Scale (LEFS)
- Foot and Ankle Ability Measure (FAAM)
- Identification of Functional Ankle Instability (IdFAI)
- Cumberland Ankle Instability Tool (CAIT)

Balance

- Clinical Test of Sensory Interaction on Balance (CTSIB)
- Star Excursion Balance Test (SEBT)
- Y-Balance Test
- Single Limb Hop Tests

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Patient-Reported Outcomes Measurement Information System – Pain Interference (PROMIS-PI)

- Measures the self-reported consequences of pain on a person's life
- Considers the extent to which pain hinders engagement with social, cognitive, emotional, physical, and recreational activities including sleep and enjoyment of life
- Higher score reflects greater pain interference

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Lower Extremity Functional Scale (LEFS)

- Assesses functional limitation of everyday activities
- A lower score reflects a greater level of disability

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Foot and Ankle Ability Measure (FAAM)

- Assess elements of routine activities with ADL and sports subscales
- Patient should record N/A if limitation is not attributed to the foot and ankle
- Lower percentage score reflects lower physical function

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Identification of Functional Ankle Instability (IdFAI)

- Self-report questionnaire to assess if the individual meets the minimum criteria for chronic ankle instability
- Scores greater than 11 suggest chronic ankle instability

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Cumberland Ankle Instability (CAIT)

- A brief self-report questionnaire that focuses on symptoms of instability during several physical tasks
- Differentiates functionally stable and unstable ankle
- Measures the severity of functional instability
- Lower scores indicate less stability

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Victorian Institute of Sport Assessment-Achilles (VISA-A)

- Assesses physical symptom severity for individuals presenting with Achilles tendinopathy
 - Specifically, pain in the Achilles tendon region
- Maximum score of 100 with lower scores reflecting greater symptoms

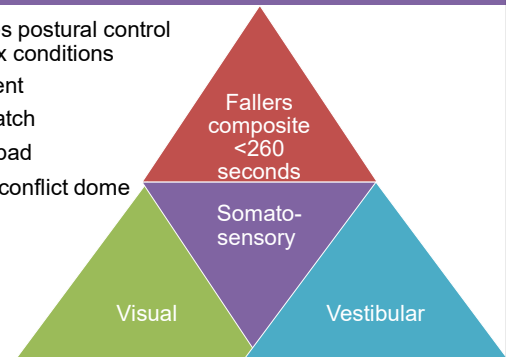
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Clinical Test of Sensory Interaction on Balance (CTSIB)

- Assesses postural control under six conditions
- Equipment
 - Stopwatch
 - Foam pad
 - Visual conflict dome



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Clinical Test of Sensory Interaction on Balance
<https://www.sralab.org/rehabilitation-measures/clinical-test-sensory-interaction-balance-vedge>

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Star Excursion Balance Test (SEBT)

- Single limb stance reaching as far as possible with contralateral limb in different directions
- Eight direction star tape pattern created on floor

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Y-Balance Test

- While maintaining single leg stance, free limb reaches in the anterior, posteromedial, and posterolateral directions in relation to the stance foot
- Tape in Y shape on floor

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Single-Limb Hop Tests

Distance measured

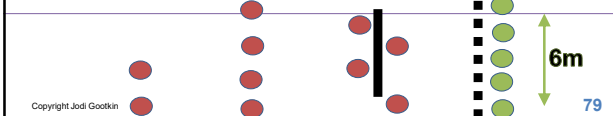
Single - Furthest distance forward with one hop
 Triple - Total of 3 consecutive forward hops
 Cross-over - Total of 3 consecutive forward hops alternating left-to-right with foot crossing over center line

Timed

6-meter - series of consecutive single forward hops

Other variations

Vertical, medial, lateral, figure-8, side, square, stair, triple jump, up-down, 6-meter cross over



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Conclusion

- Understanding the mechanism of injury for foot and ankle disorders allows the clinician to appropriately assess the clinical presentation.
- This will strengthen decision making when developing rehabilitation programs.

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1. What acronym for management of soft tissue injuries encompasses the continuum of rehabilitation beyond the acute phase and addresses psychosocial contributors?

- A. POLICE
- B. PRICE & VALUE
- C. PEACE & LOVE
- D. RICE

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2. Which provocative test places the foot in 10-15 degrees of plantarflexion and applies an anteriorly directed force to translate the talus while palpating the talus translation?

- A. Medial talar tilt
- B. Reverse anterolateral drawer
- C. Anterior drawer
- D. Anterolateral drawer

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3. What characteristic is specific to the functional instability classification of chronic ankle instability following ankle sprain?

- A. Pain greater than 12 months post injury
- B. Lateral ankle ligament laxity
- C. Anatomic ankle stability
- D. Perception of ankle giving way

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4. According to the Ottawa Ankle Rules, inability to bear weight immediately after injury and in department for _____ steps is a factor indicating the need for radiograph to rule out ankle fracture.

- A. 2
- B. 4
- C. 6
- D. 8

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5. An individual presenting with ankle instability and anterior ankle pain with dorsiflexion activities 9 months following an ankle sprain should be assessed for what condition?

- A. Anterior ankle impingement
- B. Posterior ankle impingement
- C. Achille's tendinopathy
- D. Plantar fasciitis

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6. Which type of exercise can be beneficial when rehabilitating an individual with mid-portion Achilles tendinopathy?

- A. Closed chain, isometric exercises
- B. Heavy load, slow speed exercises
- C. Small range, open chain exercise
- D. Rapid fatigue, endurance exercise

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7. Which of the following is NOT a characteristic of Sever's disease?

- A. Calcaneal apophysitis
- B. Posterior heel pain
- C. Associated with high activity in childhood
- D. Common in sedentary older adults

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8. What is the role of the windlass mechanism during the gait cycle?

- A. Generate eversion stability during midstance
- B. Compensate for functional leg length discrepancy
- C. Transform foot structures into rigid lever for propulsion
- D. Reciprocal inhibition to decelerate in preparation for initial contact

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9. Which measure assesses self-reported consequences of pain on an individual's life including enjoyment in life and sleep?

- A. PROMIS-PI
- B. IdFAI
- C. FAAM
- D. CTSIB

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10. Which measure differentiates between stable and unstable ankles and measures the severity of functional instability?

- A. SEBT
- B. VISA-A
- C. LEFS
- D. CAIT

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