SBHPP 2026

ORTHOEXCEL

MASTERING MSK CARE FOR PRIMARY CARE

FOOT & ANKLE

Vanessa JS Smith, PA-C

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THE FOOT & ANKLE: UNDERSTANDING THE BODY'S FOUNDATION

FOOT & ANKLE

Vanessa JS Smith, PA-C

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DISCLOSURE

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I have no relevant relationships
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AI was used to generate some images and graphics in this presentation.

AI DISCLOSURE

SPECIAL THANK YOU

Hillary Becker, MD

Kari Gill, PA-C

Chad Kurtenbach, MD

Carl Rasmussen, MD

Robert Van Demark, Jr, MD

Alan Yan, MD

OBJECTIVES

At the conclusion of this session, participants will be able to:

Recognize common mechanisms of foot and ankle injury and associated clinical presentations.

Perform a targeted foot and ankle examination to assess bony, ligamentous, and tendon pathology.

Apply evidence-based criteria to determine the need for imaging and immobilization.

Identify clinical findings that warrant urgent referral to orthopedic or sports medicine specialists.



FRONTAL VIEW



PHALANX

METATARSAL

DISTAL

PLANTAR

LATERAL

MEDIAL

TARSAL

DORSAL

PROXIMAL

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A CHECK ALIGNMENT OF EACH TOE

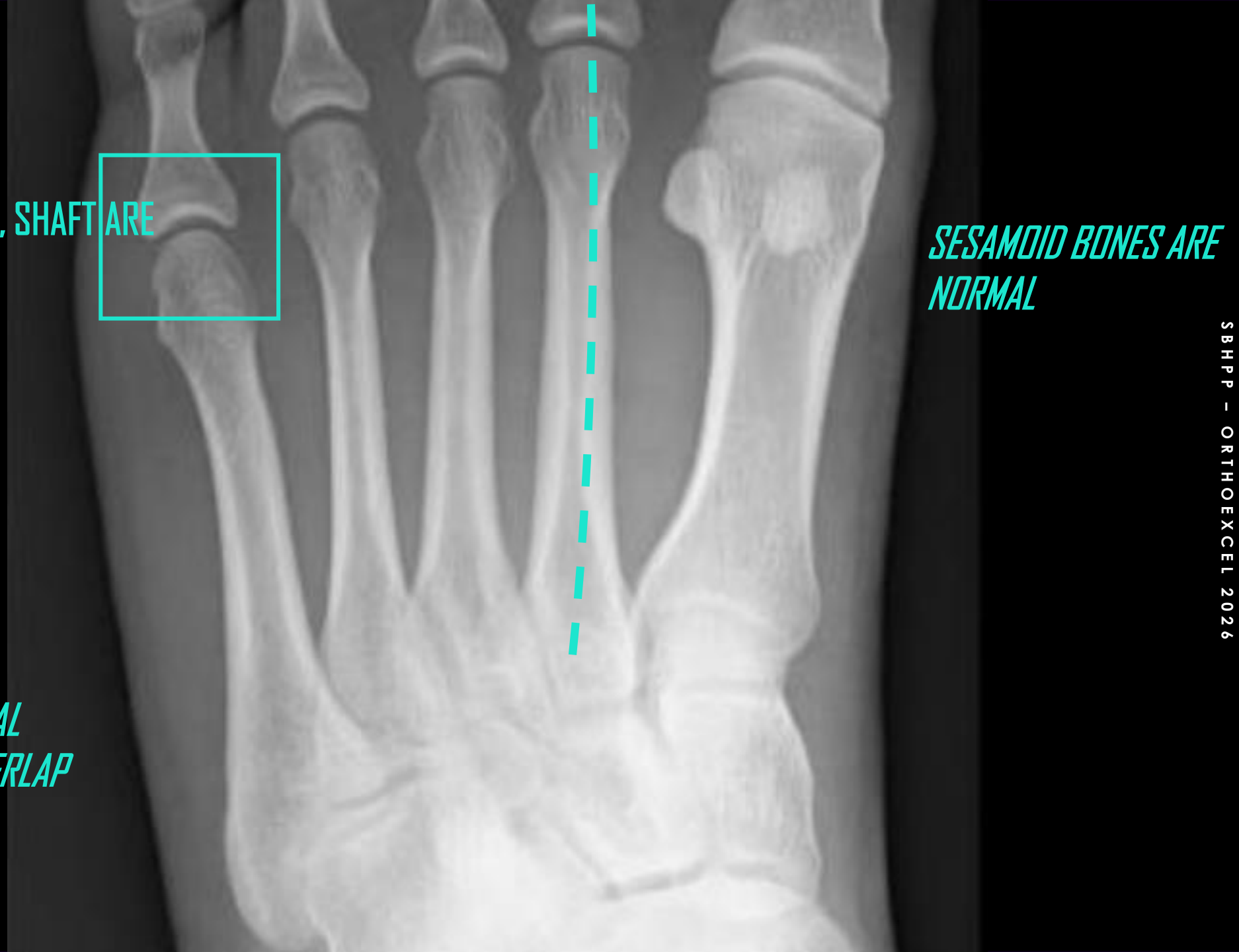
C TRACE AROUND THE CORTEX

S CHECK EACH JOINT SPACE

IP JOINT SPACES ARE OBSCURED (NORMAL)



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A ALIGNMENT

C CORTEX - HEAD, NECK, SHAFT ARE EASY TO SEE

S SPACE - MTP JOINT SPACE IS WELL SEEN

METATARSAL BASES OVERLAP

SESAMOID BONES ARE NORMAL

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Lisfranc's ligament: large oblique ligament that extends from plantar aspect of Medial Cuneiform → base of 2nd MT (there is no transverse metatarsal ligament from 1 to 2)

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Lisfranc's ligament: large oblique ligament that extends from plantar aspect of Medial Cuneiform → base of 2nd MT (there is no transverse metatarsal ligament from 1 to 2)

Lateral 1ST MT ALIGNS WITH Lateral border of MEDIAL CUNEIFORM

Medial 2ND MT ALIGNS WITH Medial border of INTERMEDIATE (MIDDLE) CUNEIFORM

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OBLIQUE VIEW



OBLIQUE VIEW

A CHECK ALIGNMENT OF EACH TOE

C TRACE AROUND THE CORTEX

S CHECK EACH JOINT SPACE



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OBLIQUE VIEW

A CHECK ALIGNMENT OF EACH TOE

C TRACE AROUND THE CORTEX

S CHECK EACH JOINT SPACE



Pay attention to base of 5th

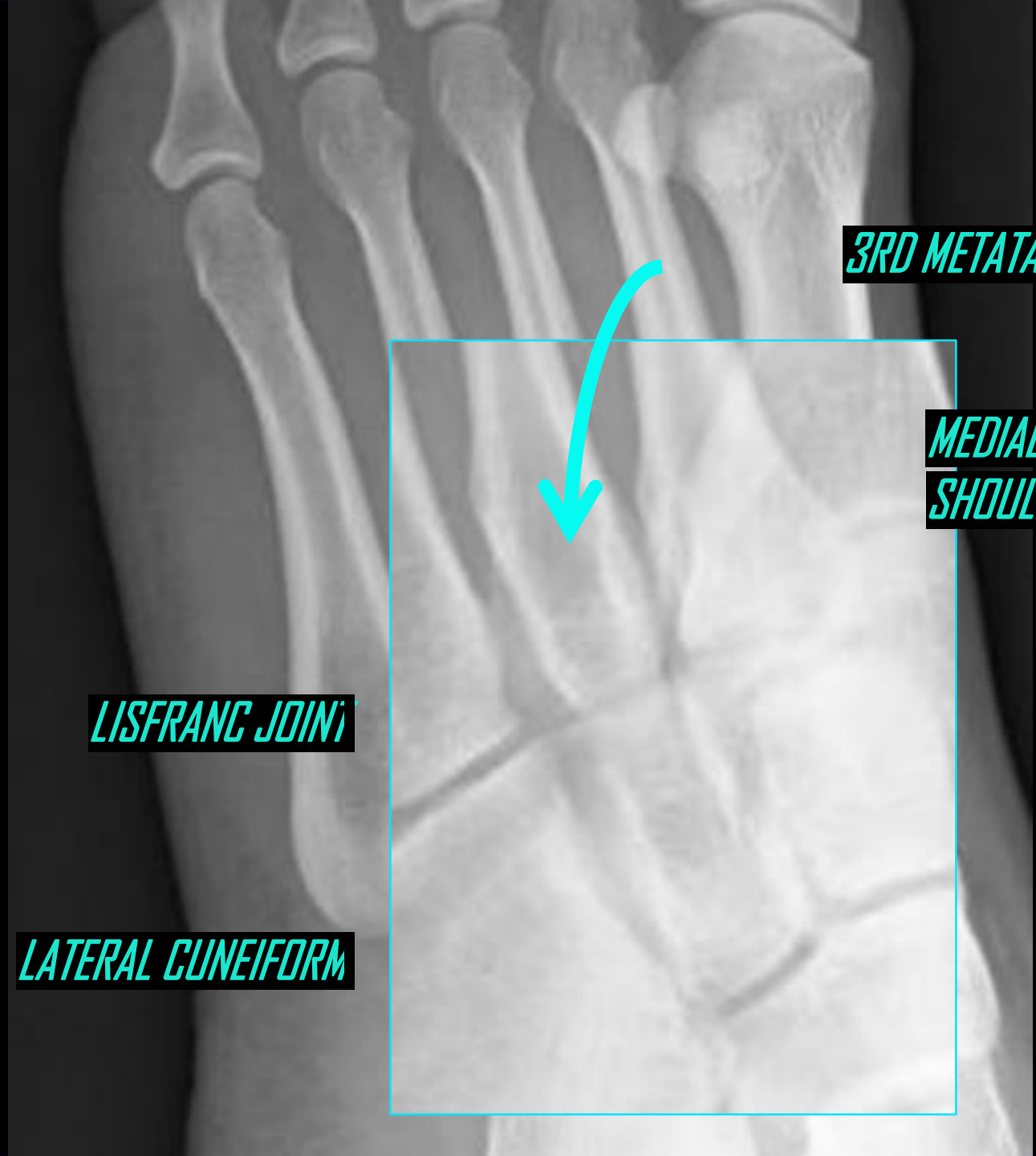
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OBLIQUE VIEW

