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Conquering Mysterious Foot Pain

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After an arduous saga wherein the heroine – me – sought diagnosis, advice and solutions for nearly three years, at long last, the achievement of pain relief and strength was reached in my strong, non-polio foot. I'm starting with the outcome, so that perhaps anyone with similar top of foot pain will be encouraged to read on.

Francine Falk-Allen had polio in 1951 at age 3. She is retired after 35 years of running a tax and bookkeeping service. She lives in San Rafael, California, with husband Richard Falk, and two cats. She is also a breast cancer survivor.

At first, my primary care doc and I thought that perhaps the sharp pain in my overworked strong foot might be the result of taking statins, because I was experiencing pain in my hands and other joints as well. I tried different statins and finally went off them completely in order to test our theory. Most of the pain in other areas subsided dramatically, but I was left with the top of foot pain and pain in my right thumb, which turned out to be arthritis and was treated with corticosteroid shots by a hand specialist.

By this time, I'd had foot pain for well over a year and it was getting worse. Frequently, I woke with stabbing pain in the wee dark hours of the morning. It felt worst upon arising, leading a podiatrist and orthopedist to make an initial diagnosis of a fallen arch, pronation of the ankle, arthritis in the topmost bones of the foot and probable tendinitis as a result of the arthritis.

The fallen arch was addressed with an arch support, and eventually a lightly wrapped Coban™ tape around the arch, which provided some partial relief and assisted in the condition not worsening. I anticipate using the arch support for the rest of my life, and I do arch strengthening exercises that I found in an internet search. (Go to www.post-polio.org/edu/pphnews/PPH28-4-Exercises.pdf to see exercises.)

But arthritis eventually proved to be a misdiagnosis that, unfortunately, drove treatment for about a year.

I saw an excellent post-polio specialist, and, at this point, I was having some new consistent back pain. This was considered to be a more serious problem, and x-rays and MRIs revealed several back issues that I addressed with success (physical therapy, core strengthening, ice and yoga) over many months.

However, the foot pain still worsened, even with use of Lofstrand crutches to improve my gait. (I've had to reduce the time I use them: My legs began to weaken in dependency, and my elbows began to have pain – probably arthritis – that improves

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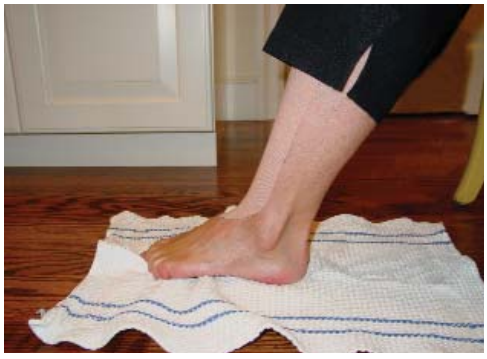

One arch exercise involves grabbing a towel with the toes, while keeping the heel on the floor.

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when I do not use the crutches or lean heavily on a cane.)

Deep tissue massage of the foot, which sounded like a great idea, produced electrical-like shooting pain that went off every 15 to 30 seconds for days. I pushed for an MRI, and finally it revealed, in agreement with a foot x-ray, no arthritis, definite tendinitis, tendonosis and tenosynovitis, or irritation of the tendon sheath, in my posterior tibial and anterior tibialis tendons where they attach to the joint on my foot. The tenosynovitis was the primary culprit in the sharp pain.

What Didn't Work

Solutions we tried without success were immobilization in a removable plastic cast (which caused my limp to be worse and worsened my back pain) and a (very painful) plasma injection, which several experts recommended, because it nearly always speeds tendon healing. I had to immobilize the foot again, and after six weeks, it was evident that the process had unfortunately and unpredictably worsened my condition.

I tried an ankle-foot orthotic to give the tendons a rest (I walked like Frankenstein), and I tried an air cast, used for sprained ankles, which gave a small amount of relief as it helped prevent pronation of the ankle and foot. I was becoming quite depressed at what seemed to me a definite progression of debilitation.

At one of my post-polio doctor visits, I broke down and cried, feeling that I had travelled a long hard road that led only to a dead end. The tendon pain and the nerve pain of the tenosynovitis made it hard to trust my footing, and I depend so deeply on the stability of this strong, trusted foot. I now was told that it was probable that I had had some vestige of polio effect in the strong foot, as polio rarely strikes one side of the body exclusively.

One doctor commented, "We all face these kinds of problems as we age; it's not just polio patients." Non-polio friends told me they also struggled with fallen arches, yet, they did not have an opposing paralyzed leg to deal with. I just could not accept that nothing could be done.

My post-polio doctor gave me one last prescription for physical therapy directed specifically at the tendon issues in my foot. I saw a new PT who had had foot problems herself, and knew the long road back to tendon health. Tendons heal very slowly and need specific attention.

