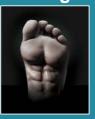
Implementation of a Foot **Core Program**



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Weakness, poor motor control, and/or joint limitations may lead to many different foot/ankle pathologies



Focus of treatment is to initially reduce pain, promote foot/ankle strength and restore normal mobility



A strong, flexible foot is a healthy foot that can be resilient to foot related pathology

Foot Core

A series of exercises training the small intrinsic muscles of the foot to help support the arch and promote stability of the foot



Promote use of these muscles as often as possible and then progress the load to the foot as tolerated





Foot Core: Toe Yoga



- 1. Press the little toes down and lift the big toes up
- 2. Press the big toe down and lift the little toes up
- 3. Keep the big toe down and lift all little toes. Bring the small toe down







Foot Core: Toe Spreads

Spread the toes wide, then squeeze them back to together

center of the foot



Consider recommending toe separators to begin working the mobility if challenging





Foot Core: Doming

Activating the muscles of the arch



Stiffen toes, press into the ground

Squeeze the arch, drawing the ball of the foot towards the heel, making the foot shorter, creating an arch

Hold for 10 seconds then relax





Doming Errors



Minimize toe flexion Minimize over activity of tibialis anterior



Minimize excessive supination





Exercise Prescription

Perform all three foot core exercises together seated for about 3-5 minutes. Repeat 3-5 times a day

Work to perform these exercises standing throughout the day. Barefoot - as much as possible





Active Standing





Stand with toes pointing forward or slightly out and dome the feet.

> Unlock the knees slightly then squeeze your buttocks. Note what happens at the knees.

Tip pelvis into a neutral position Draw naval to spine Pull shoulders down and back. Draw the chin in

Practice this posture as often as possible



Single Leg Balance



From active standing, pick up one leg and balance. Continue to activate the arch and dome the foot.

Progressions

- Unlock knee, shift weight forward to front of foot and back while while maintaining a good arch. Keep the heel on the ground.
- 2. Progress by shifting weight forward to small heel raise (one inch). Control on the lowering











Perform all exercises barefoot

Doming and Hopping Drill Perform a small hop & land back in your active standing position. Minimize your knee bend Maintain knee position Land soft back in a dome position Perform barefoot Progressions: Hop forward/back



Hop side to side Increase speed

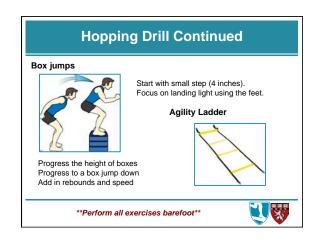


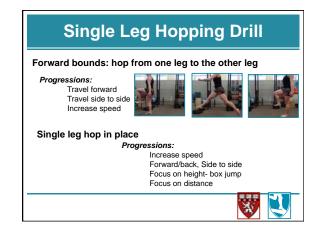
Jump rope

Focus on well aligned, soft landings

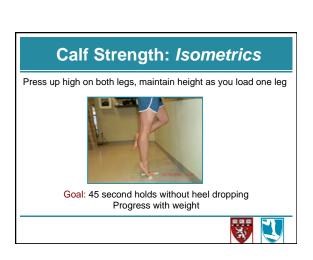
















Ankle Mobility: Soft Tissue Mobilization

Deep soft tissue mobilization:Gastroc/soleus complex Posterior tibialis

Peroneals
Foot intrinsics and plantar fascia





Instrumented soft tissue mobilization:
Gastroc/soleus complex to improve ankle DF
Medial/ lateral lower leg
Muscle insertions/tendons,
Foot intrinsics



Ankle Mobility: Self Techniques

Standing calf stretch: toes forward Knee straight and bent



Use of lacrosse ball: calf, peroneals, post tib, plantar fascia/arch

Mobilization with movement into DFwith and without a band







educe pain

Performed throughout the day to reduce pain and gain mobility



Taping: Low Dye

Used for pain control



- 1. Pt sits with ankle held at 90 degrees DF
- Anchor strips are placed across mets and around the perimeter of the foot
- Tear drop technique- from 1st MTP joint wrapping around the calcaneus going lateral to medial then reconnect again to 1st MTP. Repeat at each met moving from 1st to 5th met



- Horizontal strips placed across the sole of the foot from the mets to proximal calcaneus
- 5. Ceil edges with another perimeter strip around the foot

Use leukotape for longer, lasting effects





Taping: Distal Fibula Head

Mulligan Technique: distal fibula glide posterior/ superior

Used commonly for ankle sprains. Assists in ankle stability.

Helps to "re-position" the fibula

- Patient's foot rests in lose packed position
- Cover roll is placed from lateral malleolus, wrapping around lower leg landing anterior
- Place leukotape on lateral malleolus and glide fibula posterior and superior
- Keep tension in tape as it is wrapped around lower leg
- 5. Gently lay on top of anterior lower leg
- Repeat leukotape piece a second time to







Use leukotape for longer, lasting effects

Proximal Considerations

Always consider the kinetic chain Proximal control will effect foot position



Progress foot exercises to full body exercises with emphasis on stability at the foot and good alignment proximally



Triple flexion, Triple extension



Timing: foot and glut activating together





Thank You



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