ACUPUNCTURE today

CLINICAL CARE

It All Starts at the Foundation: Treating Foot Pain and Dysfunction

Douglas R. Briggs, DC, Dipl. Ac. (IAMA), DAAPM, EMT

There are many inspirational and motivating quotes to be found that refer to having a good foundation to build on – whether it be a physical structure, in business or in life in general. But to bring the adage back to a practical point for our patients, they also need a good foundation – again, we can talk about that in terms of nutrition, exercise or overall health. Today, let's focus on the physical foundation of the body: the feet.

The feet are the body's foundation. The balance and integrity of the rest of the physical form depend on the integrity of this foundation. K 1 is often recognized as the "wellspring" point that connects the body's energy to that of the earth. In today's world of concrete floors, poor shoe styles and lack of good exercise, the foundational arches of the feet can break down – thus weakening the physical foundation of the body.

The Consequences of Collapsed Arches

As a person's arches collapse, the feet become less shock absorbent to impact and ultimately create a less stable foundation for the rest of the body.[1] With the collapse of the arches, expected changes are recognized up the kinetic chain. The foot and ankle roll inward. To compensate, the knee must then rotate and buckle inward – which in turn drops the pelvis on that side. To compensate for the pelvic imbalance, the spine will curve and you will also see the opposite shoulder drop.

Continuing this pattern upward, the head will also tend to tilt away from the lowered shoulder to keep the eyes level with the horizon. Very quickly, it is easy to recognize the immense postural distortion that comes from a simple collapse of the arches of the foot.

Now imagine the distortion when the arches in both feet collapse – this can create incredible strain on the postural mechanisms of the body and cause any number of complaints: from foot and ankle pain, to shin splints, knee or hip pain, lower back pain, and postural tension and fatigue.

Unfortunately, once the plantar fascia (the membrane along the bottom of the foot) is compromised and stretched beyond its normal limits, the tissues can lose their resiliency and become permanently deformed. This is referred to as plastic deformation.[2]

Recognizing the progressing extent of this issue, it serves you well to take care of your patients' feet. It also serves you well to remember that complaints of knee, hip or back pain may have a functional component of foot involvement that should not be overlooked.

Treatment Options

In my practice, I typically start with manipulation of the tarsals. On interview, many patients will recall an incident of rolling or spraining their ankle – that injury can create a lot of stress in the

arches of the foot. Manual goading along the medial aspect of the plantar fascia will typically reveal a string of tender adhesions. (Always remember when doing muscle work in the legs to stroke toward the heart.)

My personal formulary for foot pain includes the following:

- *Bafeng* in the web of the toes to open up circulation through the congested tissues
- ST 36 as a master point for the lower extremity – augmented by GB 34
- BL 54 and BL 57 can help to reduce spasm in the calf muscles
- I also typically treat SP 4, K 1, K 3, and *ahshi* points between the metatarsals

In addition to the above, I remind the patient to get adequate fluids – the body cannot flush the debris and metabolic residue if it is dehydrated. (In my experience most patents are dehydrated!)

I also often will perform supportive strapping of the bottom of the foot to reinforce the arches and reduce pain. Most patients will stand and immediately note pain relief with this.

As noted above, once the integrity of the arches is lost, it is gone – many patients also will need some form of orthotic support. (My personal preference is noted in the references below.)

Don't Forget to Document

As always, note your consultation with the patient, your findings, your rationale for care, the specific treatments provided, the plan, and the patient's response to what you did. This only serves to bolster your professional credibility and your reputation as a physician and a healer.

References

1. Foot Levelers *Orthopedic Notes*, Vol. 12, 2019.
2. Foot Levelers *Orthopedic Notes*, Vol. 7, 2019.

JUNE 2020