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C TRACE AROUND THE CORTEX

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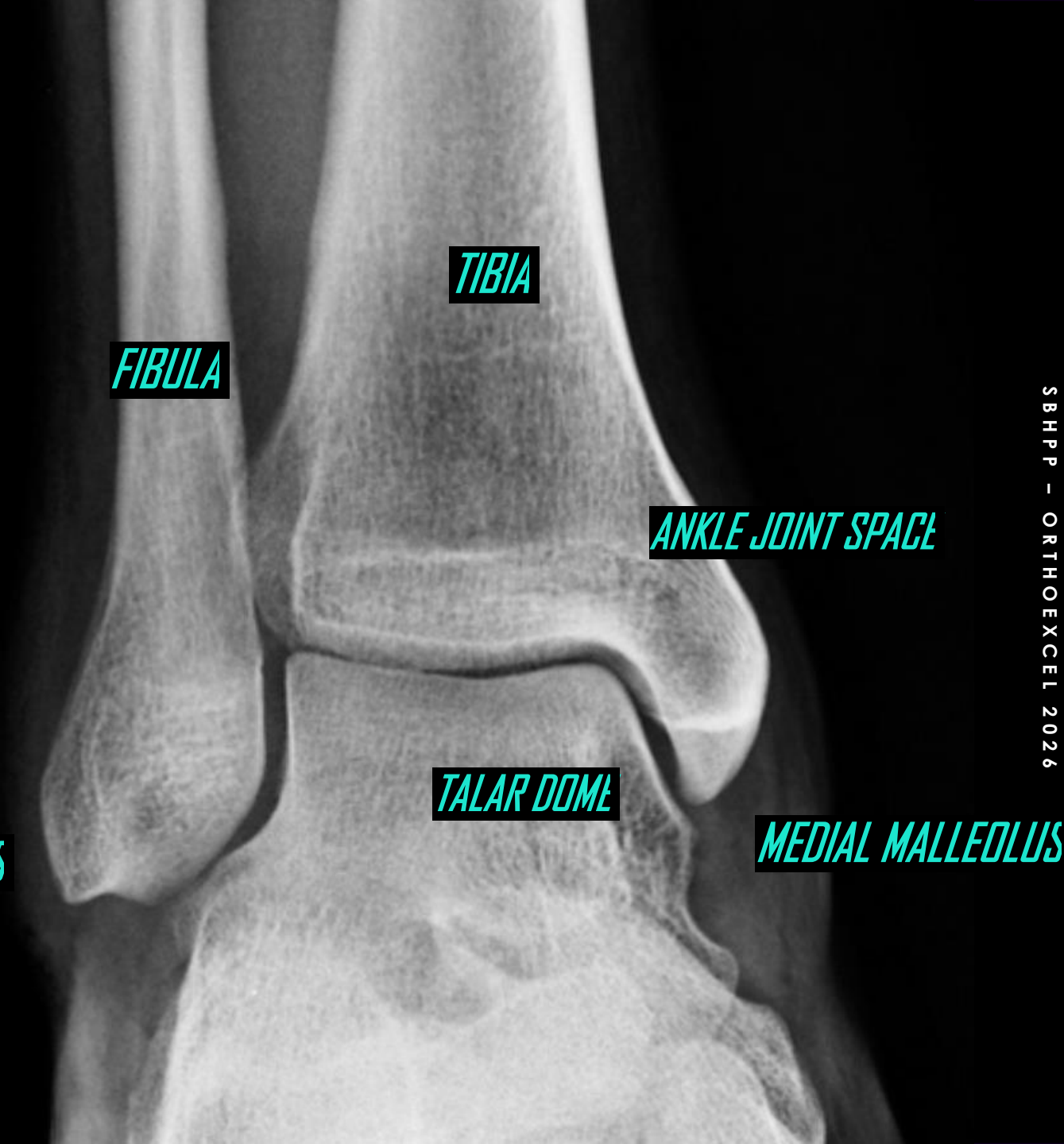
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ANKLE AP VIEW

A CHECK ALIGNMENT

C TRACE AROUND THE CORTEX

S CHECK EACH JOINT SPACE



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ANKLE AP VIEW

→ SYNDESMOSIS:

- normal > 6 mm on AP view
- normal > 1 mm on mortise view

→ ABNORMAL SYNDESMOSIS?

- Get tib/fib x-rays too!
- Rule out Maisonneuve Fracture



TIBIA

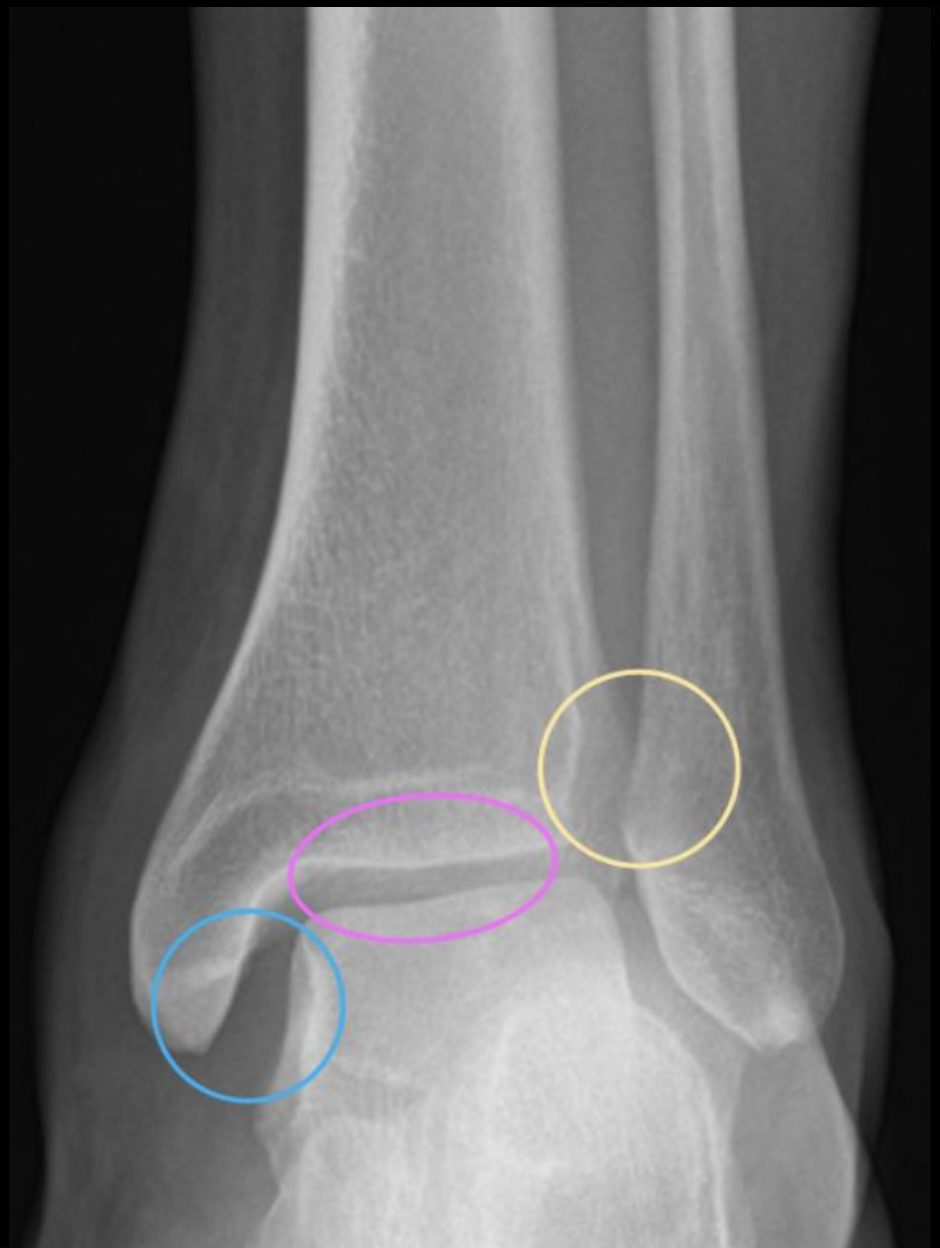
FIBULA

TALAR DOME

MEDIAL MALLEOLUS

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ANKLE MORTISE VIEW



TIB/ FIB VIEW



Maisonneuve Fracture

https://geekymedics.com/ankle-x-ray-interpretation/

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ANKLE LATERAL VIEW

A CHECK ALIGNMENT

C TRACE AROUND THE CORTEX

S CHECK EACH JOINT SPACE



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FOOT & ANKLE ALGORITHM



HPI

XRAY

WEIGHTBEARING!

PHYSICAL EXAM

PLAN

ORTHO MDM ACCELERATOR™

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* If patient unable to take NSAID consistently, consider acetaminophen (Tylenol Arthritis 650 mg) every 8 hours as needed for pain.
** If patient is to be NWB, start DVT prophylaxis with Aspirin daily.

Foot Pain

Acute injury?

NO

YES

WEIGHTBEARING
X-rays

EMERGENT REFERRAL if signs of Midfoot Compartment Syndrome
- Severe swelling
- Severe pain out of proportion to exam
- Dislocation
- Open fracture
- Abnormal neurovascular exam

NORMAL

ABNORMAL

Turf Toe (Great MTP joint sprain)

1 – Treatment varies based on Grade 1, 2 or 3
2 – Stiff-soled shoe
3 – Ice and rest
4 – NSAID consistently*
5 – Taping the Great MTP joint
6 – Refer to Orthopedics

Lisfranc injury

Document

EXAM – plantar foot ecchymosis, cannot weight-bear, swelling?

1 – Tall CAM boot or Splint (posterior slab + stirrup)
2 – NWB: crutches or walker**
3 – Ice proximal to splint
4 – Elevate "toes above the nose"
5 – Avoid NSIADs
6 – URGENT REFERRAL to Orthopedics

Tarsal fracture

Document

EXAM – skin opening over fracture site? Distal foot NVS?

1 – If open wound, irrigate & moist dressing.
2 – Splint (posterior slab + stirrup) vs. Bulky Jones splint
3 – Ice proximal to splint
4 – NWB: crutches or walker**
5 – Avoid NSAIDs
6 – URGENT REFERRAL to Orthopedics

Metatarsal fracture

Document

EXAM – skin opening over fracture site? Distal foot NVS?

1 – If open wound, irrigate and moist dressing.
2 – Hard-soled shoe vs CAM boot
3 – WBAT: offer crutches or walker
4 – Ice
5 – Elevate "toes above the nose"
6 – Avoid NSAIDs
7 – Refer to Orthopedics

Phalangeal fracture

1 – If open wound, irrigate and moist dressing.
2 – If displaced: digital block + reduce
3 – Buddy tape
4 – Stiff-soled shoe with open toe box
5 – Ice + elevate
6 – WBAT
7 – Avoid NSAIDs

Refer to Orthopedics if:
- fx associated w/dislocation
- displaced Hallux fx
- intra-articular fx at MTP joint
- obvious angulation deformity
- open fx

EXAM concerning for stress fracture?

Document

YES

WEIGHTBEARING
Get foot X-rays. Signs of stress fracture?

YES

NO

NO

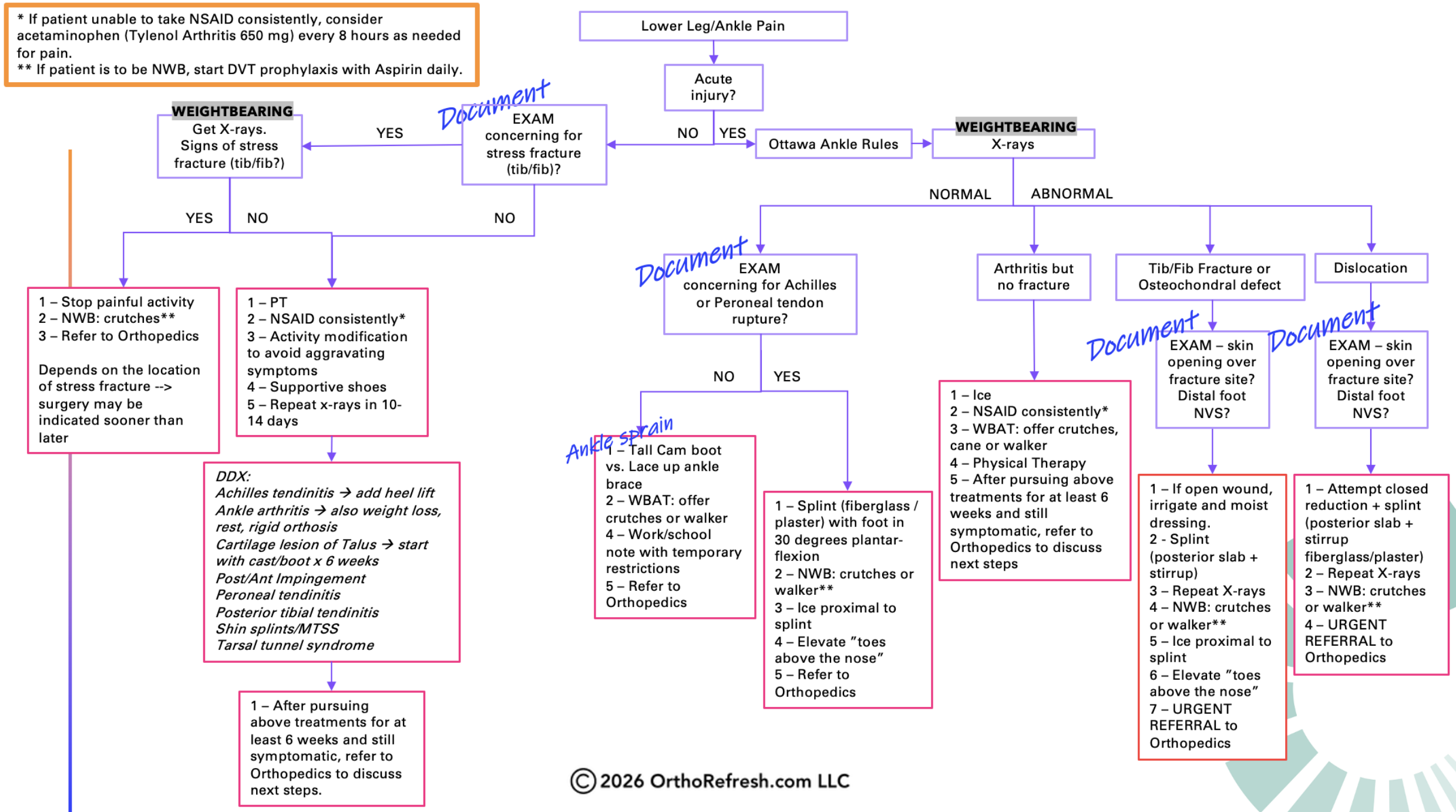
1 – Stiff-soled shoe vs. CAM boot
2 – Stop painful activity
3 – Refer to Orthopedics

