
PATIENT HANDBOOK

Looking after your foot and ankle

What tends to help, what tends not to, and when
a foot or ankle problem needs a doctor.

How to use this

This handbook is about everyday foot and ankle pain: the heel that hurts with the first steps of the morning, the ankle that never felt right after a sprain, the feet that ache after a long shift.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own foot or ankle, follow that advice ahead of anything here.

Shock absorber, spring and platform in one

Every step lands on a foot, and an ordinary day lands thousands of them. Each foot is built from twenty-six bones arranged into arches – a design that lets the same structure be soft enough to absorb the landing and stiff enough to push off from, dozens of times a minute.

The ankle above it is a sturdy mortise-and-tenon joint, strapped by ligaments on both sides, with the calf muscles running down through the Achilles tendon – the strongest tendon in the body – to power the push-off. Underneath, a thick band of tissue runs from heel to toes, holding the arch like the string of a bow.

Feet vary enormously and healthily. Flat arches, high arches and everything between all walk through life comfortably; arch shape on its own says little about whether a foot will hurt. What feet share is the same preference as every other structure in this series – familiar load, arriving gradually.

They also work as the base of a chain. The knee, hip and back all stand on the foot, and how it lands shapes what they do – one reason foot problems get examined with the whole leg in view.

Feet are load-bearing specialists, and most of what they ask for is unglamorous: gradual changes, varied movement, and footwear comfortable enough to forget about.

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have – only an assessment can do that.

The heel that hurts with the first steps

A common story: sharp pain under the heel with the first steps of the morning or after sitting, easing as you get going, returning after a long day on the feet. It usually involves the band of tissue under the arch, asked for more than it was used to – more standing, more walking, a new pair of very flat shoes. It is stubborn rather than sinister, and it responds to patience and managed load.

The Achilles that stiffens in the morning

Stiffness and tenderness in the cord above the heel, worst first thing and after rest, often in someone whose running or walking recently jumped. Tendon territory again: the dose rose faster than the tendon adapted. Achilles trouble generally does better being used within comfort and rebuilt in steps than being rested empty.

The ankle that keeps turning

After a sprain, some ankles never quite regain their confidence – they turn on kerbs and uneven ground, or feel wobbly on one leg. The ligaments healed, but the balance and strength that protect the ankle were never rebuilt. That rebuilding is exactly what assessment and a graded return to activity are for, and it is worth doing: each sprain makes the next more likely until the confidence returns.

When the foot is not the whole story

The ball of the foot that burns

Aching or burning under the ball of the foot, sometimes with a feeling like a pebble in the shoe or tingling between the toes, often worse in narrow or thin-soled shoes and after long days standing. Several structures can produce this pattern, from overloaded joints to a small nerve caught between the toes, and roomier footwear is often the first experiment. Persistent symptoms are worth an assessment.

Tingling that starts further up

Nerves reach the foot from the low back, and irritation there can be felt as tingling, numbness or pain in the foot – sometimes with little or no back pain to point the way. Foot symptoms that change with sitting, bending or back movement are a clue the story starts higher, and tracing it is a routine part of an examination.

After a sprain that will not settle

Most ankle sprains improve steadily. One that cannot take weight in the days after the injury, or stays markedly swollen and sore over the bones themselves, should be checked by a doctor – a fracture can hide behind a "bad sprain"; see page 6. Once serious injury has been ruled out, a gradual return to walking and then to balance work is the approach with the best support behind it.

Signs that need a doctor, not this handbook

Most foot and ankle pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor – they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control – **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened – they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

Long shifts, hard floors, and what helps

Feet do their hardest work in jobs that never make the manual-handling posters: standing at a counter, walking a ward, a warehouse floor. The load is honest; the trouble is how unvaried it is.

On the feet all day. Vary what you can: shift weight, change standing spots, use any legitimate excuse to walk a different route. A cushioned mat helps some people at fixed workstations, and a second pair of shoes to change into at half-shift is an old trick that still earns its keep.

Footwear for work. Comfortable, well-fitting and appropriate to the job beats any particular style. Most people find a modest heel-to-toe drop and room for the toes easier over a long day; a very flat, very thin sole is a common character in first-steps heel pain stories. No shoe prevents or fixes foot pain – comfort is the guide.

At a desk. Sitting parks the ankles as it parks everything else. Feet flat or gently moving beats tucked under the chair for hours, and the pumping of ankles and toes now and then keeps the circulation and the joints happier.

Driving. The right ankle earns its wage on a long drive. Cruise control where it exists, and stops that get you walking, are the practical helps.

