

# Weekend Doctor

By **DR. THOMAS F. VAIL**

Does "Dancing with the Stars" or weekend football inspire you to get on your feet and start an exercise routine? Maybe take that dance class you always dreamed of, or join that new Pilates class that everyone is talking about.

Increasing your activity whether it be sports or a dance class can lead to a variety of foot and ankle injuries. A common but under-diagnosed athletic injury is cuboid syndrome.

A patient with cuboid syndrome will complain of lateral foot pain and weakness in the toe-off portion during walking. It is not uncommon for the pain to radiate to the bottom of the middle of the foot, the anterior ankle joint, or distally along the fourth ray.

Cuboid syndrome will manifest as pain on the outside of your foot just a few centimeters away from your ankle bone.

It is hard to diagnose for a variety of reasons. Its close proximity to the ankle often leads physicians to misdiagnose it as an ankle sprain, and imaging techniques like X-ray or MRI are not helpful. Therefore, diagnosing cuboid syndrome is done through history and a physical alone.

When a podiatrist takes your history, he or she will be looking for certain clues that tips him off to this condition.

The first one would be a sudden increase in physical activity. Have you ever heard the term, "Use it or lose it?"

Ligaments that have not been used for a while are more prone to injury if you exert yourself too much right out of the gate. Make sure you put together a training regimen if you are just starting out after a long break in physical activity.

Your doctor may also ask you if you have been walking or running on more uneven surfaces, like nature trails, or if you have taken up any new physical activity like dancing.

Cuboid syndrome accounts for 17 percent of all foot and ankle injuries in professional dancers, while only 4 percent of injuries in all other athletes.

Dancing puts a significant amount of stress on the lateral mid-foot. This condition usually occurs in male dancers when they land from jumps.

Female dancers develop cuboid syndrome from overuse due to repetitive pointe work. Going from foot flat to demi pointe creates a dorsiflexion moment of the midfoot, which becomes a plantar flexion moment while the foot moves to pointe.

These forces reverse to dorsiflexion moment when the foot returns to the flat position. The repetitive forces gradually reduce the stability of the midfoot and can predispose the dancers to cuboid syndrome.

Cuboid syndrome responds very well to conservative treatments. Physical therapy, therapeutic exercise, low-dye taping and padding all help in conjunction with manipulation of the cuboid bone itself.

Performed by a trained clinician, the manipulation is performed by interlocking the fingers over the top of the foot while the thumbs are positioned on the bottom aspect of the cuboid.

With the knee in 70-90 degrees of flexion and the ankle in zero degrees of dorsiflexion, the clinician extends the patient's knee and plantar flexes the ankle with slight supination of the subtalar joint.

A thrust is then directed using both thumbs on the plantar aspect of the cuboid. A decrease in pain can be felt immediately.

Talk to your podiatrist today if you have been experiencing pain in your lateral midfoot. Foot and ankle specialists are trained to spot the difference between cuboid syndrome and other foot issues such as fractures or sprains.



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