1 – NSAID consistently*
2 – Activity modification to avoid aggravating symptoms
plus the following…

DDX:
Adult flat foot/Posterior Tibial Tendon Disorder → PT, lace-up ankle brace vs. CAM boot x 4-6 weeks
Bunion (1st MTP) / Bunionette (5th MTP) → wide toe box shoe vs. orthotic
Hallux Rigidus (1st MTP arthritis) → wide toe box shoe vs. rocker sole vs. orthotic
Metatarsalgia → orthotic
Midfoot arthritis → weight loss, orthotic vs. Arizona brace
Morton's neuroma → soft wide toe box shoe with metatarsal pad proximal to MTP joints
Plantar fasciitis → PT, ice, orthotic, don't go barefoot
Posterior heel pain → PT, ice, heel lift
Sesamoiditis → orthotic vs. footwear modification

1 – After pursuing above treatments for at least 6 weeks and still symptomatic, refer to Orthopedics to discuss next steps.

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* If patient unable to take NSAID consistently, consider acetaminophen (Tylenol Arthritis 650 mg) every 8 hours as needed for pain.
** If patient is to be NWB, start DVT prophylaxis with Aspirin daily.
Lower Leg/Ankle Pain
Acute injury?
NO
YES
Ottawa Ankle Rules
WEIGHTBEARING
X-rays
NORMAL
ABNORMAL
Document
EXAM concerning for stress fracture (tib/fib)?
YES
WEIGHTBEARING
Get X-rays. Signs of stress fracture (tib/fib?)
YES
NO
NO
1 – Stop painful activity
2 – NWB: crutches**
3 – Refer to Orthopedics
Depends on the location of stress fracture --> surgery may be indicated sooner than later
1 – PT
2 – NSAID consistently*
3 – Activity modification to avoid aggravating symptoms
4 – Supportive shoes
5 – Repeat x-rays in 10-14 days
DDX:
Achilles tendinitis → add heel lift
Ankle arthritis → also weight loss, rest, rigid orthosis
Cartilage lesion of Talus → start with cast/boot x 6 weeks
Post/Ant Impingement
Peroneal tendinitis
Posterior tibial tendinitis
Shin splints/MTSS
Tarsal tunnel syndrome
1 – After pursuing above treatments for at least 6 weeks and still symptomatic, refer to Orthopedics to discuss next steps.
Document
EXAM concerning for Achilles or Peroneal tendon rupture?
NO
YES
Ankle sprain
1 – Tall Cam boot vs. Lace up ankle brace
2 – WBAT: offer crutches or walker
4 – Work/school note with temporary restrictions
5 – Refer to Orthopedics
1 – Splint (fiberglass / plaster) with foot in 30 degrees plantar-flexion
2 – NWB: crutches or walker**
3 – Ice proximal to splint
4 – Elevate "toes above the nose"
5 – Refer to Orthopedics
Arthritis but no fracture
1 – Ice
2 – NSAID consistently*
3 – WBAT: offer crutches, cane or walker
4 – Physical Therapy
5 – After pursuing above treatments for at least 6 weeks and still symptomatic, refer to Orthopedics to discuss next steps
Tib/Fib Fracture or Osteochondral defect
Document
EXAM – skin opening over fracture site? Distal foot NVS?
1 – If open wound, irrigate and moist dressing.
2 - Splint (posterior slab + stirrup)
3 – Repeat X-rays
4 – NWB: crutches or walker**
5 – Ice proximal to splint
6 – Elevate "toes above the nose"
7 – URGENT REFERRAL to Orthopedics
Dislocation
Document
EXAM – skin opening over fracture site? Distal foot NVS?
1 – Attempt closed reduction + splint (posterior slab + stirrup fiberglass/plaster)
2 – Repeat X-rays
3 – NWB: crutches or walker**
4 – URGENT REFERRAL to Orthopedics
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→ Point with one finger where you're having the most pain.



FOOT + ANKLE CHRONIC CONDITIONS

- Plantar Fasciitis
- Flat feet
- High arches
- Ankle arthritis
- Foot arthritis
- Cartilage lesion of Talus (osteochondral defect)
- Posterior tibialis tendinitis
- Achilles tendinitis (insertional or non-insertional)
- Peroneal tendinitis
- Impingement (Anterior/Posterior)

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FOOT + ANKLE ACUTE CONDITIONS

- Achilles tendon rupture
- Ankle sprain (lateral vs. medial)
- High ankle sprain
- Tib/Fib fracture
- Stress fracture
- Foot fracture
- Lisfranc injury

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HIGH YIELD PHYSICAL EXAM



LOOK

Observation. Location of ecchymosis? Edema?

MOVE

Active range of motion. Is it symmetric?

FEEL

Palpation. "What's under the skin?"

STRESS

Special tests. "If this causes pain, what could be the reason?"

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PHYSICAL EXAM – FOOT + ANKLE

- ❑ Gait evaluation
- ❑ Symmetry of parts: view anterior and posterior
- ❑ Arches
- ❑ Superficial skin: ulcer, callous, corn, varicosities, nail dystrophy
- ❑ Range of motion: foot, ankle AND knee
- ❑ Muscle strength: dorsiflexion, plantarflexion, inversion, eversion
- ❑ Surface palpation
- ❑ Special tests
  - ❑ Stress test ankle ligaments
  - ❑ Compression test for Morton's neuroma (firmly squeeze the metatarsal heads in the medial to lateral direction to compress the neuroma between the metatarsal heads)

what's under the skin?

Document

EXAM
concerning for stress fracture?

- Hop Test
- Tuning fork test
- Percussion test

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Document

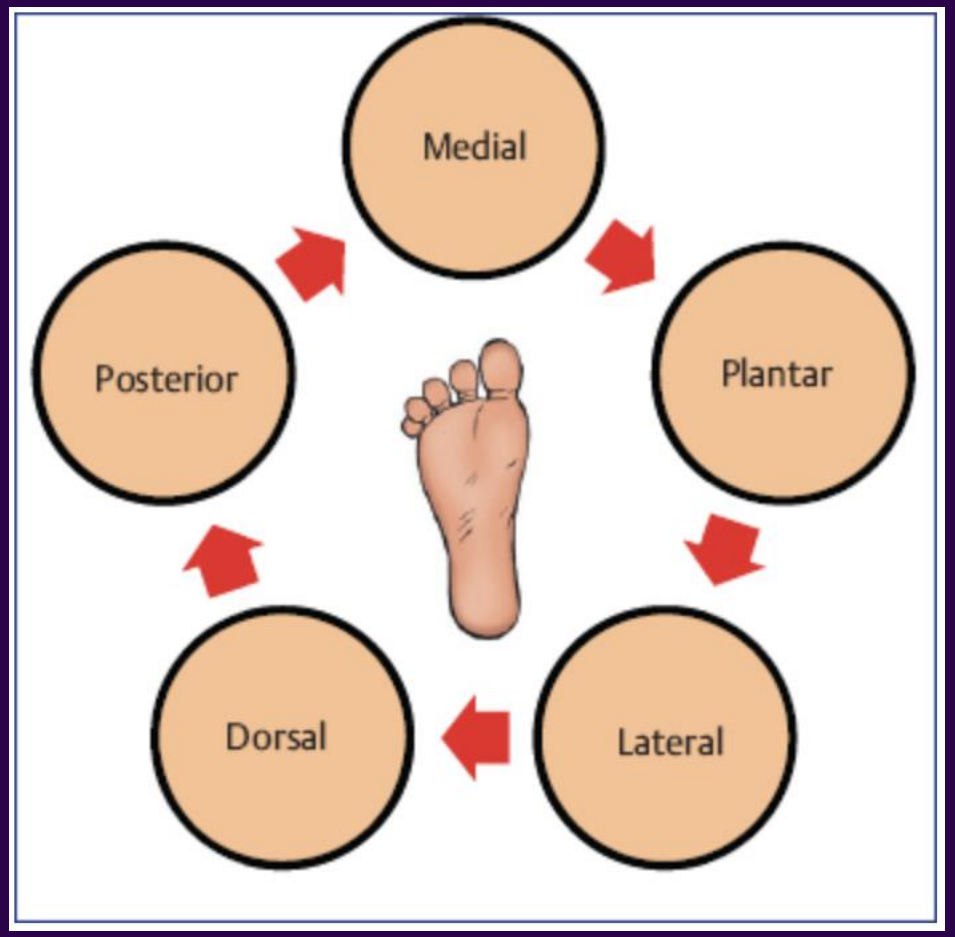
EXAM

concerning for Achilles or Peroneal tendon rupture?

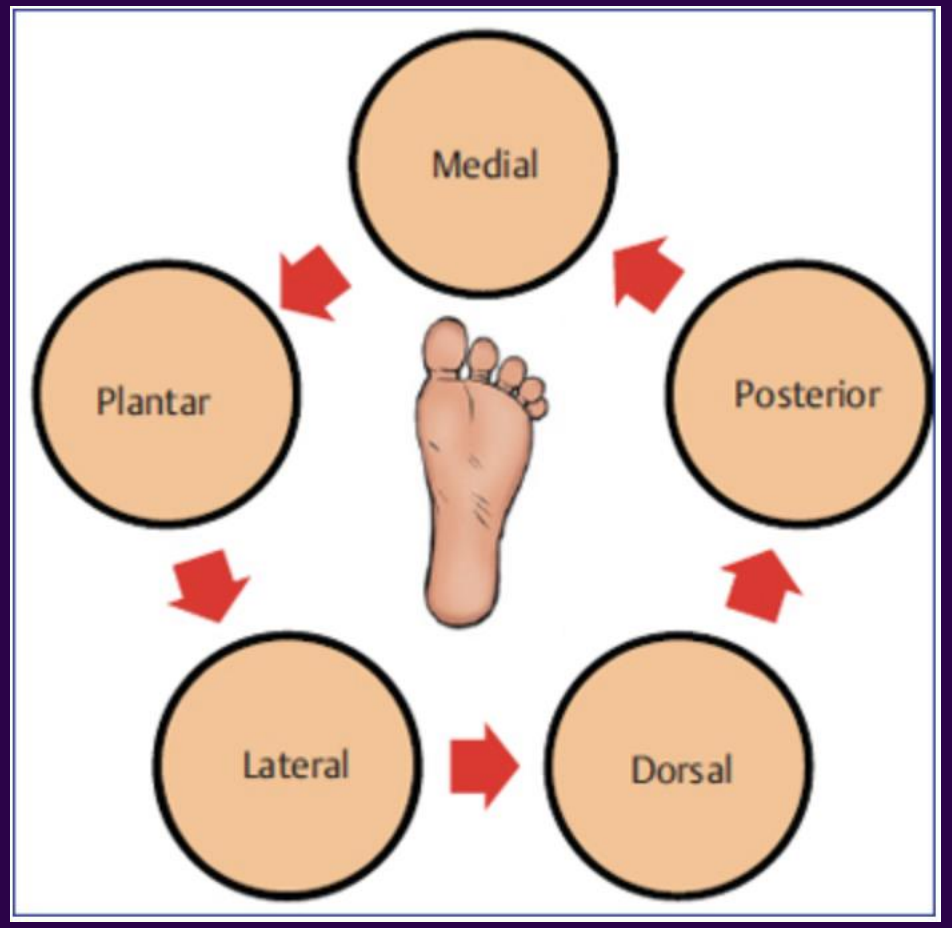
- Swelling + ecchymosis
- Thompson test
- Tenderness +/- divot/defect in Achilles tendon
- Tenderness in fibular groove or distally for Peroneal tendon (can mistake for lateral ankle sprain)

