

Patient information

METATARSALGIA

Metatars (metatarsals), Algia (pain)

What is it?

Pain within the ball of the foot or forefoot, is known as Metatarsalgia. Pain may radiate into the toes.



As the forefoot supports our bodyweight during standing or exercise, metatarsalgia is common. It can be caused by injury, badly fitting shoes, excessive exercise or foot conditions such as bunions or nerve entrapment.

Pain symptoms may affect daily activities, work or exercise.

Treatment is simple and starts by making changes to your lifestyle, performing exercises, using different shoes or insoles all without the need to see a GP or a specialist.

This information covers:

[Symptoms of metatarsalgia](#)

[Causes of metatarsalgia](#)

[Treating metatarsalgia](#)

[Exercises](#)

[When to see your GP A&E or Podiatrist](#)

Symptoms of Metatarsalgia

Discomfort can be mild to severe and described as:

- Pain felt underneath the toe joints, under the forefoot and into the smaller toes.
- Burning
- Shooting
- Pins and needles with numbness
- Sharp or aching pain
- A rucked-up sock or pebble sensation beneath the foot.
- One or both feet may be affected.

Causes of Metatarsalgia

- High-heeled narrow shoes increase pressure under the forefoot and stop toes from supporting bodyweight during standing or activity.
- Sudden changes in exercise increase strain upon bones, tendons and muscles.
- High arched, flat feet or stiff ankles may increase the risk of metatarsalgia.
- Arthritis, gout, bunions, bursitis, Morton's neuroma, hammer toes and occasionally stress fractures may result in metatarsalgia.
- Diabetes, weight gain and age-related changes may increase the risk of metatarsalgia

Treatment of Metatarsalgia

Lifestyle

Keep active and maintain an optimal body weight.

Swap high impact activities such as running, for low impact exercise like swimming or cycling.

Avoid prolonged standing and take frequent rest breaks.

Pain relief

(Always ask your pharmacist before taking medication)

Ice painful areas for 10-minute periods by placing a towel between the skin and ice to prevent skin damage. Avoid using ice if you have diabetes or poor circulation

Topical anti-inflammatory (NSAID) gel may be used over areas of pain.

Paracetamol should be used for persistent moderate pain.

Oral non-steroidal anti-inflammatory drugs (NSAIDs) such as Ibuprofen may be used for distressing pain. NSAIDs should only be taken for 3 days maximum and always after food.

If you are prone to stomach sensitivity, avoid taking NSAIDs.

Corticosteroid injections (CSI) may be offered for persistent metatarsalgia. Not everyone is suitable for this treatment, and it comes with risks. They offer short term pain relief and pain resolution is not guaranteed. Repeated injections can damage skin or soft tissues and are not recommended.

Insoles / pads

Insoles are an effective way to reduce bodyweight pressure in the ball of the foot.

Insoles with arch and metatarsal support (metatarsal dome pads) are effective for metatarsalgia. These can be bought cheaply online, from chemists or sports shops.

Suppliers of insoles or gel pads can be found here:

<https://www.shoeinsoles.co.uk/>

<https://www.amazon.co.uk> (search for Canonbury products)

<https://www.healthandcare.co.uk/foot-hub.html>

Footwear

Shoes should be well cushioned and wide enough for toes to move freely.

A stiff soled shoe reduces painful toe bending, using a rocker style sole which may help to manage pain.

Avoid narrow or high heeled shoes as this will likely aggravate metatarsalgia



Skin problems

Hard skin or verruca can cause of metatarsalgia. Hard skin should be treated with daily moisturising cream and regular use of a foot file.

Alternatively contact a local podiatrist for skin debridement treatment. (This is not available on the NHS unless you have a serious medical problem such as diabetes)



Exercises

These may reduce pain and should be performed before seeking specialist opinion.

Calf stretches



AIM: Improve ankle motion and reduce ball of foot pain during walking

1. Lean against a wall with feet pointing straight ahead, shoulder width apart and heels flat to the floor.
2. Maintain a light stretch sensation in your calf muscle.
3. Hold for 15 seconds initially, but increase the hold for 60 seconds as comfort allows
4. Swap feet and perform the stretch again.
5. repeat 5 x day.
6. Avoid bouncing forwards and backwards.

Perform for 3 months daily and then regularly after

Foot Strengthening



AIM: Strengthen muscles which move toes and keep them straight

1. Perform each exercise until your foot becomes tired e.g., 60s
2. Repeat 5 times
3. Perform 3 days / week

Summary & Contact information

This leaflet aims to inform you upon how to manage metatarsalgia.

Once you receive this leaflet you have six months to consider your options, if no contact is made from you to our service after this time, no appointment will be made for you.

You should consider what options are best for you?

1. Self-management: utilising the non-surgical treatments listed above. This approach requires no further appointments.
2. If you wish to discuss your metatarsalgia and would like to speak with a podiatrist. Contact us: Tel: 0300 1314536 or Email: eshtr.PodiatryEnquiries@nhs.net
3. Surgery / steroid injections: you have exhausted non-surgical treatments and wish to be considered for further opinion. You need to complete this form: <https://eastsussexmsk.nhs.uk/gethelp/>

An advanced practitioner will then assess you, refer for investigations if appropriate, e.g., X-ray, and discuss your treatment options including referring onwards to see an orthopaedic consultant. Please note we cannot guarantee surgery.

What if pain isn't getting better?

See a GP if:

- You have a very high temperature or feel hot and shivery
- Your groin feels tender and painful (swollen glands), this can be a sign of infection
- Pain is severe or stopping you from work and normal activities
- Pain is getting worse or keeps coming back
- Pain hasn't improved after treatments.
- You have tingling or numbness in your feet
- You have diabetes – foot problems can be more serious if you have diabetes

Go to A & E if you had an injury and feel:

- Severe pain in the ankle or foot
- Faint, dizzy or sick from pain
- You heard a crack or grinding noise during trauma
- Unable to walk more than 2 or 3 steps
- Your leg, ankle or foot has changed shape
- You have developed a red, hot or swollen foot in the presence of Diabetes

Sources of information

The Health and Care Professions Council. (podiatrists register) www.hcpc-uk.org

The College of Podiatry. www.cop.uk

British Orthopaedic foot and ankle society.

NHS choices.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Graeme Hadlow Advanced Practitioner MSK

The Clinical Specialty/Unit that have agreed this patient information leaflet:

ESHT Podiatry – Community Health and Integrated Care Planned Care Therapies Divisional Management Group

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