



# Freiberg's condition

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The aim of this leaflet is to answer some of the questions that you or your child may have about Freiberg's condition and its treatment. You will also have an opportunity to discuss any further concerns with us, in clinic.

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## What is Freiberg's condition?

This is a foot problem most commonly affecting the head of the second metatarsal bone (one of the long bones in the middle of the foot).

## What is the cause?

Its cause is actually unknown but there are several theories. The end result is that the blood supply to that specific area of bone is disrupted and hence that area of bone dies and crumbles.

## What are the symptoms?

The head of the bone becomes flattened at the joint surface, (see white line on X ray picture) which can become painful. This pain is usually associated with activities that aggravate the condition, as the joint involved is being moved. You might also notice swelling in the area and tenderness at the front of the foot.



## How is it diagnosed?

Freiberg's is diagnosed on X-rays of the affected area (yellow circle shown).



## What is the natural progression?

In the majority of cases this condition improves by itself without treatment the blood supply re-establishes itself and the bone heals and reforms. This process takes about two years but by adulthood the foot causes few symptoms. More complex cases can be complicated by the bone breaking down, which can cause early arthritis in that joint.

## What are the treatment options?

- **Non-operative:** In the first instance non-operative treatments are used to relieve symptoms and allow healing of the bone. These include avoiding activities that cause the pain to flare up, use of orthotics (shoe inserts) to take pressure off the painful area, wearing comfortable, well-padded shoes with plenty of room for the toes. It is important to avoiding high-heeled shoes as they put more pressure on the damaged area.
- **Surgery:** Operations for this condition are only required for the complex cases and are rarely needed (about 1 in 10 - 10% of patients). Surgery is only considered for those patients who

still have problems despite trying all the non-operative treatments first.

It is usually done as a day case under a general anaesthetic (your child will be asleep). Your doctor will discuss all the options available if this is needed.

## **Contact us**

If you require any further advice please contact the Clinical Nurse Specialist on 0118 322 8747 or 0118 322 5111, bleep 232.

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**Please ask if you need this information in another language or format.**

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