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PHYSICAL EXAM – FOOT + ANKLE



Right Foot – start clockwise

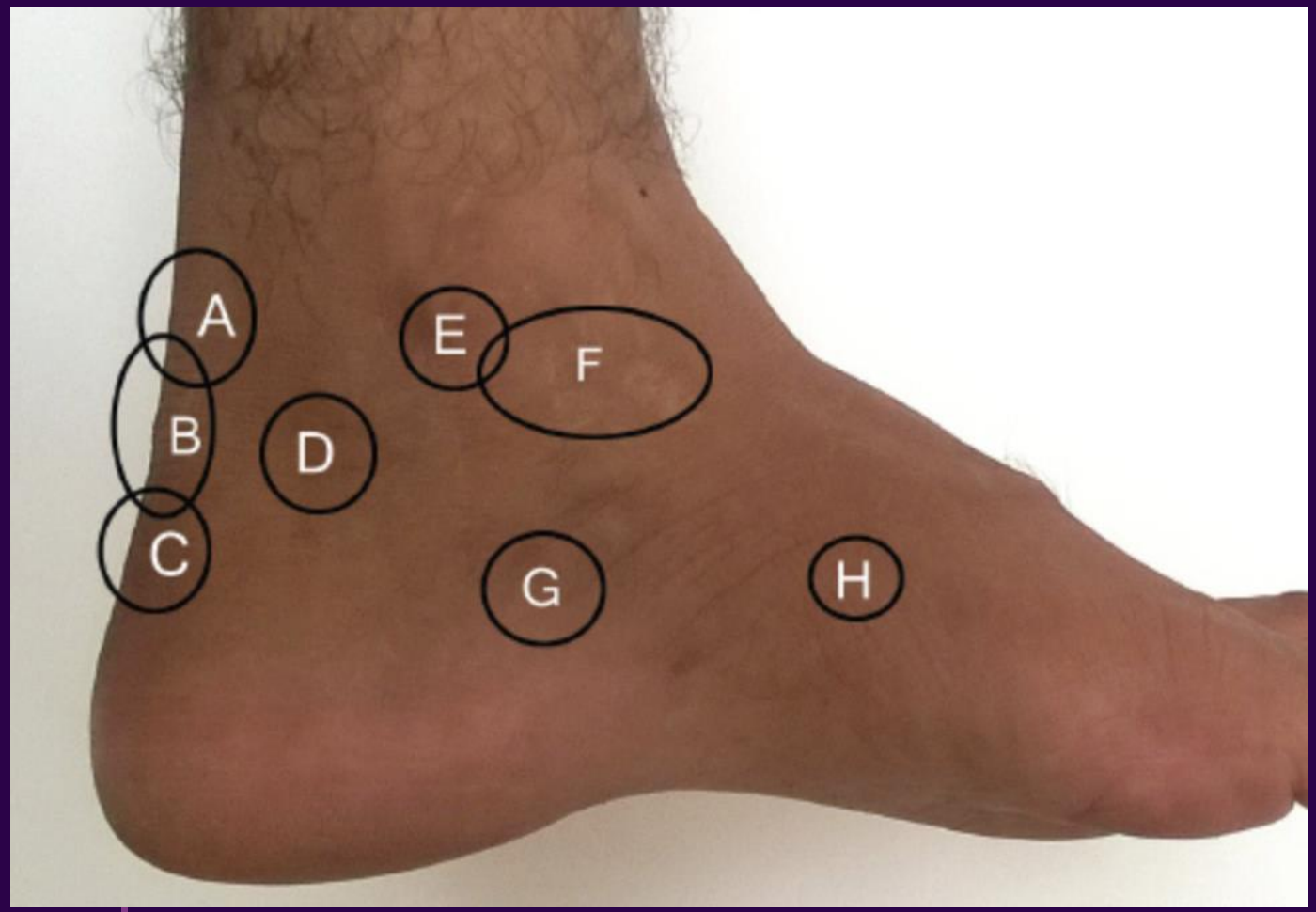


Left Foot – start counter-clockwise

https://musculoskeletalkey.com/foot-and-ankle-examination/

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PHYSICAL EXAM – FOOT + ANKLE



A – Achilles rupture/noninsertional tendinitis
B – Insertional Achilles tendinitis
C – Calcaneal apophysitis/pump bump
D – Retrocalcaneal bursitis
E – Tarsal tunnel syndrome/posterior tibial tendinitis
F – Medial/Deltoid ligament ankle sprain
G – Entrapment of first branch of lateral plantar nerve
H – Accessory Navicular/master knot of Henry/medial plantar nerve entrapment

https://musculoskeletalkey.com/foot-and-ankle-examination/

PHYSICAL EXAM – FOOT + ANKLE



https://musculoskeletalkey.com/foot-and-ankle-examination/

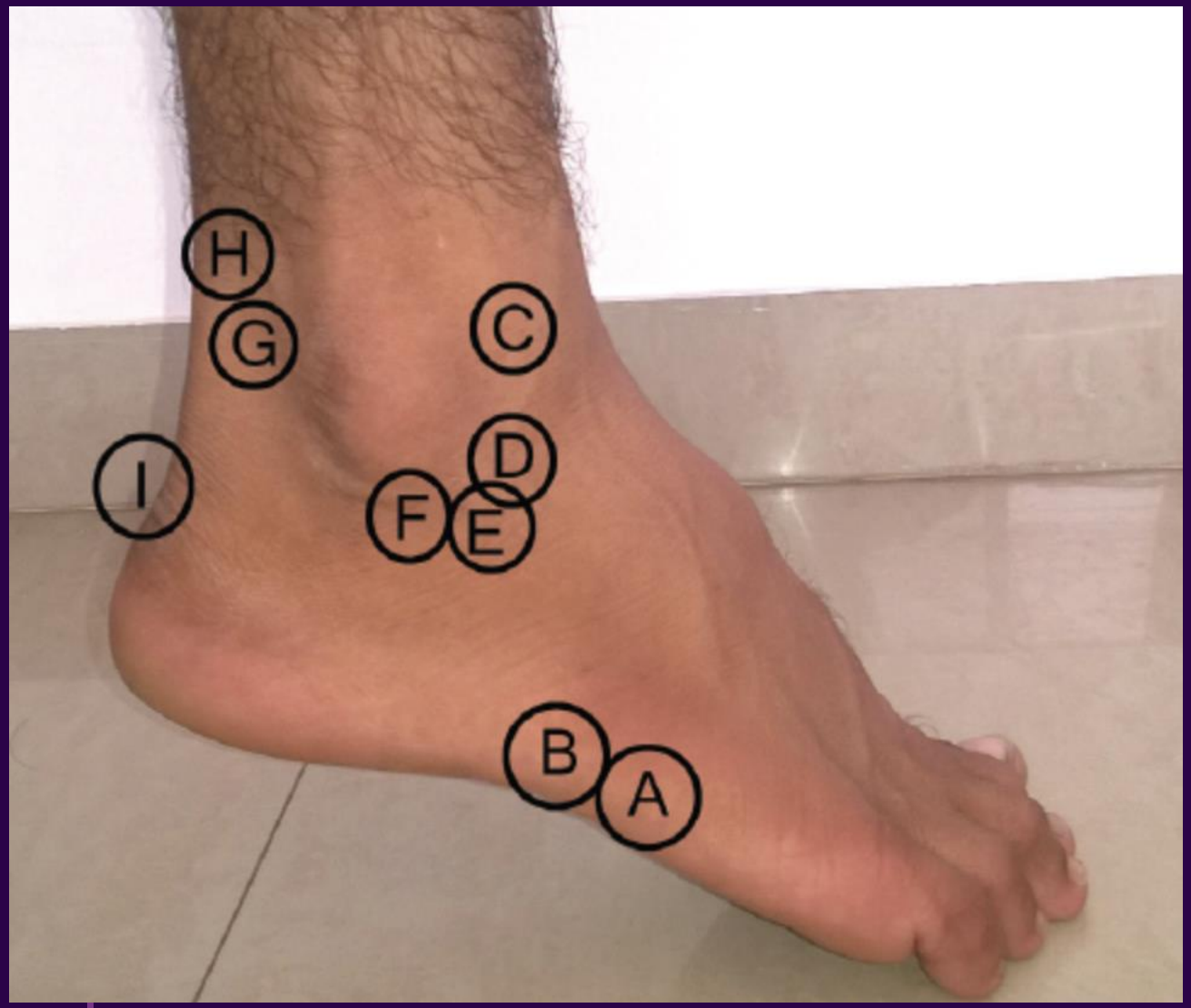
A – Plantar fasciitis
B – fat pad atrophy

Metatarsalgia

Sesamoiditis

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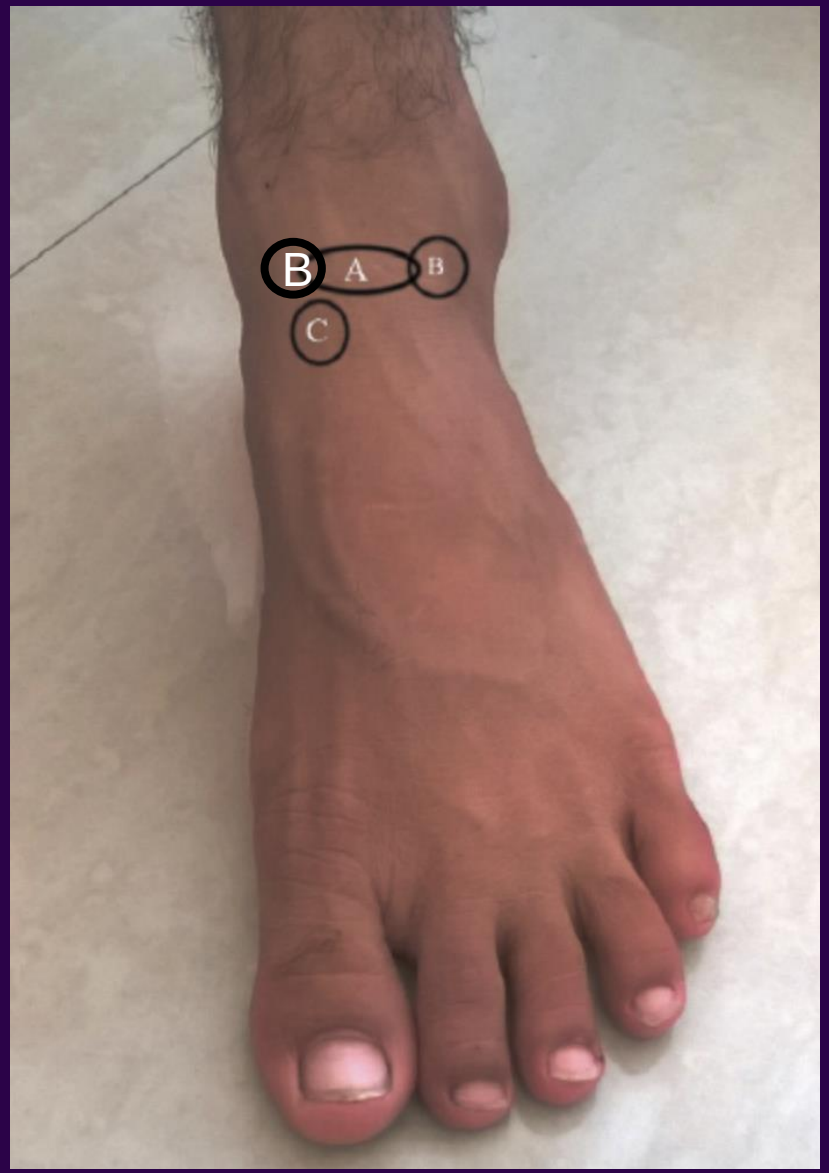
PHYSICAL EXAM – FOOT + ANKLE



https://musculoskeletalkey.com/foot-and-ankle-examination/

A – Jones fracture
B – Avulsion fracture of 5th metatarsal
C – Anterior ankle impingement
D – ATFL (Anterior Talofibular) ligament ankle sprain
E – Sinus Tarsi Syndrome
F – CFL (Calcaneofibular) ligament
G – Retrocalcaneal bursitis
H – Achilles tendinitis
I – Calcaneal apophysitis/Sever's disease/pump bump

