

Foot and Ankle Mobility and Stability

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Background

- * Exercise Science degree from UTK in 2007.
- Doctorate of physical therapy from UTC in 2013
- Ran track and cross country for Farragut High School and The University of Tennessee
- Practicing at our Maryville office with a focus in continuing education in running injuries



- Founded in 1995
- Based out of Nashville
- 60+ clinics in 6 states
- Manual therapy based
- * One on one clinician time for all patients
- Heavy focus on continuing education
- Partnered with Fleet Feet in 4 TN cities



Objectives

- * Foot/Ankle anatomy
- Foot strength: what matters
- * Soft tissue mobility
- Self assessment
- Corrective exercises



Foot/Ankle Anatomy

- Talocrural Joint:
 - Need adequate dorsiflexion



- Stiffness common with chronic ankle sprains
- * Mid foot accommodates stiffness with excess motion
- * Can move up kinetic chain
 - Implications: foot, knee, hip



Foot/Ankle Anatomy

- Achilles' tendon
 - Connects calves to foot bone (calcaneus)
 - * Tendinitis or tendinosis?
- * Plantar fascia
 - Mobility necessary for proper toe off
- * Flexor Hallucis Brevis
 - Unsung hero
 - Dynamic arch support





- Flexor Hallucis Brevis
 - Makes our big toe "push down"
 - * Dynamic arch support (85%!)
 - * Takes stress off plantar fascia
 - * Gives us stable platform to push off
- Achilles' tendon:
 - Parallel orientation of collagen essential





Soft Tissue Mobility

- * Plantar Fascia
 - * 30 degrees of big toe extension
- * Achilles Tendon
 - * Important for adequate dorsiflexion
 - * Restrictions:
 - Tendon sheath
 - * Gastrocs
 - * Soleus



Selfassessment



- Adequate dorsiflexion
 - Kneeling, see if you can bring knee past toes while keeping heel down and avoiding excessive pronation
 - Tightness in calf/Achilles = self mobilization/ stretching
 - * Tightness in front of ankle = see PT



Corrective Exercises: Improving Dorsiflexion

- * Calf stretch (with a twist!)
 - * Wall stretch with towel under big toe
 - * Hold: 3 minutes(!)
 - Repeat daily
- Calf smash



- Soft tissue mobilizations = more aggressive but free up restrictions faster
 - * Use foam roller, PVC pipe or dumbbell handle
- * Use active motion (pump it) of ankle to self mobilize tissue



SelfAssessment



- Dorsiflexion of big toe
 - Same ending position of Dorsiflexion assessment
 - * Bring big toe up using hands and keeping foot flat
 - Need 30 degrees = if not, plantar fascia likely tight
 - * Implications:
 - Push off cut short
 - * Foot has to rotate to accommodate stiffness



Corrective Exercise: Improving Big Toe Mobility

- * PF = very dense, stiff tissue that is resistant to stretch
 - * Triangle shaped from heel to ball of the foot
- Soft tissue mobilization technique:
 - Cross affected foot over knee
 - Press thumbs along bottom of foot feeling for soreness
 - Soreness = restricted areas of tissue
 - * Hold firm pressure and flex toes back and forth
 - * 4-5 minutes per day for 3 weeks



SelfAssessment

- * Isolating big toe
 - * Standing, drive big toe into ground and lift lesser toes up in air
 - Switch positions
 - * Compensations:
 - * Toe curls
 - * Unable to isolate big toe
 - * Rolling ankle in
 - Implications

- * Limited intrinsic control of big toe (hammering with no thumb)

results PHYSIOTHERAPY

Corrective Exercise: Isolating the Big Toe

- * Sit with foot flat on ground
 - * Lift big toe up with hand (without curling toe)
 - * Push down with big toe keeping middle joint straight
 - * 3-5 minutes daily for 1-2 weeks
- * Toe Yoga
 - Alternate lifting big toe and lesser toes
 - * Perform a few minutes per day until easy



Progress to: standing -> single leg stance until easy



Eccentric Exercise

- Maintaining good health to tendons
- Eccentric exercise =lengthening under contraction
 - * Organizes our collagen fibers in a parallel fashion (straw example)
- * Exercise:
 - Raise up on toes using both feet
 - Lower slowly using one leg
 - * 40-60 reps 3-4 x week
 - Progression:
 - * Flat surface week 1
 - * Off stair or slant board weeks 2-3
 - Slowly add weight for weeks 3-8





To Review...

- The ankle is a very complex structure with many joints and muscles
- Mobility is key for us to have flexible landing and solid push off
- Intrinsic muscles = our primary stabilizers
- Eccentric exercise prepares body for demands of running

Questions?

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