Foot and Ankle Hiking Injuries: How to Prevent and Treat Them

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About Me



Education, Training & Affiliations

MedStar Union Memorial Hospital Baltimore, MD Orthopedic Foot and Ankle Surgery Fellowship

University of Louisville School of Medicine Louisville, KY Doctor of Medicine University of Washington Harborview Medical Center Seattle, WA Orthopedic Surgery Residency

The University of Texas at Austin Austin, TX Bachelor of Science

Specialties

- Achilles tendon reconstruction
- Ankle arthroscopy
- Arthritis care
- Bunion & hammertoe surgery
- Cartilage repair and restoration

- Flatfoot reconstruction
- Joint injections
- Minimally invasive surgery
- Surgical fracture care
- Total ankle replacement



About Me













Overview



- Anatomy of the Foot & Ankle
- Common Hiking-Related Conditions
- Nonsurgical Treatments
- Operative Treatments
- Preventative Care

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Anatomy of the Foot and Ankle



- 30 bones (at least)
- Over 33 joints/articulations
- Over 100 muscles, tendons, ligaments, soft tissue connections
- Complex!



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Common Hiking Injuries



- Long distances
- Uneven surfaces
- Types of pathology
 - Overuse
 - Trauma



Tendinitis

Lateral

- What is tendinitis?
 - Inflammation of tendons resulting in pain, swelling
- Common locations:



5th motatars al basio

Peroneal tendonitis

Posterior Tibial Tendinitis

Achilles Tendinitis





Tendinitis

- Overuse-related condition
- Activity-related pain
 - Often improves with rest
- Can be associated with swelling over affected tendon
- May have underlying partial tearing of tendon
- Often responds to antiinflammatories



Boulder Community Health

Plantar Fasciitis



- Thick band of tissue supporting the arch of the foot
- Repetitive overuse can cause microtears resulting in inflammation
- Very common condition



Plantar Fasciitis



- Pain usually in plantar heel
 - Can also be in arch of foot plantarly as well
- Often worst pain in the morning, after prolonged sitting
 - Prolonged ambulation
- Risk factors
 - Obesity
 - Calf tightness
 - Endurance activities (dancing, running)



Stress Fractures



- Overuse-related fracture
 - Repetitive trauma results in development of fracture
- Can be anywhere in the foot
 - Metatarsals (toes)
 - Calcaneus (heel)
 - Fibula (ankle)
- Risk factors
 - Low Vitamin D
 - Poor nutrition
 - High impact activity



Stress Fractures



- XRs are often normal
 - May show bone healing
- Painful
 - Usually able to localize worst pain to one spot
- Pain with activity or weightbearing
 - Better with rest
- Associated swelling



Ankle Sprains



- Most common reason for missed athletic participation
- Typically from inversion injury
- Sprains on a spectrum
 - Mild -> Severe



Ankle Sprains



- Bruising
- Swelling
- PAIN!
 - Often on lateral side of ankle
- May or may not be able to bear weight
- Symptoms can mimic a fracture
 - When in doubt, get an XRAY!



Fractures



- Resulting from trauma
 - Sometimes with minimal energy
- Can involve any bone in the foot & ankle



Fractures



- Severe swelling, bruising
- Pain
- Typically unable to bear weight
 - But bearing weight does not rule out fracture!
- Recommend urgent X-ray
- Treatment can be operative or non-operative



Achilles Rupture



- Sudden dorsiflexion of ankle
- Typically with higher intensity of activity
 - Trail running
 - Sports
 - Technical hiking



Achilles Rupture



- Swelling along Achilles tendon
- Palpable defect within tendon
- Still able to bear weight
 - Often not painful



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- 1st line treatment for any condition
 - RICE!
- Rest
- Ice
- Compression
- Elevation





• Rest

- Many conditions are from overuse
- Important!
- Ice
 - Often more beneficial than heat in acute inflammatory phase
- Compression
 - Helps with swelling
- Elevation
 - Helps with swelling and pain
 - Above the level of the heart





- Anti-inflammatories
 - Critical for pain relief and swelling aid
- NSAIDs
 - Non-Steroidal Anti-Inflammatory Drugs
 - Mainstay of treatment
 - i.e., ibuprofen (Advil), naproxen (Aleve)
 - Oral version may cause GI upset
 - Topical versions exist
 - Recommend 3 week continuous course for most conditions







- Immobilization
 - Helpful in the initial stages of pathology
 - Particularly if symptoms are getting worse
 - Cast, boot, brace
- Theory is to stabilize foot & ankle and allow for healing to occur
 - Can result in stiffness (by design)
 - Often helps pain significantly





- Type of immobilization depends on severity of condition
- In general, will transition from boot to a brace as condition improves
 - Often may start with a brace if symptoms not severe



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- Peroneal Tendinitis
 - Typically associated wth tears or instability (if progressing to operative)









- Achilles Tendinitis and/or Rupture
 - Minimally invasive or open options





- Ankle Sprain Surgery
 - For those with recurrent instability







• Fracture Surgery











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- Supportive shoes
 - Generally good for overall foot & ankle hygiene
- The thicker the sole, the more support given
 - Cushions the foot
- Less flexibility in the shoe/sole, the better
 - Offers less motion through the foot, thus less painful







• Orthotics

- Over-the-counter versions work for most people
 - Unless have unique foot shape or severe pathology
- Goal is to provide cushion and support
- Many different types exist
- Recommend trying several different styles and see what feels best!



- Ankle braces
 - Huge variety
 - Protect against rotation injury
- Taping







• Physical Therapy

- Important part of preventing AND recovering from any condition!
- Typically do not begin immediately, wait until after period of immobilization to decrease inflammation
- Home Exercise Program
- Preventative Stretching
 - Recommend incorporating into daily routine
 - Particularly calf stretches





Acute

- Focus: tissue protection during inflammatory phase
- Control pain and swelling
- Manual therapy
- Electrical stimulation
- Ice, elevation, compression
- Range of motion

Intermediate

- Focus: loading progression and functional tasks
- Full range of motion
- Gait
- Strength
- Balance

Advanced

- Focus: advancing towards return
 to previous function
- Plyometrics
- Running









Blood Flow Restriction

Summary



- Wear appropriate shoe wear
 - Consider orthotics
- Daily stretching routine

• PT

- Bracing to support ankle/foot
 - Particularly if any history of instability
- If injured, get an X-ray
- Most conditions improve with rest + time



Thank you!





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