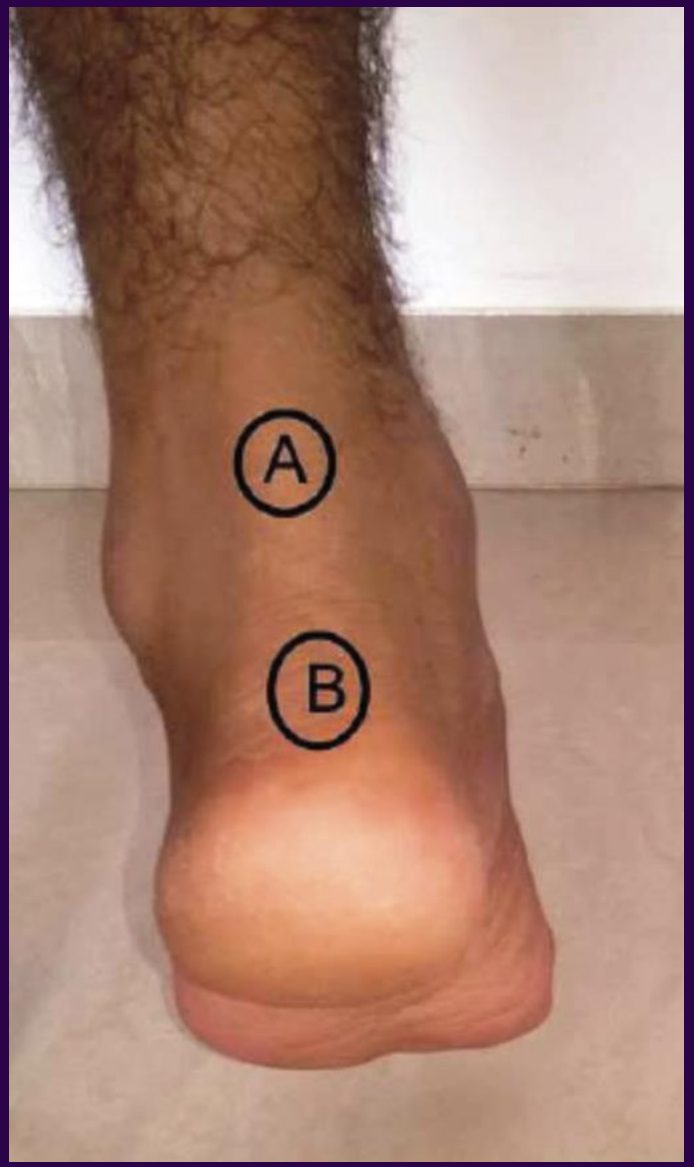
PHYSICAL EXAM – FOOT + ANKLE



https://musculoskeletalkey.com/foot-and-ankle-examination/

A – Anterior ankle impingement
B – Osteochondral defect of talar dome (lateral or medial)
C – the 'N' spot: Navicular stress fracture

