

Carlo A. Messina, D.P.M. Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



Michael M. Cohen, D.P.M. Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- · Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- · Board Certified: American Board of Podiatric Medicine
- · Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- · Specializing in Complex Limb Salvage; Foot, Ankle and Leg Fracture Surgery
- Specializing in Total Ankle Replacements and Running Injuries



John D. Goodner, D.P.M. Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma



Warren Windram, D.P.M. Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- · Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement
- · Specializing in Lower Extremity Injuries and Deformities in Children and Adults

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LOCATIONS

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PEMBROKE PINES

17842 NW 2nd St. • 954-430-9901

PLANTATION

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

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PINCHED NERVES IN THE FOOT (NEUROMAS)



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Foot, Ankle & Leg Specialists of South Florida

PINCHED NERVES IN THE FOOT (NEUROMAS)

By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

What Are Neuromas?

Nerves are small string-like structures that provide sensation and/or give the signal to muscles to move. Some nerves may be susceptible to injury because of their location in the foot or ankle. The most commonly injured nerves are on the ball of the foot, located at the base of the second, third and fourth toes. These nerves provide sensation only to the middle three toes and may be compressed by a ligament that runs over it.

SIGNS & SYMPTOMS:

- Pain on the ball of the foot.
- Numbness, burning, shooting or tingling sensation in the toes. Some or all of these symptoms may be present.
- Cramping in the toes.
- Aggravated by running, aerobics or activities that put stress on the ball of the foot.
- Pain may be lessened by taking the shoe off and rubbing the foot.
- Driving may aggravate the ball of the foot.
- Aggravated by high heels, walking barefoot
- Numbness while on a treadmill, elliptical or during lunges or Zumba classes

CAUSES:

- Compression of the nerve against a tight ligament that connects the metatarsals.
- Arthritis or bone spurs from the adjacent joints.
- Soft tissue cysts causing nerve compression.
- Trauma to the ball of the foot.
- Nerve may become irritated from tight shoes, going barefoot on hard floors or sports that put stress on the ball of the foot, especially tennis and running.
- Any exercise that causes you to be on the ball of the foot.

TREATMENT:

- A Thorough history and physical examination of the foot.
- The goal of treatment is to reduce the inflammation around the nerve and prevent further trauma to it.
- Anti-inflammatories may be used to lessen inflammation; oral medication or cortisone injections may be beneficial.
- Changing to wider shoes without a heel that are also cushioned.
- Changing activities temporarily from weightbearing exercises to biking and swimming.
- Physical therapy may be of benefit in reducing inflammation.
- Metatarsal pads.
- **Orthotics** to correct faulty biomechanics. They can be used in small heels and all sports shoes.
- Localized injections into the nerve to stop the nerve from functioning. (sclerosing alcohol injections)
- Removing the nerve *surgically* may be necessary if conservative treatment fails. This is an outpatient procedure. A local or twilight anesthesia is used. The procedure takes approximately 8-10 minutes. One or two days off of work is needed. A surgical shoe is worn for 4-5 days and then a sneaker may be used. Postoperative pain is minimal. Physical therapy may be necessary for a short period of time The patient progresses to regular shoes over a 2-4 week period. Certain activities such as biking and swimming can be done in a week; Sports may take 2-8 weeks to resume.

PROGNOSIS: Excellent







