MORTON’S SYNDROME – LONG 2ND METATARSAL

“Morton’s Toe” is when the second toe is longer than the first toe. This condition causes the weight bearing surface of the foot to shift laterally from the 1st metatarsal to the 2nd metatarsal. This creates a knife-edge rolling effect, and may occur in one or both feet. The patient must be fitted with orthotics to correct this mechanical problem. Failure to correct this problem results in a continued mechanical stress for the patient.

Dr. Morton observed that the first metatarsal and big toe seemed to literally move away from the ground as the foot progressed toward toe-off. Not until the very end when the foot is about to leave the ground would the first ray pick up a little bit of the load. By this time the foot has usually twisted outward so in reality, most of the push off is generated by the second metatarsal instead. This is why so many people walk with flared feet.

Morton's Foot Syndrome causes the foot to become laterally unstable. You are literally walking on ice skates - one minute you are tilting in and the next you are tilting out. Depending on how you respond to Morton's Foot Syndrome, you may be walking on the inside of your feet or the outside, or like most people, constantly wobbling. Some speculate that this instability causes you to hunch forward, bracing for a fall. Your most significant risks are mechanical. Even if both your legs are the same length, one leg acts shorter. This causes your hips to become imbalanced, which throws your back, shoulders and neck out as well. Your legs also rotate internally resulting in your hips tilting forward. Since the amount of forward tilt is influenced by the functional leg length, your upper body rotates toward the foot with the arch that collapses the most. Your shoulders and head drift forward.

Morton's Foot Syndrome is considered a significant cause and perpetuating factor in musculoskeletal dysfunction and pain. See www.mortonsfoot.com

To make your own pair of supports you must purchase a pair or two of flat pads like Dr. Scholl’s footpads and a package of mole foam, ¼” thickness. Take the pad out and place a mark on the inside of the big toe in the web, then make another mark on the outside of the little toe where the toe joins the foot. Now draw a line connecting the two dots and around the big toe, then cut the portion out that is under the 2nd-5th toes and around the big toe. Then place a mark where the large toe joins the foot on the outside. Mark the mole foam the width of your index finger, and the length of the finger from the fingertip to the knuckle (about 2” in length). Turn the foam pad over and divide the mole foam so it is half in front of the mark that you made where the toe joins the foot. Remove the sticky back and press on. Insert in shoes and wear until the doctor tells you to remove them.

THIS PROCESS CAN TAKE YEARS TO EFFECT A CHANGE, SO DON’T GIVE UP!