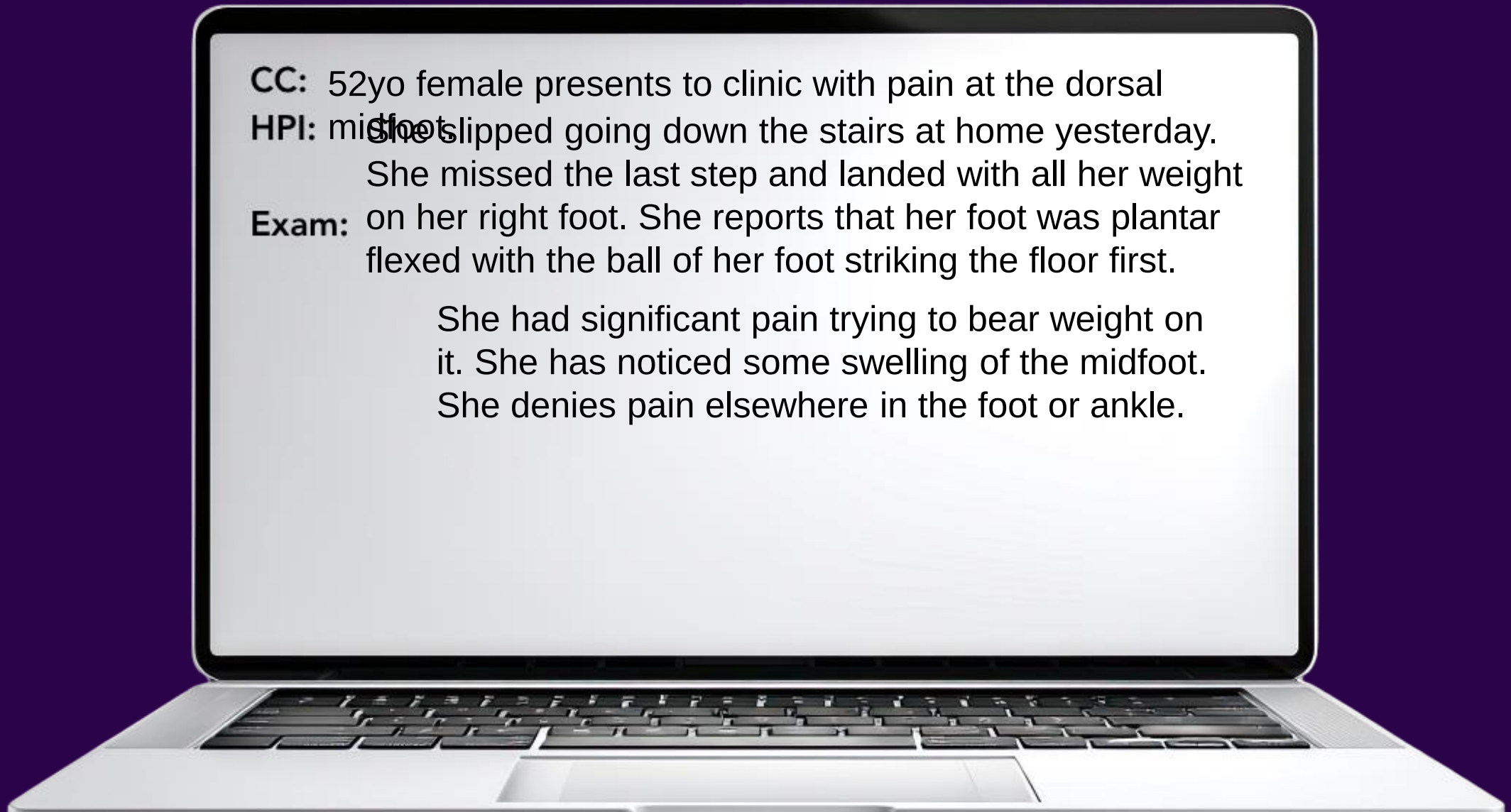
PHYSICAL EXAM – FOOT + ANKLE



https://musculoskeletalkey.com/foot-and-ankle-examination/

A – Achilles tendon
B – Insertion of Achilles tednon

CASE STUDY - FOOT



PHYSICAL EXAM - FOOT

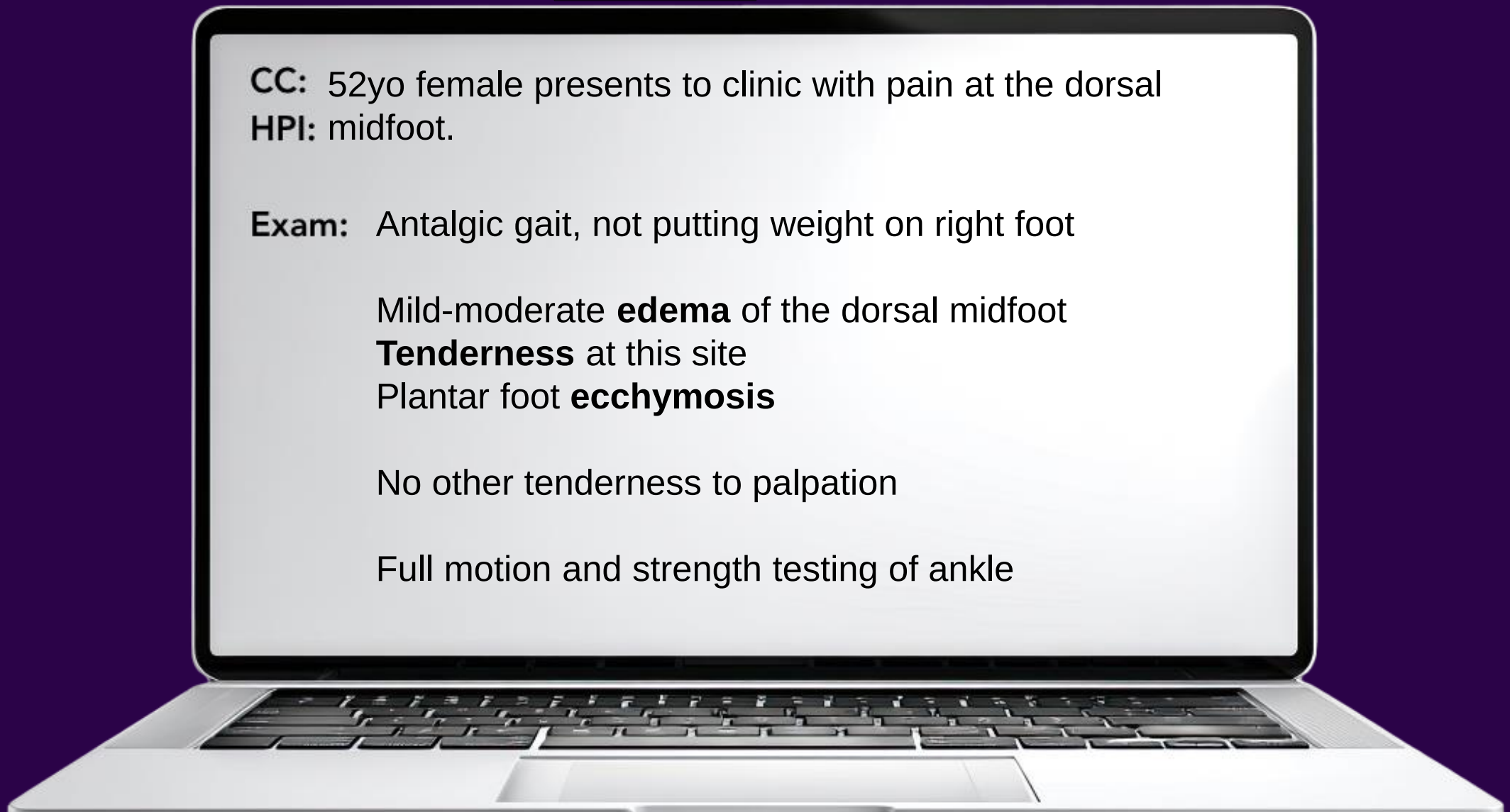


Case courtesy of The Radswiki, Radiopaedia.org, rID: 11581



Case courtesy of The Radswiki, Radiopaedia.org, rID: 11581

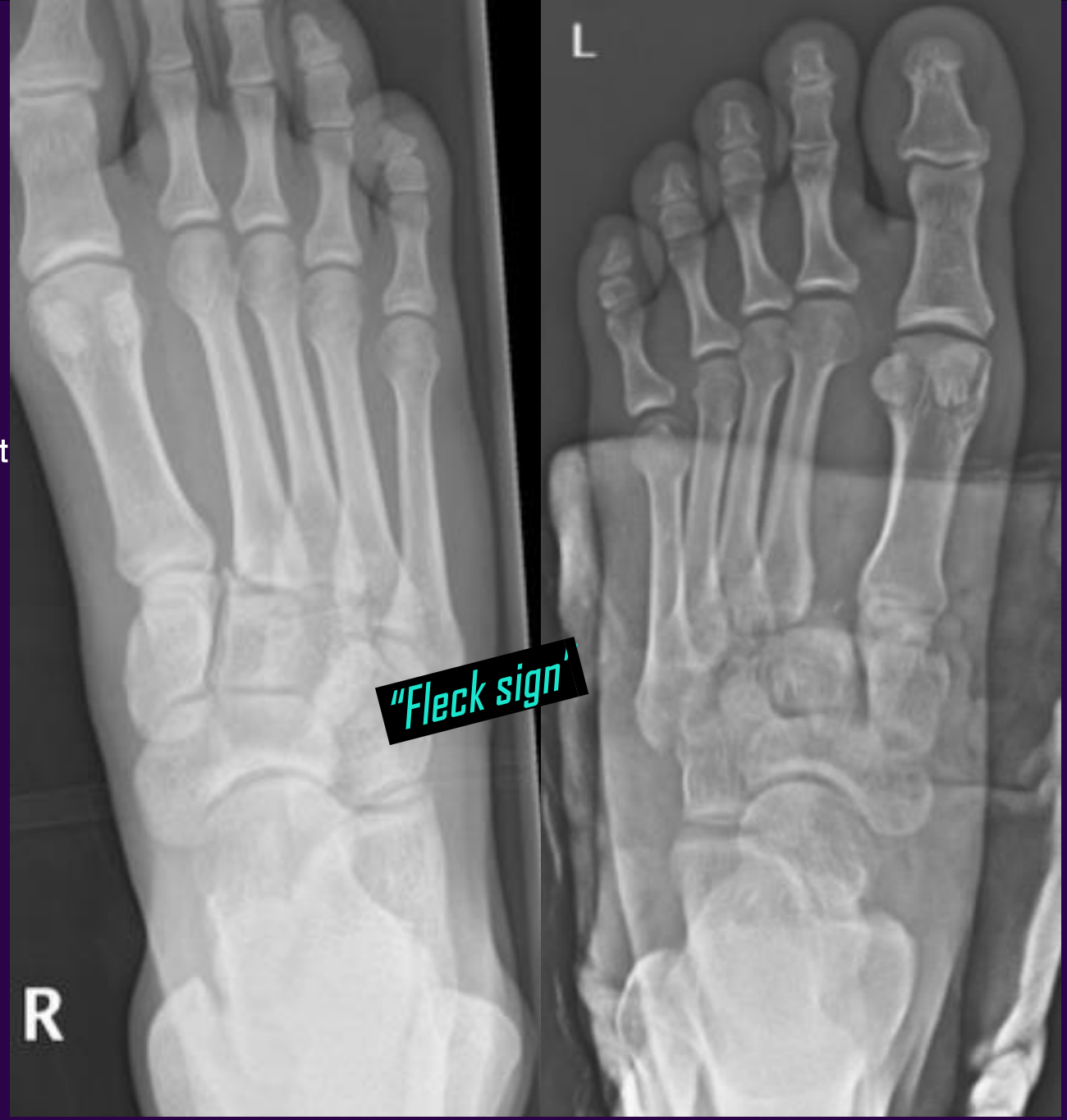
PHYSICAL EXAM - FOOT



LISFRANC INJURIES

Injury to ligament complex between tarsal bones, 1st and 2nd metatarsals:

- Lisfranc dislocation
- Lisfranc fracture
- Lisfranc sprain



https://radiopaedia.org/articles/fleck-sign-foot?lang=us

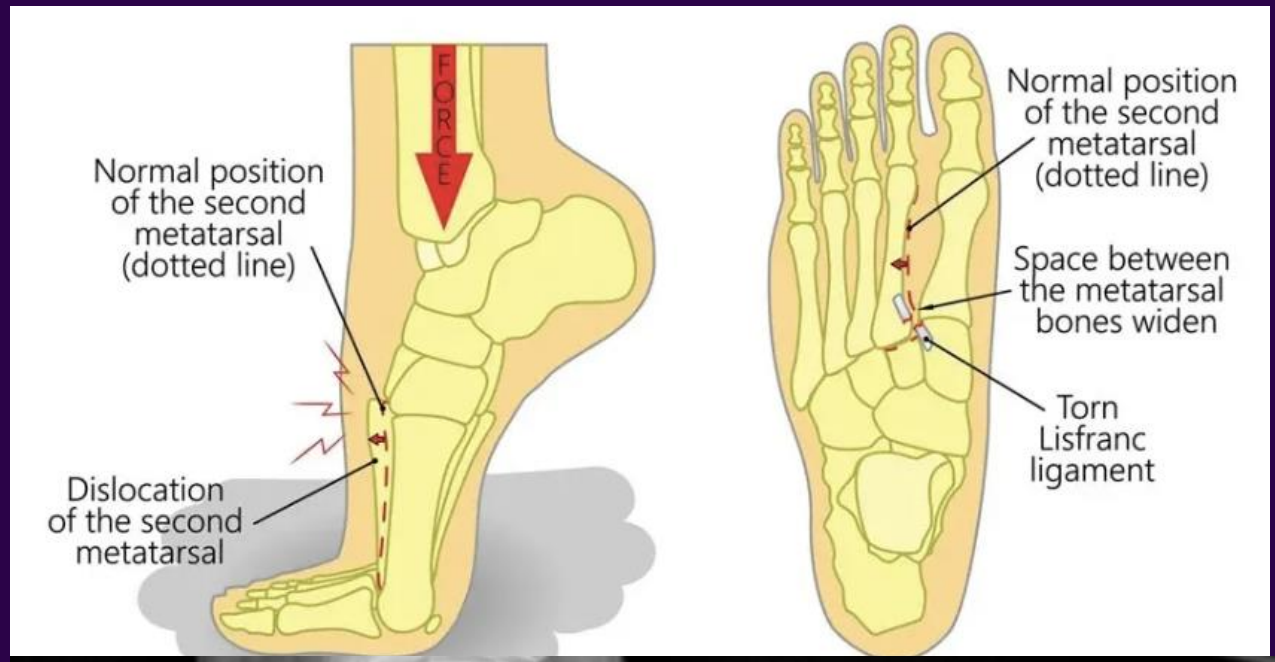
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LISFRANC INJURIES

Injury to ligament complex between tarsal bones, 1st and 2nd metatarsals:

- Lisfranc dislocation
- Lisfranc fracture
- Lisfranc sprain

https://aedixonmd.com/lisfranc_fracture/



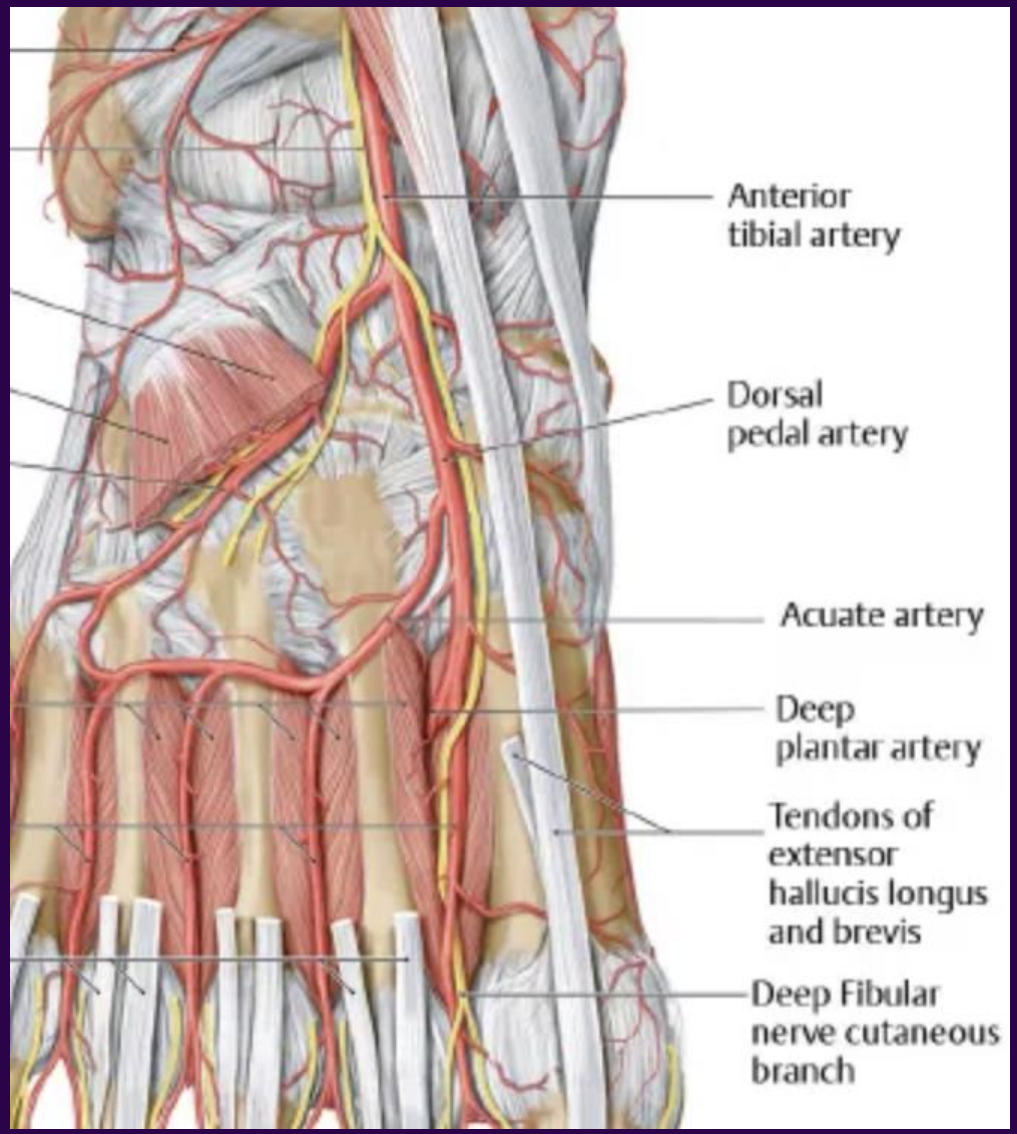


https://radiopaedia.org/articles/step-off-sign

LISFRANC INJURIES

Injury to ligament complex between tarsal bones, 1st and 2nd metatarsals:

- Important for maintaining metatarsals in anatomic position with weightbearing
  - → "Keystone of the foot"
  - → Disabling injury with long-term sequelae if mismanaged
- Landing on a plantar flexed foot
- Direct blow to the area



https://musculoskeletalkey.com/foot-and-ankle-11/

CASE STUDY - FOOT

IMPRESSION:
LISFRANC INJURY

PLAN:
1. Short leg splint (Plaster vs. fiberglass) vs. CAM boot
2. NWB status: crutches vs. walker
3. Start on ASA for DVT prophylaxis
4. Elevate foot above the level of the heart as much as possible.
5. Ice/cold pack proximal to the area of injury.
6. MRI foot without contrast
7. Orthopedic referral

→ Based on clinical exam, xrays, MRI, etc. will determine if surgery for ORIF is indicated vs. non-op management

Some insurance companies will not pay for a "walking boot" if the patient's status is non-weightbearing !

