

# FOOT DROP

how they should be assessed and managed

Q&A



# Introduction

- Causes
- Diagnosis
- Management



# Structural causes

Unilateral foot drop

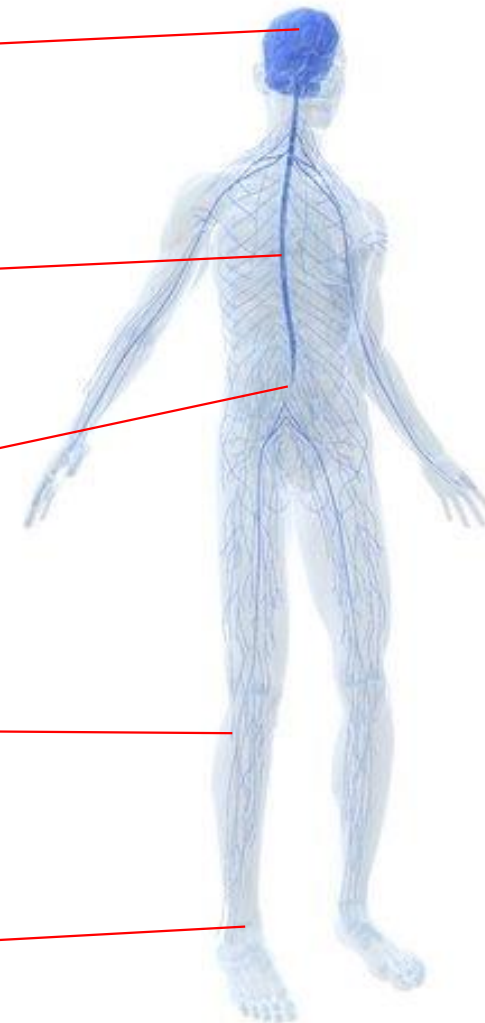
Brain tumour

Thoracic disc herniation  
Guillain-Barre syndrome

Lumbar disc herniation

Peroneal nerve injury

Tendon injury



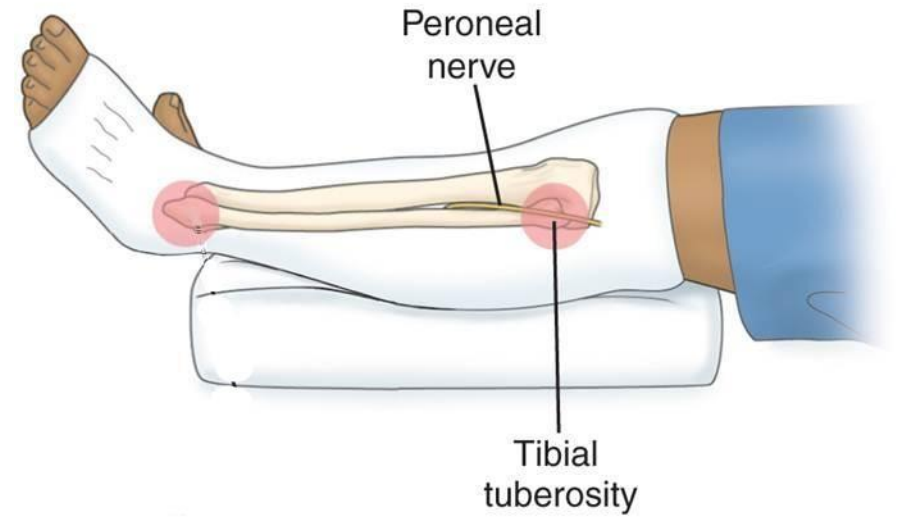
# Systemic causes

Bilateral foot drop

- Neuropathies
- Myopathies
- Endocrine

# Diagnosis

- Dragging foot
- Tripping over toes
- Sciatic pain?
- Pressure on peroneal nerve?



