MORTON'S NEUROMA

An Information Pack

Great Dunmow Osteopathy & Health

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A Note from Joe Hellier, Clinic Director

In our experience, morton's neuroma is one of the most under-treated problems in adult foot health. It is common, very treatable and yet often left to drag on for months or years before patients seek proper care. Many of the people we see have already tried stretching, over-the-counter remedies, off-the-shelf insoles and time off their feet - without lasting improvement.

We have written this pack for the patient who wants to understand what is really going on before picking up the phone. It explains what morton's neuroma is, what may be contributing to it, and how our programme is structured to treat the underlying cause rather than manage the symptom.

There are no costs in these pages and no pressure to book - only the information we believe you need to make a considered decision.

If, after reading, you would like to talk to one of our practitioners, the details for doing so are at the end.

Joe Hellier

Clinic Director, Great Dunmow Osteopathy & Health

Our Approach to Foot Care

We treat foot conditions the way we treat every area of the clinic: with thorough assessment, evidence-informed care and a clear plan from the outset.

Three principles shape our work in this area:

Diagnosis before treatment

We do not begin a programme until we understand what is driving your symptoms. Morton's Neuroma can look like other conditions, and identifying the right diagnosis (and any contributing biomechanical factors) is the first step. Where appropriate we refer onward - to your GP, an orthopaedic specialist or imaging - before, alongside, or instead of treatment with us.

An evidence-led approach

Our morton's neuroma programme is built around the treatments shown to work best for the condition. We do not chase short-term symptom relief; we treat the underlying tissue and biomechanics.

A defined plan

Our programmes are structured. You will know from the start what is involved, how long it is expected to take, and what we are aiming to achieve together. There is no open-ended treatment.

Understanding the Condition

Morton's neuroma is a painful condition affecting the ball of the foot. Despite the name, it's not actually a tumour — it's a thickening of the nerve tissue between two toes (most commonly between the third and fourth) caused by repeated irritation or compression. The thickened nerve gets squeezed when you walk, causing pain, numbness, burning or a sensation of walking on a stone.

Classic symptoms are: sharp, burning or shooting pain in the ball of the foot, usually between the third and fourth toes; numbness or tingling in the affected toes; the sensation of walking on a stone or wrinkled sock; pain that's worse in tight shoes or after standing for a while; relief when you take your shoe off and massage the foot. Some people feel a clicking sensation between the toes (Mulder's click).

How it is diagnosed

Diagnosis is usually made at clinical examination. The podiatrist palpates the ball of the foot to identify tenderness in the affected web space, performs Mulder's compression test (squeezing the foot to reproduce the clicking and pain) and assesses your gait and footwear. Ultrasound or MRI is sometimes used to confirm and measure the neuroma if the diagnosis is unclear or you're not responding to treatment.

Contributing Factors

Morton's Neuroma almost always has more than one cause. Identifying which factors apply to you is part of the work of the initial appointment.

The most common causes are: years of wearing narrow, tight or high-heeled shoes that squeeze the toes together, foot shape (high arches, flat feet, bunions or hammer toes that change pressure distribution), repeated impact from running or sports and being female (it's around 8 times more common in women than men). Occasionally a single trauma triggers it.

Three Common Presentations

While every case is different, the patients we treat for morton's neuroma most often present with one of three recognisable patterns. Identifying which applies to you is part of the work of the initial appointment.

Mild Morton's Neuroma

Intermittent pain in the ball of the foot, worse in tight shoes but settling quickly when you take them off. The nerve is irritated but not yet chronically thickened.

Mild cases respond well to footwear changes, metatarsal padding and custom orthotics. We address the underlying biomechanical issue causing pressure on the nerve.

Most mild cases improve significantly within 4 to 8 weeks.

Moderate Morton's Neuroma

Pain that's now persistent and affecting daily activity. Numbness or tingling in the toes is more frequent. Symptoms not relieved by simple footwear changes alone.

We add focused shockwave therapy to reduce nerve irritation alongside custom orthotics and footwear guidance. Steroid injection via GP referral may be appropriate.

Most moderate cases see meaningful improvement within 8 to 12 weeks.

Severe Morton's Neuroma

Constant pain, regular numbness, significantly limiting what you can do and what you can wear. The neuroma is established and may be quite thickened.

Severe cases that haven't responded to conservative care may need referral for cortisone injection or, in selected cases, surgical removal of the neuroma. We'll co-ordinate referral and support recovery.

