

Foot pain..?

If you are experiencing foot or ankle pain it is probably nothing to do with the foot and more likely something to do with how the hips support the feet. This is why treating the foot is often a very slow healing process.

Creating more strength and range of motion in the hips is often the key to relieving foot complaints, which should start to ease the complaint almost immediately!

Here are treatment options for a few common complaints...

Morton's Neuroma

Pain in the feet caused by a 'pinching' of the nerves that travel in between the metatarsals can be excruciating and sometimes debilitating.

It can often be relieved with conventional treatment that involves placing a small pad under the affected area to take the pressure off of the metatarsals, allowing them to spread.



This can be done in a functional sense with the application of a few simple stretches.



If we take a look at foot mechanics briefly, clearly the foot supinates (arches) and pronates (flattens) which is synonymous with gait – pronation (landing) and supination (propulsion).

If we take a look a little higher into the hips, as the hips shift from side to side the feet will accommodate. To clarify, if the hips shift to the right the left foot pronates and the right foot supinates (and vice versa).

To take some of the pressure away from the foot and allow it to spread we will need to create more pronation. This can be easily achieved by creating more adduction in the opposite hip.

E.g. stretching out the right ITB will relieve some of the neural tension in the left foot.



Coupled with (or alternatively) performing a reverse curtsy bend to the right will develop strength in the newly acquired range.

Plantar fasciitis



The plantar fascia is designed to support the bodyweight (via the foot) and act like a spring board in the propulsion phase of gait. If this fascia is becoming inflamed (itis = inflammation) it is often due to a lack of support coming from the hips.

Pain is often experienced just under the heel or along the inside of the foot.

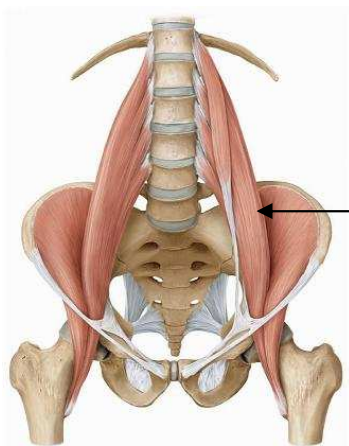
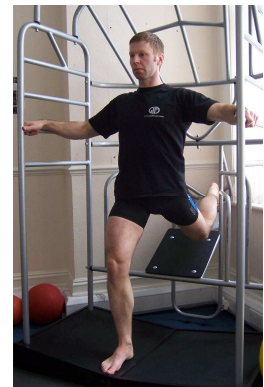
It classically occurs on the more pronated (flat) foot – indicating weakness in the same hip.

Orthotics have often been prescribed to help lift the foot, however we can use the hips to create the same effect.

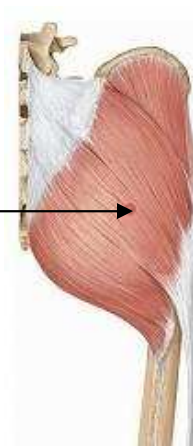
In order to supinate the foot we will need to stimulate the lateral rotators of the hip, which lift the foot via the femur. Try rotating your leg out as you stand and look what happens to your foot).

The 2 key lateral rotators of the hip are the Psoas (a deep muscle that travels along the side of the lumbar spine and ties into the front of the hip) and the glutes.

Note: Performing this stretch may also relieve some lower back pain that is often associated with Psoas weakness.



Psoas major



Gluteus maximus



Coupled with (or alternatively) performing a split squat with back foot elevated will increase strength in the Psoas (of the back leg) and the glute on the front leg.

Coupled with the ITB stretch or curtsy (demonstrated in the Morton's Neuroma section) for the same side hip as the plantar fasciitis will also help lift the foot.

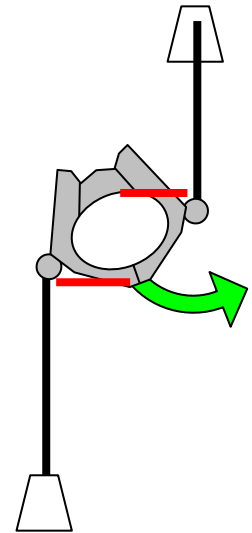
Achilles tendonitis



Achilles tendonitis is often a result of too much rotation going through the feet and ankles during walking and running.

Interestingly walking demands more rotation from the hips as both feet are in contact with the floor. This pulls the pelvis back towards the back leg – therefore rotating the pelvis.

If there is a lack of rotation in one or both of the hips the rotational demand is transferred down to the ankles placing increased pressure through the Achilles.



Therefore...

Increasing the internal rotation on the back hip and external rotation on the front hip will allow the pelvis to rotate naturally taking the pressure off of the ankles (and again the lower back).

This can be done by stretching out the same side hip flexor (as in the Plantar fasciitis section), a deep muscle in the glutes called the Piriformis and the adductors (muscles of the inner thigh).

Piriformis stretch



Adductor stretch



I hope these exercises have been of some use. Clearly the performance of the exercises and stretches is key and will impact on their effectiveness.

If you would like to pop into discuss a problem you may be experiencing during or after activity, please drop me a line on 020 8892 2493... or via email jason@movement3.co.uk.

For more information on the various segments of the body please visit our website – going to the Movement chain section (<http://www.movement3.co.uk/movementchain.asp>).