# Gait



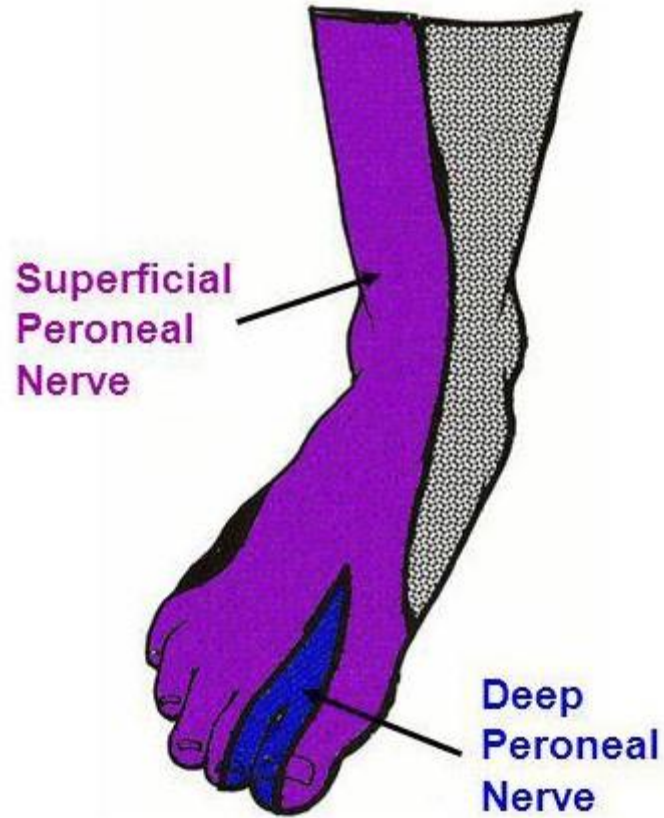
# Examination



- Pattern of weakness
- Check for upper motor neurone signs
  - Brain
  - Spinal cord

# Numbness

**Superficial** and Deep Peroneal Nerves provide sensory innervation to dorsum of Foot



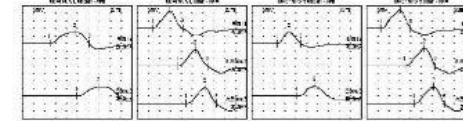
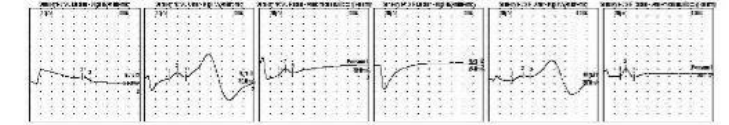
Very similar to L5 dermatome  
Not possible to differentiate  
But confirms a 'nerve issue'



# Investigation



Muscle	Nerve	Roots	IA	Fib	PSW	Fasc	Amp	Dur.	PPP	Recruit	Activation
paraspinal											
R. C7 paraspinal	Spinal	C7-	N	None	None	None					
L. Deltoid	Axillary	C5-C6	N	None	None	None	N	N	N	Normal	Normal
L. Triceps brachii	Radial	C6-C8	N	None	None	None	N	N	N	Normal	Normal
L. Biceps brachii	Musculocutaneous	C5-C6	N	None	None	None	N	N	N	Normal	Normal
L. Pronator teres	Median	C6-C7	N	None	None	None	N	N	N	Normal	Normal
L. First dorsal interosseous	Ulnar	C8-T1	N	None	None	None	N	N	N	Normal	Normal



NCS EMG need to wait 6 weeks

# More investigation

- If lumbar MRI clear
- No obvious injury to peroneal nerve
- Any upper motor neurone signs
  
- Think of brain and spinal cord - MRIs

# Management

- Any spinal cause, urgent spine referral
- Surgical decompression could help
  - Discectomy
  - Laminectomy



# Management

- If spine surgery won't help
- Expectant
- Splint – AFO
- Tendon transfer??



Q & A



# Thank you

A recording of the webinar will be available online



Further resources for GPs are available on my website

<https://spinalsurgeonsydney.com.au/for-referrers>



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