

PATIENT INFORMATION

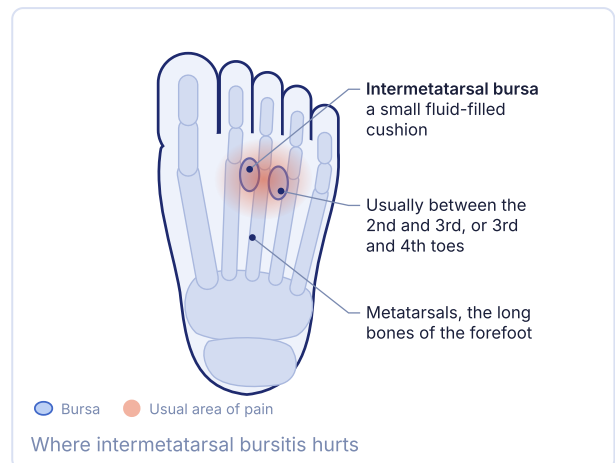
Intermetatarsal Bursitis

Causes, symptoms, diagnosis and treatment

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

IN SHORT

Intermetatarsal bursitis is inflammation of a small fluid-filled cushion between the long bones in the ball of the foot, usually between the 2nd and 3rd or 3rd and 4th toes. It causes aching, swelling and a 'pebble in the shoe' feeling. Most cases improve within 6 to 12 weeks with offloading, footwear changes and treating the cause.



What does intermetatarsal bursitis feel like? Pain and a feeling of fullness in the ball of the foot, often between two toes.

- Worse barefoot on hard floors, in tight shoes or after long periods standing
- Tender when the forefoot is squeezed
- Occasional tingling into the toes
- A feeling of walking on a lump or pebble

What causes it?

Too much pressure and squeezing through the forefoot.

- Tight, narrow or high-heeled shoes
- Repetitive impact from running or lots of walking
- Foot mechanics such as overpronation or forefoot instability
- Long hours standing
- Inflammatory arthritis, such as rheumatoid arthritis

Is it Morton's neuroma?

Not necessarily, but the two often occur together. A neuroma tends to cause burning, shooting or electric pain with numbness into two toes, while bursitis is more of a deep ache with swelling. Metatarsalgia, stress fractures and plantar plate injuries can also feel similar.

How is it diagnosed?

With a careful examination of the forefoot. We use a squeeze test and examine each space between the metatarsal heads, take a full history of your activities and footwear, and assess how your foot loads when you walk.

How is it treated?

By taking pressure off the inflamed bursa and correcting what caused it.

- Metatarsal padding, which can often be fitted at the first appointment
- Footwear changes and activity modification
- Custom orthotics with a metatarsal dome
- Gait analysis to find the biomechanical cause
- A corticosteroid injection for persistent cases

Can I keep running?

In mild cases, often yes, with changes. Footwear, padding and lighter training may be enough. When the forefoot is very swollen and sore, a short break lets the inflammation settle first.

Will I need surgery?

Rarely. Most cases settle with conservative treatment. Surgery is only considered when everything else has failed.

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FROM THE CLINIC

“Ball-of-foot pain has several possible causes, and bursitis, neuroma and metatarsalgia often overlap. Pinning down which one you have is the most important first step, because it changes the padding, footwear and treatment I recommend.”

William Joyce, Consultant Podiatrist, The Functional Podiatrist

Three things you can do today

- 1 Wear shoes with a wide, deep toe box and a low heel.
- 2 Avoid walking barefoot on hard floors; wear supportive slippers indoors.
- 3 Loosen the laces across the front of the foot.

When to see a podiatrist

- No improvement after 2 to 3 weeks of footwear changes
- Pain and swelling on the top of the foot that worsens with activity
- A toe drifting upwards or sideways
- Several swollen, stiff joints in the mornings
- Redness and heat, or constant numbness

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/intermetatarsal-bursitis.html

Book an assessment

Call 020 3576 0630

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