

PATIENT INFORMATION

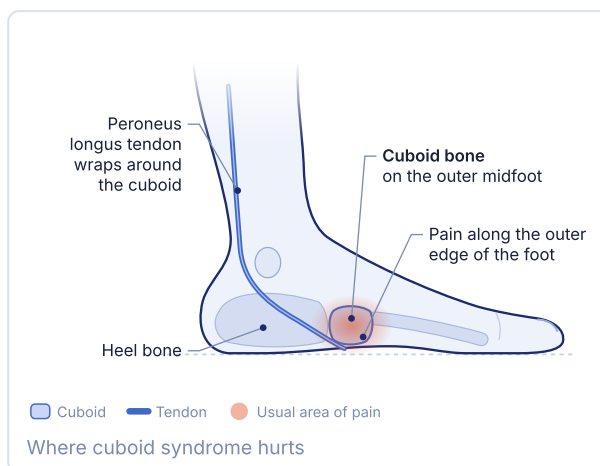
Cuboid Syndrome

Causes, symptoms, diagnosis and treatment

Written by **William Joyce**, Consultant Podiatrist, HCPC registered · The Functional Podiatrist, Richmond & Kensington · Updated October 2026

IN SHORT

Cuboid syndrome is pain on the outer edge of the foot caused by a small bone, the cuboid, shifting slightly out of position. It often follows an ankle sprain and is easily missed because X-rays are usually normal. Once correctly diagnosed, it often responds quickly to hands-on treatment.



What does cuboid syndrome feel like?

Pain along the outer edge of the midfoot that is worse when you walk, especially as you push off.

- Tenderness over one spot on the outer foot
- Difficulty walking on tiptoe or uneven ground
- The outer foot feels weak or unstable
- Your ankle sprain has settled, but the outer foot still hurts

What causes it?

Most often an ankle sprain.

- Lateral ankle sprains
- Sudden increases in training
- Repetitive jumping and landing
- Flat feet or overpronation
- Overload of the peroneus longus tendon
- Dance, especially ballet and contemporary

Will cuboid syndrome heal on its own?

Sometimes, but it often lingers. The pain may ease with rest, but it frequently returns because the joint position and the reasons it happened have not been addressed. With the right diagnosis, treatment usually brings much quicker relief.

Why did my X-ray not show anything?

Because nothing is broken. Cuboid syndrome is a positional problem, so X-rays, and often MRI, look normal. It is diagnosed with specific hands-on tests, which is why it is so often missed.

How is it diagnosed?

With a structured clinical examination. We use specific tests such as the cuboid squeeze and midtarsal adduction tests, check the ankle and peroneal tendons, and rule out a fracture before any manipulation.

How is it treated?

Usually with cuboid manipulation, followed by support and rehabilitation to stop it recurring.

- Cuboid manipulation, a skilled hands-on technique, once a fracture is ruled out
- Taping or padding to hold the position
- Peroneal strengthening and balance work
- Orthotics for recurrent cases or flat feet
- Footwear advice and a graded return to sport or dance

Can I keep training?

It depends on how severe it is. Mild pain that does not build during or after activity may be manageable with taping and load changes. Pain that worsens each session needs a break and an assessment.

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FROM THE CLINIC

"The classic story I hear is an ankle sprain that has healed, except the pain has moved to the outer edge of the foot. If that sounds familiar, cuboid syndrome should be one of the first things checked, before months are spent treating the ankle."

William Joyce, Consultant Podiatrist, The Functional Podiatrist

Three things you can do today

- 1 Ease off jumping, tiptoe work and uneven ground until it has been assessed.
- 2 Wear supportive lace-up shoes with a firm sole.
- 3 Do not try to manipulate or 'crack' the foot yourself.

When to see a podiatrist

- You could not take four steps after the injury
- Pain on the bone at the base of the little-toe side of the foot
- Marked swelling or bruising
- Pain at night or at rest
- Numbness or tingling

Get it properly assessed

Your treatment plan depends on what is driving the problem. We assess, explain what we find and build a plan around your activity and goals.

HCPC-registered podiatrists in Richmond (Pools in the Park, TW9 2SF) and Kensington (Sprint Physiotherapy, W8 4LY). No referral needed.

More on this condition: thefunctionalpodiatrist.uk/cuboid-syndrome.html

Book an assessment

Call 020 3576 0630

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