

# Medial Calcaneal Nerve Entrapment



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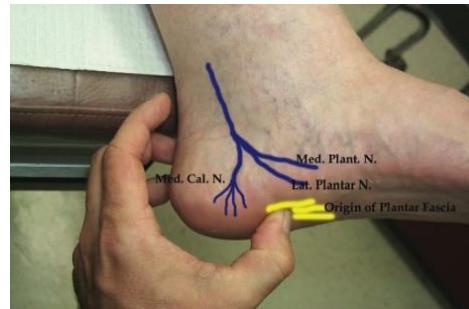
## What is it?

The Medial Calcaneal nerve is a superficial branch of the Posterior Tibial nerve and innervates the skin of the inside portion of the heel. During movement of the foot/ankle, the nerve runs smoothly through its sheath (cover) and allows for adequate sensation beneath the heel. However, whether it be due to biomechanical issues or direct trauma, compression of this nerve can occur and produce discomfort. This condition is known as Medial Calcaneal Nerve Entrapment.

## Why Did I get it?

Medial Calcaneal Nerve Entrapment can affect people of all ages and gender however people who present with the condition can often relate to many of the following risk factors:

- Poor biomechanics
- Incorrect footwear
- Direct trauma to nerve
- Sudden increase in physical activity
- Increased weight
- Tight calf muscles



## Symptoms:

Symptoms of medial and lateral plantar nerve entrapment include almost **constant pain**, whether walking or sitting. Just standing is often difficult. The pain is often chronic, difficult to treat, and aggravated by high-impact activities such as running.

## How is it diagnosed?

Diagnosis of a Medial Calcaneal Nerve Entrapment can often be difficult as the symptoms present similar to numerous other conditions. Nerve conduction studies or local anaesthetic injections can often be used for confirmation however are rarely used.

## Possible treatments:

- Ice, rest, compression, elevation
- Anti-Inflammatories
- Padding/strapping
- Footwear advice
- Custom Orthotics
- Therapeutic ultrasound
- Neuromuscular needling
- Corticosteroid injections
- Surgical release of nerve

## Prognosis:

Although Medial Calcaneal Nerve Entrapment is a debilitating condition, the majority of patients respond to conservative treatment. Almost immediate relief of symptoms are experienced once the primary cause of entrapment is treated. Corticosteroid injections and surgery are reserved for severe/non-responsive cases however are rarely recommended.