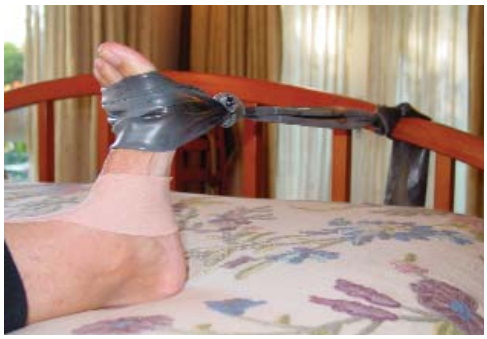
Serendipity! Success!

She suggested exercises, but they aggravated the pain. Then she had a serendipitous thought: try Kinesio® Tex Gold tape on the affected area, to relieve the irritation in the tendon sheath. The tape only has to be changed every five days or so. (Several athletes in the 2012 summer Olympics, particularly the swimmers, used this tape.)

Miraculous! Along with the use of gel ice packs, within a few days, I was having less pain, and the swelling at the tendon attachment point was reduced. Over several weeks, the swelling was gone (except when I was

on my feet too much), indicating that the inflammation had subsided if not been eliminated. I iced the area, at least once a day, especially in the evening after I'd been stomping around all day, which helped reduce inflammation. Then, because the tendon sheath was less irritated, I was able to do the exercises she gave me.

Using wide stretchy rubber therapy bands, starting with the least resistance and increasing to the maximum resistance, I did these exercises at first with five repetitions once a day, then twice daily, then gradually increased to 15 repetitions twice in a session, with two sessions daily. (Go to www.post-polio.org/edu/pphnews/PPH28-4-Exercises.pdf to see exercises.)



A tendon exercise using a therapy band.

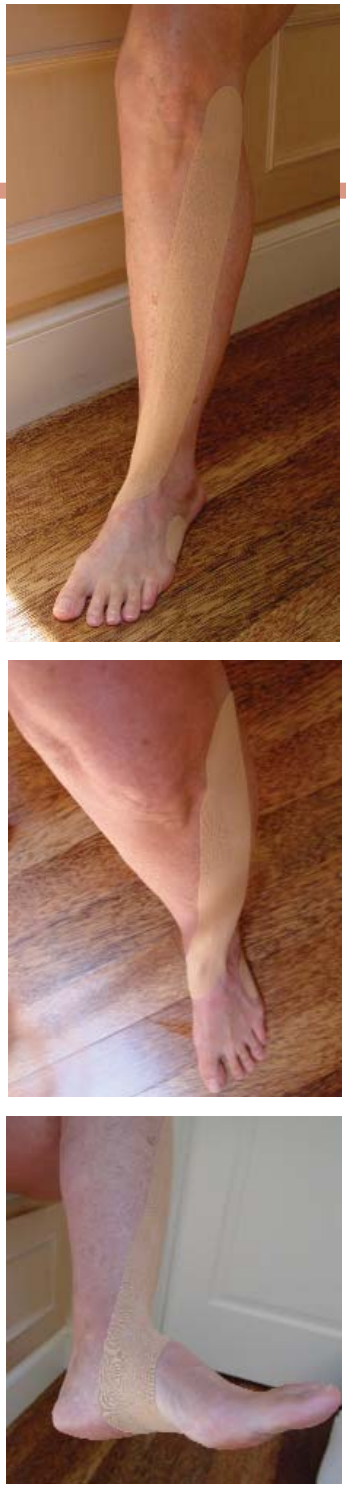
I have finally achieved real healing in this long-maligned tendon, and many days I have NO pain in my foot, after a few years of daily and sometimes constant, stabbing pain. If I do too much walking, I pay the price both in my foot and back, and get out the ice packs and rest for a couple of days.

My therapist also recommended that after nearly a year of wearing the Kinesio tape, I gradually wean myself from it, by taking it off for a day or two, wearing it for three days, then off again, etc., until it does not feel like it makes a difference to wear it. I am still in this process and find that some days I am fine without it, and some days, I just want the extra support.

Hard Work Pays Off

Here's the part you already know but don't want to hear: If you back off on repetitions after achieving considerable success, and have not come to a complete rehabilitation, you will backslide and probably experience renewed pain. I did this, which often happens about 80 to 90 percent of the way through rehab. So, I am bringing myself back to the regular two sets of 15 repetitions, twice a day. As one doctor pointed out, "You're motivated ..." and we said in unison, "… by pain."

If you have experienced pain in a supposedly "non-polio" extremity and it can be traced to a tendon issue, I encourage you to pursue a good physical therapist who has been trained in the use of Kinesio tape and tendon rehab. The hard work is so very worth it. ▲



Francine's PT anchored the tape on the outside of her strong knee, and pulled it down the front of her leg along the outside of the tibia, and then at a right angle just in front of her ankle, across the top of her foot near the point where the affected anterior tendon attaches to the top foot bone, and down under the arch of the foot, anchoring it again at the outside arch.