

FOOTNOTES 2003

N E W S Y O U C A N U S E

WINTER 2003



Start the New Year Right with Healthy Feet


If you've been procrastinating about having painful bunions and hammertoes surgically corrected, make a resolution to get them fixed early in the year.

The months when most people find themselves spending more time indoors are an ideal time to get this off of your "to do" list. When it's time to get back to your favorite outdoor activities in the

spring, you'll be able to enjoy them without that nagging pain.

Advances in surgical techniques for these common foot problems have made recovering from surgery much less of an ordeal than in the past. In most cases, bunions and hammertoes are correctable with outpatient surgery using "twilight" anesthesia, and patients return

home the same day.

Don't let painful foot conditions slow you down this year! Call our office now to schedule an examination to determine the right treatment and to schedule a procedure, if surgery is needed. You'll be happy that you can be more active this spring and summer! 

No Such Thing as "Just a Sprained Ankle"

When children and teenagers complain that they've "twisted" their ankle during sports or outdoor activities, parents have a tendency to say "it's just a sprain... it will feel better in a few days."


Unfortunately, there's no such thing as "just a sprain" when it comes to this complex and important joint. Any injury that results in pain, swelling or discoloration should be evaluated by a podiatric foot and ankle surgeon. Without proper treatment and rehabilitation, lingering effects of such injuries can continue to pop up well into adulthood. In fact, middle-aged adults who want to become more physically active are

encouraged to have old injuries checked out. Improperly healed childhood ankle injuries can make them more prone to injuries as adults.

Although there are varying degrees of severity in ankle sprain, most involve some degree of straining or tearing of the ligaments that hold the bones of the ankle in place. An ankle that has not received proper treatment following a sprain is apt to be sprained again. Eventually, the ankle can become chronically unstable, making it difficult for the individual to participate fully in sports or other activities.

Many times parents allow children, especially those who are very involved



in sports teams, to continue playing following an ankle injury. The rule of thumb should be, "if it hurts, don't use it!" Make an appointment with our office for evaluation and treatment to assure that your children continue to have strong ankles and can remain active throughout their lives. 

Foot Structure Problems Can Cause Diabetic Ulcers

Research recently reported in the *Journal of Foot & Ankle Surgery* has demonstrated that abnormal bone structure or biomechanics of the foot and ankle are key risk factors for development of foot ulcers in people with diabetes.

Very often, diabetic patients develop neuropathy, which causes loss of feeling in the feet. Unless they visually check their feet on a daily basis, they can be unaware that ulcers are forming. It is estimated that 15 percent of the 16 million Americans with diabetes will develop a serious foot ulcer during their lifetime. Untreated ulcers can result in serious infection and possibly lead to amputation. In fact, the U.S. Government Centers for Disease Control reports that about 82,000 people have diabetes-related leg and foot amputations each year.

About one-third of all diabetic ulcers occur underneath the big toe and are very difficult to heal and prevent


from recurring. Complications of diabetes, such as a tight Achilles tendon and lack of flexibility in the toe joint, are contributing factors in these ulcers.

This new research demonstrates the need for diabetic patients to be examined for structural and biomechanical abnormalities early in the course of the disease. Many patients who develop ulcers have not had their feet examined for a year or more, or they don't wear shoes that are appropriate for their condition. If biomechanical or structural problems are found, we can determine whether surgery is required and perform it before serious ulcers have a chance to form. In many cases problems can be controlled with special shoes or prescription orthotics.

Anyone with diabetes should have his or her feet examined at every doc-

Diabetic Footcare Tips

- Inspect feet daily for blisters, bleeding, and lesions between the toes
- Use a mirror to see the bottom of the foot and heel
- Wash feet daily and dry them well, especially between toes
- Do not perform "bathroom surgery" on corns, calluses or ingrown toenails
- Do not use acids or chemical corn removers
- Contact our office immediately if feet become swollen, painful, or if redness occurs.

tor's office visit. If you or a family member has diabetes, please schedule regular appointments with our office for evaluation of potential problems and treatment before serious infection sets in. 

For foot health information on the Internet, visit www.acfas.org/conditions.html