SYMPTOM

Foot pain

Foot pain is discomfort anywhere from the heel and arch to the toes.

WHAT IT FEELS LIKE
Aching, sharp, burning, or throbbing discomfort

WHERE IT IS FELT
Heel, arch, ball, top, sides, or toes

MOST COMMON CAUSES
Overuse, minor injuries, poorly fitting footwear

WHEN IT IS URGENT
A hot, red, swollen foot, especially with fever or diabetes

USUALLY LASTS
Days to weeks, but longer with some causes

SEE A DOCTOR IF
Pain persists, returns, worsens, or limits normal walking

Overview

Foot pain can affect the skin, muscles, tendons, ligaments, joints, bones, or nerves. It may begin after an injury, build gradually with activity, or appear without an obvious trigger.

Where the pain occurs can offer clues, but location alone cannot confirm the cause. Heel pain, for example, may come from the thick band under the foot, the heel bone, a tendon, or a nearby nerve.

Many minor problems improve with changes in activity and footwear. Persistent, severe, or worsening pain needs medical assessment, particularly if you have diabetes, poor circulation, or reduced feeling in your feet.

What it may feel or look like

Foot pain may be:

A blister, corn, callus, cracked skin, or ingrown toenail may be visible. Joint problems can cause stiffness or swelling. An injury may make it difficult to put weight on the foot.

Notice where the pain began, what brings it on, and whether changing shoes or resting affects

it. Also check whether the foot has changed colour, shape, temperature, or sensation.

- Dull, aching, or throbbing
- Sharp when you step or push off
- Burning, tingling, or accompanied by numbness
- Tender when one area is pressed
- Worse during activity, after activity, or with your first steps
- Associated with swelling, bruising, redness, or warmth

Common causes

Everyday pressure and overuse are frequent reasons for foot pain. A sudden increase in walking, running, standing, or sports can overload tissues that are not used to that activity. Hard surfaces and worn or poorly fitting shoes may contribute.

Minor injuries include bruises, sprains, and strains. A sprain stretches or tears a ligament, which joins bones together. A strain affects a muscle or tendon. These injuries commonly cause tenderness and swelling.

Skin and nail problems include blisters, corns, calluses, cracked skin, athlete's foot, and ingrown toenails. Pressure, rubbing, moisture, or footwear often plays a part.

Plantar heel pain often affects the underside of the heel and may be worse with the first steps after rest. It can involve irritation where the plantar fascia, a strong band supporting the arch, meets the heel.

Less common or longer-term causes include arthritis, bunions, tendon problems, stress fractures, and nerve irritation. A stress fracture is a small bone crack caused by repeated loading rather than one major injury. Burning or tingling may come from a trapped nerve or peripheral neuropathy, meaning damage to nerves outside the brain and spinal cord.

Gout can cause sudden, intense joint pain, often with redness and swelling. It happens when uric acid crystals collect in a joint. Infection and reduced blood flow are less common but need prompt attention.

When to seek medical care

Call emergency services or go to an emergency department if:

Seek same-day medical care for a hot, red, swollen foot, especially if you have a fever, feel

unwell, or the redness is spreading. You should also get prompt advice if you cannot bear weight after an injury, have a deep puncture wound, or think something remains embedded in the foot.

If you have diabetes, poor circulation, or reduced foot sensation, seek same-day advice about a new wound, blister, redness, warmth, swelling, or skin colour change. These problems may be more serious even when pain is mild.

Book a routine appointment if pain lasts beyond a week or two despite self-care, keeps returning, becomes worse, or changes how you walk. Arrange assessment sooner for ongoing numbness, unexplained swelling, pain at rest or at night, or a lump that is growing.

- The foot suddenly becomes cold, pale, blue, numb, or weak
- A major injury leaves the foot misshapen or bone is visible
- Bleeding is heavy or does not stop with firm pressure

How the cause is found

A healthcare professional will ask when the pain began, where it is felt, and whether there was an injury or change in activity. They may ask about footwear, work, exercise, medical conditions, and medicines.

The examination may include checking your skin, nails, circulation, sensation, joint movement, strength, and walking pattern. The most tender area can help narrow down which structure is affected.

Many causes do not require tests. An X-ray may be used when a fracture, arthritis, or joint problem is suspected. Early stress fractures do not always appear on an X-ray, so magnetic resonance imaging (MRI) or another scan may occasionally be needed. Blood tests may help when infection, gout, or inflammatory disease is a concern.

Treatment and self-care

Treatment depends on the cause. For mild pain without warning signs, reduce activities that clearly worsen it while keeping the foot gently moving within comfort. Avoid repeatedly "testing" a painful movement.

A wrapped cold pack can be applied for short periods after a recent injury. Elevating the foot may help swelling. Do not place ice directly on the skin, and avoid cold treatment if you have poor circulation or reduced sensation unless a clinician advises it.

Choose shoes with enough room for the toes and appropriate support for your activity. Do not cut corns or calluses yourself, particularly if you have diabetes or poor circulation.

Paracetamol or a nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen, may help some people. Follow the package directions. Ask a pharmacist before using an NSAID if you are pregnant, take blood-thinning medicine, or have kidney disease, heart disease, or a history of stomach ulcers.

Depending on the cause, treatment may include targeted exercises, physiotherapy, supportive inserts, wound care, antibiotics for infection, or protection in a boot or cast. Surgery is needed only for certain injuries or structural problems.

What to expect

Minor pressure, skin, and soft-tissue problems may settle over days to several weeks once the trigger is removed. Tendon problems, plantar heel pain, stress fractures, and arthritis often take longer and may improve gradually rather than steadily.

Return to activity in stages. Pain that becomes sharper, causes limping, or remains worse the next day can mean you have increased activity too quickly.

If symptoms are not following the expected course, arrange a review. A different diagnosis, further testing, or a change in treatment may be needed.

Common questions

Should I keep walking on a painful foot?

Gentle walking may be reasonable for mild pain if you can walk normally. Stop or reduce the activity if pain increases, you begin limping, or the foot becomes more swollen.

Can foot pain come from my back?

Yes. Irritation of a nerve in the lower back can cause burning, tingling, numbness, or pain that travels into the foot. Persistent symptoms or weakness should be assessed.

Do I need special insoles?

Not always. Supportive inserts can help some conditions, but the correct type depends on the cause and your foot shape. Start with comfortable, well-fitting shoes and seek advice if pain continues.

Why do both feet hurt?

Pain in both feet may relate to footwear, activity, arthritis, nerve problems, or a health condition affecting the whole body. Arrange an appointment if it persists or is accompanied by numbness, swelling, or weakness.

Sources

- National Health Service: Foot pain
- American Academy of Orthopaedic Surgeons: Stress Fractures of the Foot and Ankle
- American Academy of Family Physicians: Heel Pain-Diagnosis and Management , American Family Physician , 2018
- American College of Radiology: Appropriateness Criteria-Acute Trauma to the Foot
- Centers for Disease Control and Prevention: Your Feet and Diabetes