* If patient unable to take NSAID consistently, consider acetaminophen (Tylenol Arthritis 650 mg) every 8 hours as needed for pain.
** If patient is to be NWB, start DVT prophylaxis with Aspirin daily.

Foot Pain

Acute injury?

NO

YES

WEIGHTBEARING
X-rays

EMERGENT REFERRAL if signs of Midfoot Compartment Syndrome
- Severe swelling
- Severe pain out of proportion to exam
- Dislocation
- Open fracture
- Abnormal neurovascular exam

NORMAL

ABNORMAL

Turf Toe (Great MTP joint sprain)

1 – Treatment varies based on Grade 1, 2 or 3
2 – Stiff-soled shoe
3 – Ice and rest
4 – NSAID consistently*
5 – Taping the Great MTP joint
6 – Refer to Orthopedics

Lisfranc injury

Document

EXAM – plantar foot ecchymosis, cannot weight-bear, swelling?

1 – Tall CAM boot or Splint (posterior slab + stirrup)
2 – NWB: crutches or walker**
3 – Ice proximal to splint
4 – Elevate "toes above the nose"
5 – Avoid NSIADs
6 – URGENT REFERRAL to Orthopedics

Tarsal fracture

Document

EXAM – skin opening over fracture site? Distal foot NVS?

1 – If open wound, irrigate & moist dressing.
2 – Splint (posterior slab + stirrup) vs. Bulky Jones splint
3 – Ice proximal to splint
4 – NWB: crutches or walker**
5 – Avoid NSAIDs
6 – URGENT REFERRAL to Orthopedics

Metatarsal fracture

Document

EXAM – skin opening over fracture site? Distal foot NVS?

1 – If open wound, irrigate and moist dressing.
2 – Hard-soled shoe vs CAM boot
3 – WBAT: offer crutches or walker
4 – Ice
5 – Elevate "toes above the nose"
6 – Avoid NSAIDs
7 – Refer to Orthopedics

Phalangeal fracture

1 – If open wound, irrigate and moist dressing.
2 – If displaced: digital block + reduce
3 – Buddy tape
4 – Stiff-soled shoe with open toe box
5 – Ice + elevate
6 – WBAT
7 – Avoid NSAIDs

Refer to Orthopedics if:
- fx associated w/dislocation
- displaced Hallux fx
- intra-articular fx at MTP joint
- obvious angulation deformity
- open fx

EXAM concerning for stress fracture?

Document

YES

WEIGHTBEARING
Get foot X-rays. Signs of stress fracture?

YES

NO

NO

1 – Stiff-soled shoe vs. CAM boot
2 – Stop painful activity
3 – Refer to Orthopedics

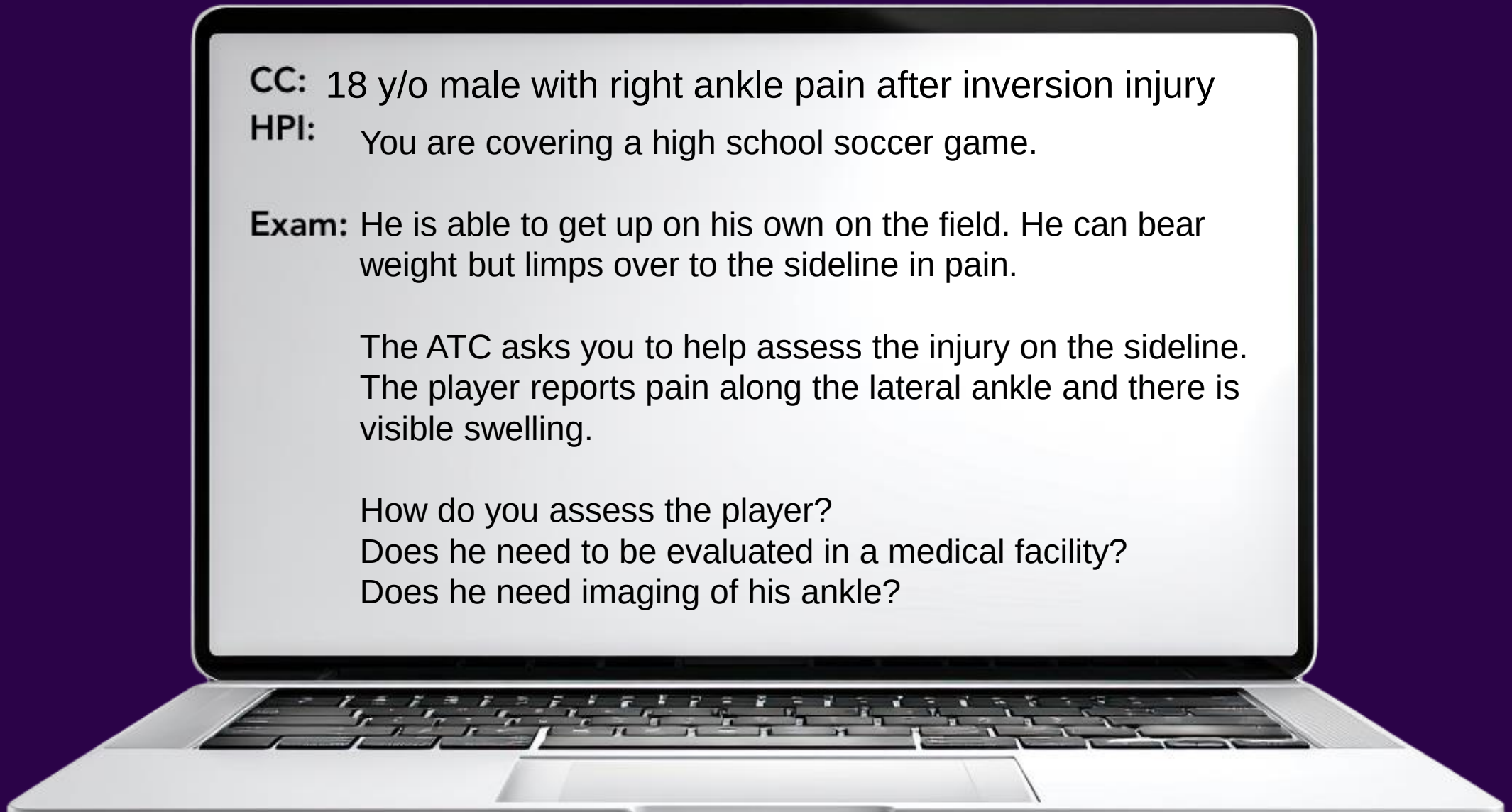
1 – NSAID consistently*
2 – Activity modification to avoid aggravating symptoms
plus the following…

DDX:
Adult flat foot/Posterior Tibial Tendon Disorder → PT, lace-up ankle brace vs. CAM boot x 4-6 weeks
Bunion (1st MTP) / Bunionette (5th MTP) → wide toe box shoe vs. orthotic
Hallux Rigidus (1st MTP arthritis) → wide toe box shoe vs. rocker sole vs. orthotic
Metatarsalgia → orthotic
Midfoot arthritis → weight loss, orthotic vs. Arizona brace
Morton's neuroma → soft wide toe box shoe with metatarsal pad proximal to MTP joints
Plantar fasciitis → PT, ice, orthotic, don't go barefoot
Posterior heel pain → PT, ice, heel lift
Sesamoiditis → orthotic vs. footwear modification

1 – After pursuing above treatments for at least 6 weeks and still symptomatic, refer to Orthopedics to discuss next steps.

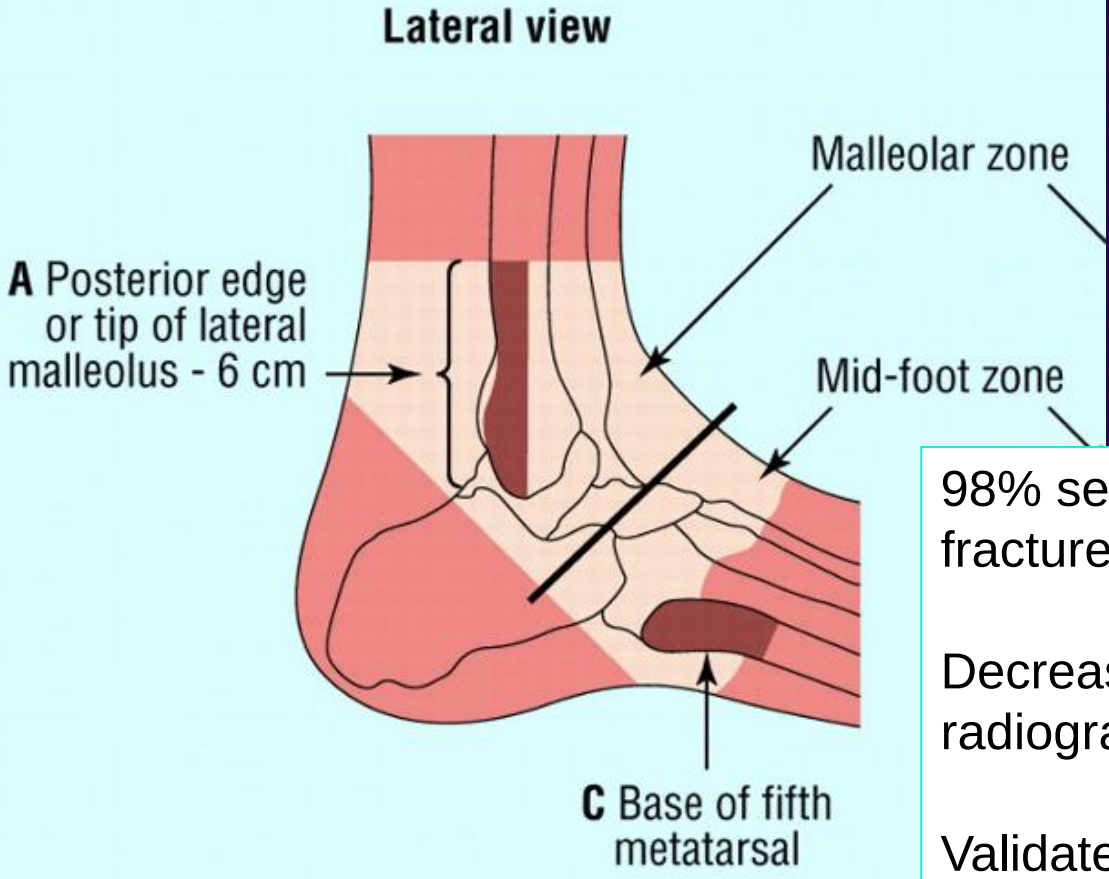
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CASE STUDY - ANKLE



CASE STUDY - ANKLE





A series of ankle *x* ray films is required only if there is any pain in malleolar zone and any of these findings:

- Bone tenderness at **A**
- Bone tenderness at **B**
- Inability to bear weight both immediately and in emergency department