A useful habit: out of the shoes at the end of the day, spread the toes, roll through the arches, and circle each ankle a few times. Seconds, not a routine.

Why mornings are the hard part

Feet rarely keep people awake; their speciality is the morning after. Overnight, the tissues under the arch and the Achilles settle into a shortened position, and the first steps stretch them awake – which is why heel and Achilles trouble announce themselves at the bedside.

Softening the first steps. Before standing, a few gentle ankle circles and toe curls, and a slow calf stretch with a towel around the forefoot, take the edge off for many people. Having a supportive slipper or shoe within reach beats padding barefoot to the bathroom across a hard floor while things are irritable.

Position. Feet are undemanding sleepers. Side sleepers bothered by the weight of the duvet pressing the foot down can loosen the covers at the foot end; that is about as far as sleeping-position advice for feet honestly goes.

Night splints and gadgets. Some people with stubborn first-steps heel pain are advised to try a night splint. It is a comfort-and-habit decision to make with a clinician who has examined you, not a first purchase.

Morning stiffness that eases as you get moving is part of the pattern, and it is not a sign of damage being done. Night pain that wakes you and does not ease whatever you try is on page 6.

Build up gradually – sudden jumps cause the trouble

Feet and ankles adapt to what they are asked for, and object to what arrives suddenly. The classic stories: couch-to-race running plans taken at full speed, a walking holiday on the first week of summer, a new job on concrete floors, barefoot months at home followed by a return to long days in shoes.

Walking and running. Distance, pace, hills and surface are all doses – increase one at a time, in steps, letting each settle. The Achilles and the tissue under the heel are the parts that most reliably punish a fortnight of enthusiasm.

Changing footwear. A big change of shoe – flat to cushioned, cushioned to barefoot-style – changes how the whole foot loads. Make the change gradually, mixing old and new, rather than overnight.

Uneven ground. Trails, beaches and fields ask the ankle's balance system to earn its keep. That is good for it – in doses it is prepared for. An ankle rebuilding after a sprain wants the flat and predictable first, with rough ground added back in steps.

Coming back after a flare-up. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

Five things that feel sensible and tend to backfire

Staying off it until it stops hurting

Feet lose their tolerance for walking remarkably fast when walking stops, and the first day back then hurts – which reads as proof the rest was needed, and the cycle repeats. Shrink the dose, keep the habit: shorter and more often serves most foot and ankle trouble better than none.

Strapping the ankle forever after a sprain

A brace or taping has a place in the early weeks and on a clinician's advice for sport. Worn indefinitely instead of rebuilding balance and strength, it becomes the reason the ankle never learns to protect itself.

Buying insoles as the first move

Some people find an insole genuinely comfortable, and comfort is a fine reason to use one. What an off-the-shelf insole does not reliably do is prevent or fix foot pain, and the claim that your arches need "correcting" is weaker than it sounds – flat and high arches both walk through life comfortably.

Forcing a stretch through sharp heel pain

Gentle calf and arch stretching is a friend to most heel trouble. Grinding hard into sharp pain, many times a day, is another way of overloading tissue that is asking for a managed dose. Comfortable stretch, yes; wincing, no.

Assuming you need a scan before anything can help

Scans are for specific questions – usually the warning signs on page 6, or a sprain that behaves like a fracture. For the common patterns in this handbook, the story and the examination usually say more than a picture would, and a scan rarely changes the advice.

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday foot and ankle pain that is the point.

Walk, in doses that suit today. Walking is what feet are for, and shorter-and-often beats long-and-occasional while things are sore. Let the distance grow as comfort does.

Use the movement you have. A few times a day, circle each ankle both ways, point and pull back the foot, curl and spread the toes, and rise gently onto the balls of the feet holding a worktop – all within what feels manageable. You are reminding the foot of its range, and range that is used tends to stay.

Stand on one leg at the sink. Balance is part of what protects an ankle, and it keeps only if it is used. A few seconds on each leg while the kettle boils, holding on as needed, is enough to keep it in the routine.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.

What an appointment involves

If your foot or ankle is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems – joints, muscles, tendons, nerves and the way they behave together – and feet, as the base the rest of the body stands on, are a regular part of the week.

A first appointment starts with your story: when it began, what your days ask of your feet, what you have tried. Then an examination – watching how you stand and walk, checking how the knee, hip and back are contributing, and using our hands to assess the joints and tissues involved. We explain what we find in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on load, footwear habits and daily activity. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your foot needs a GP, a podiatrist or further investigation instead of us, we will say so and help you get there.



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Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.