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Knowledge on Mechanism and various Aspects of Foot Pain

: Foot pain; erapeutic; Clinical practice; Diagnosis

Between 17% and 42% of the adult population experience foot pain. Disability occurs in nearly half of these cases and can a ect mood, behavior, risk of falling, ability to care for oneself, and quality of life. Foot pain is complex, and the di culty in accurately diagnosing the source of pain and tissue damage can hinder clinical pain management. However, most people with foot pain do not seek professional care, even if the pain bothers them. It is clear that there is a need [1]. At present, the pathogenic mechanisms underlying several types of tissue injury within the foot are not clearly understood. As a result, interventions targeting foot pain in clinical trials o en lack speci c targets (e.g. plantar heel pain). Perhaps as a result of this limitation, evidence from randomized controlled trials of some common interventions (such as custom foot orthoses) highly valued in clinical practice has found little, if any, bene cial e ect.

A deeper understanding of pain is needed to identify the nature and mechanisms of foot pain, its diagnosis, and the best clinical interventions. It's been 20 years since a review on foot pain was published. Given that almost every foot pain prevalence study has been conducted since then, this type of review is warranted in addition to recent advances in understanding the nature and mechanisms of pain in general [2]. e purpose of this paper was to comprehensively review the literature on foot pain, with particular reference to its de nition, prevalence, etiology and predictors, classi cation, measurement, and impact. Finally, we discuss the complexity of foot pain as a sensory, emotional, and psychosocial experience in the context of clinical practice, therapeutic studies, and placebo e ects.

Foot pain is an unpleasant sensory and emotional experience following the perception of damage to tissues distal to the tibia or bula. Includes bones, joints, ligaments, muscles, tendons, epiphyses, retinaculum, fascia, bursae, nerves, skin, nails, and vascular structures [3]. Foot pain is a general term that does not indicate pain class, injury mechanism, or histologic pathology. As discussed further in a later section, paw pain is not the activity of nociceptive pathways induced by nociceptive stimuli, but rather the perception of these processes and their consequent e ects on distress and pain-related behaviors.

Few studies have examined the prevalence of foot pain in large, randomly selected samples. Instead, attention is usually focused on speci c medical conditions (such as heel pain) or population groups (such as those over 65). Overall, foot pain is estimated to a ect 14% to 42% of people at any given time, depending on pain de nition and measurement, sample characteristics (age, gender), and study location. Garo et al. Among those reporting disabling foot pain, the most commonly reported sites of foot pain were the metatarsal/arch area (25.6%), the rst metatarsal head (20.2%), %), big toe (15.9%) [4], and heel plantar surface (15.5%). Further research is needed to characterize

"fake" interventions. Sham interventions are designed to have minimal mechanical e ects, yet look and feel like real interventions. As a result, these dummy devices o en produce some kind of mechanical e ect. Distinguishing between real placebo e ects and potential mechanistic e ects of sham braces and e ects of changes that would have occurred without intervention (eg, natural history of disease) is complex. Despite