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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Peroneal Neuropathy (Foot Drop)

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Peroneal neuropathy — compression of the common peroneal nerve at the fibular head, just below and outside the knee — is the most common cause of foot drop: weakness of the muscles that lift the foot, causing the toes to catch and the foot to slap when walking.

How does it happen?

The nerve is superficial at the knee and vulnerable to pressure: habitual leg crossing, prolonged squatting or kneeling, tight casts or braces, weight loss (loss of protective fat), prolonged bed rest, or a direct blow. A Baker's cyst or other mass can occasionally compress it; hip or spine problems can cause a similar picture and must be excluded.

Common symptoms

- Foot drop: inability to lift the front of the foot; tripping and a high-stepping walk
- Numbness or tingling over the top of the foot and outer shin
- The sole of the foot and heel typically spared (distinguishing it from sciatica/L5 radiculopathy)
- Often a history of leg crossing, recent weight loss, squatting, or compression
- Pain is usually mild or absent

How is it diagnosed?

Examination localizes the weakness pattern; nerve conduction studies across the fibular head confirm the site and severity of the compression. MRI or ultrasound of the knee is used if a mass is suspected; spine imaging or EMG distinguishes it from an L5 root problem.

How is it treated?

Compression-induced peroneal neuropathy usually recovers on its own over weeks to months once the pressure habit is removed — stop leg crossing, pad the knee, avoid squatting. An ankle-foot orthosis (AFO, a lightweight brace) keeps the foot safe and prevents falls while the nerve recovers. Physical therapy maintains muscle length and strength. Surgery (decompression or, in chronic cases, tendon transfer) is reserved for cases that don't recover or have a structural cause.

What does the future hold?

Most pressure-related cases recover substantially or fully within 3-6 months; the nerve regenerates slowly downward from the injury point. Severe injuries with complete nerve damage recover more slowly and less completely, which EMG helps predict. An AFO makes walking safe during recovery.

Questions patients commonly ask

Q: Did I have a stroke?

A: Foot drop from peroneal compression spares other leg muscles and sensation patterns that stroke would affect; the examination and nerve studies distinguish them clearly.

Q: How long until I can lift my foot again?

A: Nerves recover roughly 1 mm per day from the knee down — weeks to months; the brace keeps you safe meanwhile.

Q: Should I stop crossing my legs?

A: Yes — habitual crossing is a classic cause, and simply changing the habit is often the entire treatment.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **Foundation for Peripheral Neuropathy** — foundationforpn.org
- **American Chronic Pain Association** — theacpa.org

(Organization contact details were current at the time of compilation; please verify online.)

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