Around 80 percent of patients still avoid surgery with comprehensive conservative treatment.

Our Programme

Our Morton's neuroma treatment programme combines custom orthotics, footwear assessment, focused shockwave therapy and injection referral when needed.

Initial consultation

You start with a thorough assessment of your feet, lower limbs and gait. We examine the ball of your foot, palpate to locate the affected nerve, perform specific clinical tests and check your footwear and biomechanics. You'll leave with a clear diagnosis and the treatment options open to you.

Treatment course

Custom orthotics with a metatarsal dome offload the painful nerve by redistributing pressure across the foot. Combined with appropriate footwear (wide toe box, soft sole), this addresses the mechanical cause of the irritation.

Review and aftercare

For neuromas that don't respond to mechanical care alone we add focused shockwave therapy and, in stubborn cases, co-ordinate referral for diagnostic ultrasound and possible steroid injection.

Focused Shockwave Therapy: What It Is

Focused shockwave therapy is a non-invasive treatment that uses controlled, high-energy acoustic waves to stimulate healing in damaged or degenerated soft tissue. It is well established in orthopaedics and sports medicine and is one of the most evidence-backed treatments for chronic morton's neuroma.

Two key things to know:

First, it is not the same as the cheaper radial shockwave devices commonly seen on the high street. Focused shockwave penetrates deeper and delivers a more precise dose of energy to the target tissue. The evidence behind focused shockwave is markedly stronger.

Second, it is not a quick fix. It works by triggering a controlled healing response in the affected tissue - increasing local blood flow, breaking down scarred tissue and stimulating new collagen formation. The improvement builds over weeks rather than days, but the change is genuine rather than symptom-masking.

Focused Shockwave Therapy: How It Works

Each treatment session delivers a series of focused acoustic shockwaves to the painful area via a handheld applicator. The waves penetrate into the affected tissue and create controlled microtrauma - small, deliberate disruptions that prompt the body's natural healing response.

Several things happen in the tissue as a result:

- Increased local blood flow, which improves the delivery of the cells responsible for tissue repair.
- Breakdown of scarred and degenerated fibres in the target tissue.
- Stimulation of new collagen synthesis, rebuilding stronger, more elastic tissue.
- A short-term reduction in pain signalling from the treated area, often felt within hours.

The cumulative effect of these changes - usually over four to six sessions spaced one to two weeks apart - is a meaningful, lasting improvement in symptoms and tissue health.

Suitability and Safety

Focused shockwave therapy is generally safe and well tolerated. Side effects, when they occur, are mild and short-lived: temporary tenderness in the treated area, occasional minor bruising, brief skin redness.

Who it suits

Patients with chronic or recurrent morton's neuroma that has not responded to standard care, and acute cases at high risk of becoming chronic, typically benefit most. Suitability is confirmed at your initial consultation.

Who it is not suitable for

We do not deliver focused shockwave during pregnancy, over an active infection, over the site of certain implants, or in the presence of specific blood-clotting conditions. We screen for all of these at your initial consultation and are clear with you about any reason we would not proceed.

What you will not experience

No injections. No medication. No anaesthetic. No downtime. You can drive, work and walk normally the same day.

What to Expect from Your Consultation

Your initial consultation lasts up to 60 minutes. It is a thorough clinical assessment, not a sales appointment. The aim is to give you a clear, honest picture of what is going on and what - if anything - we recommend.

History

We discuss your symptoms in detail: when they started, what makes them worse, what you have already tried and how the problem is affecting your day-to-day life.

Examination

We examine the affected area, assess your range of motion, gait and footwear and check for any contributing biomechanical factors.

Diagnosis and plan

We explain what we have found, confirm the diagnosis where possible and outline a clear treatment plan. If we believe your case is better suited to another approach - onward referral, alternative treatment, watchful waiting - we will tell you so directly.

What you leave with

A written summary of your assessment, a clear treatment recommendation, an indicative timeline and an open invitation to ask any further questions before deciding whether to proceed.

Your Next Step

If you would like to book a consultation or simply discuss your situation in more detail, you can reach us by phone, email or via the booking page on our website.

All initial enquiries are handled by our clinical team. There is no obligation to book treatment after a consultation, and no judgement if it turns out our programme is not the right fit.

We look forward to hearing from you.

Contact

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