

Madigan Army Medical Center Referral Guidelines

Morton's Neuroma

Diagnosis/Definition

Neuritic type pain (stabbing, burning or shooting) that radiates from the ball of the foot distally into the digits. Pain may or may not be associated with the numbness of the involved toes.

Initial Diagnosis and Management

- History and physical examination.
- Appropriate radiographic (weight-bearing foot series to rule-out metatarsal stress fracture) and laboratory evaluation (metabolic evaluation to rule out causes of distal sensory neuropathy in patients with bilateral or multiple digit presentations).

Ongoing Management and Objectives

Initial primary care treatment should consist of a three-month trial of the following: NSAIDS, over-the-counter soft insoles (i.e., Footstep), soft supporting shoes with a wide toe box (running or walking type), decreased activity (rest).

Indications for Specialty Care Referral

Patients without improvement of symptoms after the three-month trial period patient can be referred to the Podiatry Clinic for the following treatment cascade:
Metatarsal arch pad installation and cortisone injection series (three separate shots/9 weeks apart/placed dorsally to plantarly between the metatarsal head impingement area).
Surgery is indicated after surgical treatment has failed. Conservative treatment alleviates the pain in 85% of the cases.

Criteria for Return to Primary Care

Patients will be return to the primary care provider for chronic management after the injection series (nonsurgical patients) and/or after surgery.

Last Review for this Guideline: **June 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator