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Subluxed Cuboid Syndrome

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The outside, or lateral, aspect of the foot is a key stabilizer of the foot. The calcaneocuboid joint is a vital link in lateral foot stability. The calcaneocuboid joint is formed by the calcaneus and cuboid bones (Figure 4.16). This joint is susceptible to sudden injury or chronic strain in certain foot types, which can cause this joint to mildly dislocate, or sublux.

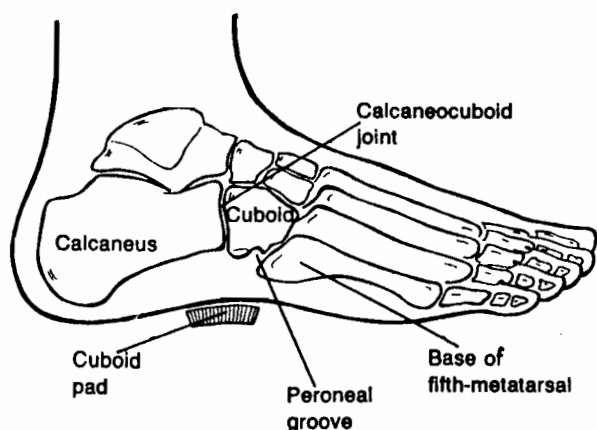


Figure 4.16 Subluxed cuboid syndrome.

When the cuboid subluxes downward, the athlete may experience a dull ache along the central portion of the lateral border of the foot. The long calcaneocuboid ligament, extending from the heel to the cuboid, may become strained, mimicking heel spur pain along the bottom of the heel. Direct pressure at the calcaneocuboid joint often elicits the primary pain symptoms. On stance, the athlete experiences discomfort when attempting to stand on his or her toes or when rolling the arches toward the outside border of the foot.

Because this joint is involved with locking

the foot for strength during various stages of the gait cycle, any instability or dysfunction around the cuboid inhibits functional stability in the foot during the propulsive phase of gait. The athlete shies away from forcefully pushing off with the foot. Lateral, side-to-side sports, such as tennis or racquetball, place the greatest strain at this joint. Stair climbing and lateral cutting movements aggravate the condition. Tight heel cords, causing an early heel lift, disturb the normal weight transfer through the lateral column and initiate the syndrome. Anatomically, the cuboid aids the function of the peroneal tendons by stabilizing the tendons as they pass under the foot. The subluxed cuboid may disturb normal peroneal function, with ensuing tendinitis and referred pain to either the lateral ankle or the plantar aspect of the forefoot.

Treatment for a subluxed cuboid syndrome consists of a series of manipulations of the joint and secure strappings to reduce the subluxation. The manipulation needs to be done by a professional; however, applying a cuboid pad sometimes provides relief. This can be done by trimming a ¼-inch thick felt pad approximately 1 inch square and taping it under the cuboid. This is the area under the outer border of the foot, just behind the bump (which is the base of the metatarsal) at about the middle of the foot. If this padding causes increasing pain, it should be discontinued. Anti-inflammatory medication and physical therapy help ease any discomfort. After care with orthotic control, use calf-stretching exercises to guard against reinjury.

Subluxed cuboid syndrome is an uncommon problem but, once recognized, responds well to appropriate treatment.