98% sensitivity for fracture

Decrease unnecessary radiographs

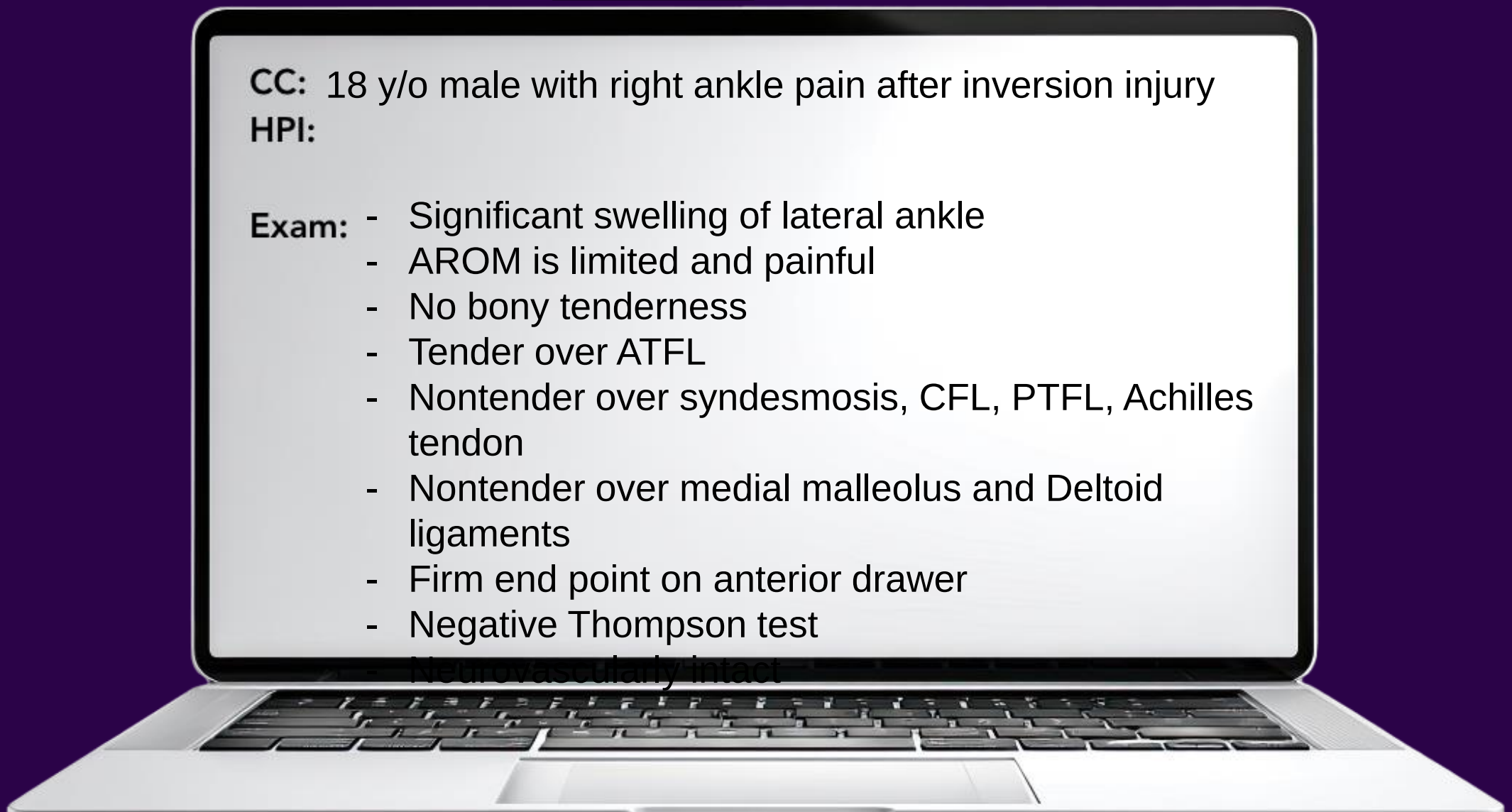
Validated in ED and clinic

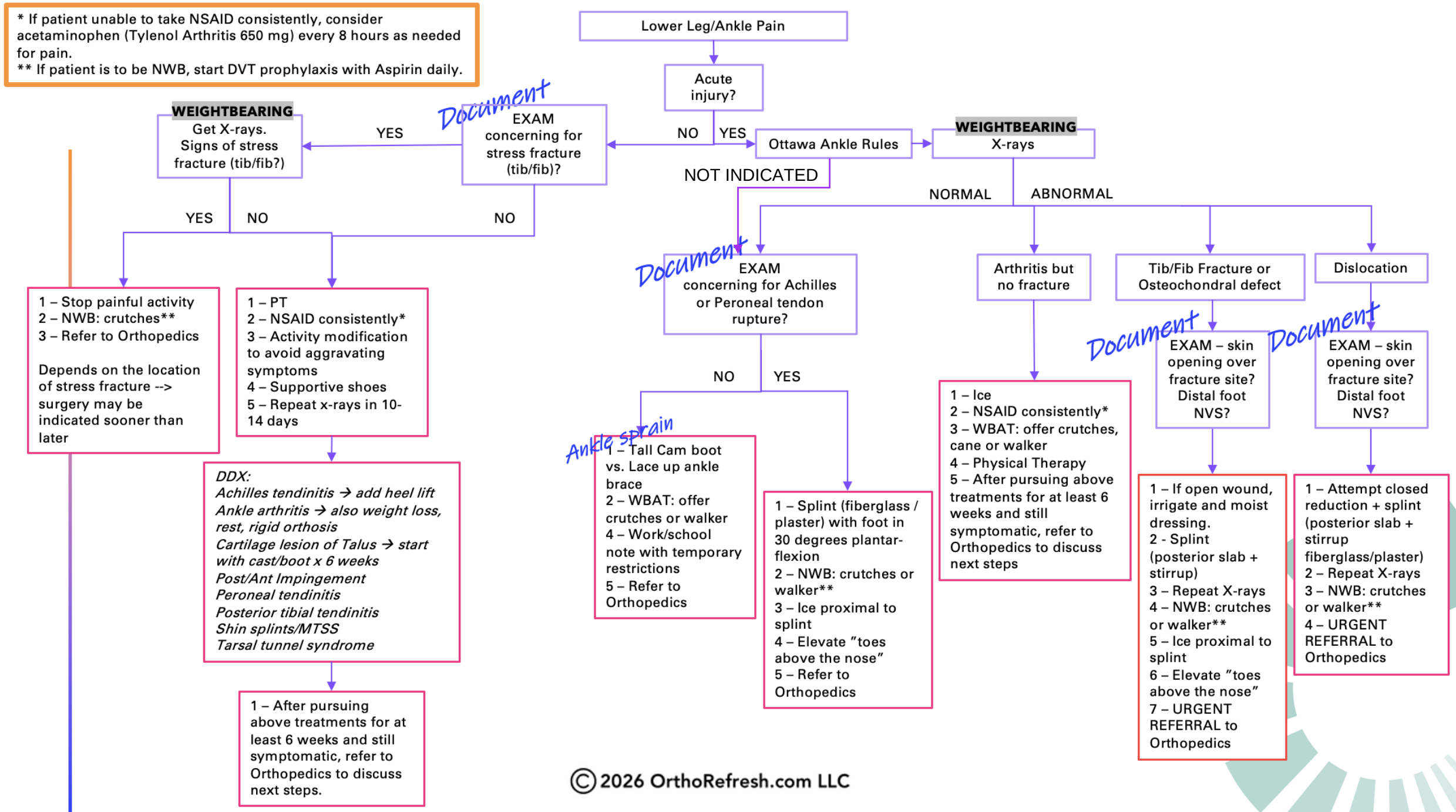
Not validated for:

- Age <18yo
- Pregnancy
- Multiple painful injuries
- Compromised sensation

BMJ – Ottawa Ankle Rules

PHYSICAL EXAM - ANKLE




* If patient unable to take NSAID consistently, consider acetaminophen (Tylenol Arthritis 650 mg) every 8 hours as needed for pain.
** If patient is to be NWB, start DVT prophylaxis with Aspirin daily.
Lower Leg/Ankle Pain
Acute injury?
NO
YES
Ottawa Ankle Rules
NOT INDICATED
WEIGHTBEARING
X-rays
NORMAL
ABNORMAL
Document
EXAM concerning for stress fracture (tib/fib)?
YES
NO
WEIGHTBEARING
Get X-rays. Signs of stress fracture (tib/fib?)
YES
NO
1 – Stop painful activity
2 – NWB: crutches**
3 – Refer to Orthopedics
Depends on the location of stress fracture --> surgery may be indicated sooner than later
1 – PT
2 – NSAID consistently*
3 – Activity modification to avoid aggravating symptoms
4 – Supportive shoes
5 – Repeat x-rays in 10-14 days
DDX:
Achilles tendinitis → add heel lift
Ankle arthritis → also weight loss, rest, rigid orthosis
Cartilage lesion of Talus → start with cast/boot x 6 weeks
Post/Ant Impingement
Peroneal tendinitis
Posterior tibial tendinitis
Shin splints/MTSS
Tarsal tunnel syndrome
1 – After pursuing above treatments for at least 6 weeks and still symptomatic, refer to Orthopedics to discuss next steps.
Document
EXAM concerning for Achilles or Peroneal tendon rupture?
NO
YES
Ankle sprain
1 – Tall Cam boot vs. Lace up ankle brace
2 – WBAT: offer crutches or walker
4 – Work/school note with temporary restrictions
5 – Refer to Orthopedics
1 – Splint (fiberglass / plaster) with foot in 30 degrees plantar-flexion
2 – NWB: crutches or walker**
3 – Ice proximal to splint
4 – Elevate "toes above the nose"
5 – Refer to Orthopedics
Arthritis but no fracture
1 – Ice
2 – NSAID consistently*
3 – WBAT: offer crutches, cane or walker
4 – Physical Therapy
5 – After pursuing above treatments for at least 6 weeks and still symptomatic, refer to Orthopedics to discuss next steps
Tib/Fib Fracture or Osteochondral defect
Document
EXAM – skin opening over fracture site? Distal foot NVS?
1 – If open wound, irrigate and moist dressing.
2 - Splint (posterior slab + stirrup)
3 – Repeat X-rays
4 – NWB: crutches or walker**
5 – Ice proximal to splint
6 – Elevate "toes above the nose"
7 – URGENT REFERRAL to Orthopedics
Dislocation
Document
EXAM – skin opening over fracture site? Distal foot NVS?
1 – Attempt closed reduction + splint (posterior slab + stirrup fiberglass/plaster)
2 – Repeat X-rays
3 – NWB: crutches or walker**
4 – URGENT REFERRAL to Orthopedics
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CASE STUDY - ANKLE

IMPRESSION:
Ankle sprain of ATFL
(Most commonly injured ankle ligament)

PLAN:
1. RICE
- Ankle support vs immobilization
- ASO or taping
- Air splint
- Boot
- Weight bear as tolerated (Crutches if needed for pain)
    → Wean boot ASAP
    → Limit to two weeks or less
2. Rehab:
    - Early motion
    - Strength, proprioception

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IMPRESSION:
Ankle sprain of ATFL

→ ***Return to play?***
Full motion
Full strength
Dynamic testing
Consult with ATC or PT
Criteria may vary based on context, level of competition
Give YOUR medical opinion
- Know your expertise
- Know your limitations

REFERENCES

Miller MD, Hart JA, MacKnight JM. *Essential Orthopaedics.* 2nd ed. Elsevier; 2020.

Starkey C, Ryan J. *Orthopedic and Athletic Injury Evaluation Handbook.* Philadelphia, PA: F. A. Davis Company; 2003.

X-rays → A. C. S.

Asymmetry at ankle mortise? Get tib/fib x-rays too.

Exam = LOOK + MOVE + FEEL + STRESS

Use the Ortho MDM Accelerator™ to determine initial treatment!

There are A LOT of non-operative treatments for the foot and ankle!

FINAL TIPS & TAKEAWAYS

THANK YOU

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I want to hear from you!

