

# FOOTNOTES 2002

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

WINTER 2002

## Don't Let Heel Pain Slow You Down!

**H**eel pain is one of the most common and persistent foot problems affecting men and women of all ages. We recommend that anyone experiencing persistent heel pain should schedule a visit soon to diagnose the exact cause of the discomfort and begin treatment.



If your heel pain is most noticeable when you get out of bed in the morning, plantar fasciitis may be the cause. It is estimated that 15 percent of all adult foot complaints involve this chronic inflammation of the band of connective tissue extending from the heel bone to the toes. But not all heel pain results from plantar fasciitis. Heel pain also results from inflammation of the

Achilles tendon, bursitis, arthritis, fractures, or irritation of one or more of the nerves in the region.

Plantar fasciitis occurs most frequently in adults 40 years and older, especially women. Being overweight and wearing inappropriate footwear also are contributing factors.

Following a physical examination and appropriate x-rays, we may treat it with anti-inflammatory medications, padding and strapping of the foot and injections of corticosteroids. We also advise patients to stretch their calf muscles regularly, avoid wearing flat shoes and walking barefoot, use over-the-counter arch supports and heel cushions, and limit the frequency of extended physical activities.

If improvement is noticed within six weeks, we continue this treatment until the heel pain is resolved. If no improvement is evident, the patient will require further evaluation and more specialized care, which may include surgery.

It is important to have persistent heel pain evaluated and properly treated by a podiatric foot and ankle surgeon to prevent progression and further complications. Remember—your feet shouldn't hurt! 🐾

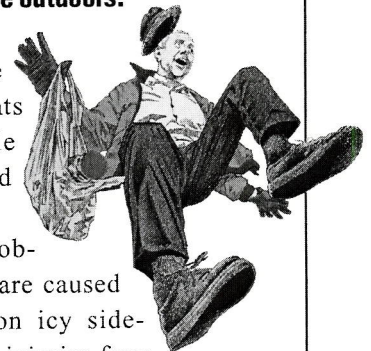
## Winter Woes for Ankles & Toes

**T**he season for ice, snow and sub-zero cold is here and with it comes the risk for serious foot and ankle problems for anyone who spends time outdoors.

During winter, we see patients with ankle sprains and Achilles tendon problems that are caused by slips on icy sidewalks and injuries from playing basketball and other indoor court sports. If a sprain doesn't heal properly, it can lead to long-term ankle instability and increase the risk for joint damage and eventual arthritis. Therefore, all ankle sprains should be taken seriously.

Initial treatment for ankle sprains should include rest, ice, compression and elevation to decrease pain and reduce swelling. Compression with an elastic bandage, splint or brace immobilizes the joint to eliminate motion.

*continued on back page*



# The Truth About Bunions



**C**ontrary to popular belief, bunions are aggravated—but not caused—by shoes. (The late anthropologist Margaret Meade observed many members of a South Sea island tribe had bunions, yet they had never worn shoes!)

A bunion (from the Latin *bunio*, meaning enlargement)—the result of undue stress on the joint—is a bulging of bone or tissue around that joint. A bunion is usually a symptom of inherited faulty foot mechanics, such as flat feet or low arches, which put abnormal stress on the front of the foot. Here, at the base of the big toe, is the most complex joint of the foot, where bones, ten-

dons and ligaments work together to transmit and distribute the body's weight—especially during movement.


Bunions may also be associated with various forms of arthritis, when the joint's protective covering of cartilage deteriorates, leaving the joint damaged and with a decreased range of motion.

Pain from a bunion can be mild, moderate or severe, making it difficult to walk in normal shoes—especially high heels. The skin and deeper tissues around the bunion may be swollen or inflamed.

When a bunion has begun to form, padding it, wearing comfort-

able shoes, sandals or athletic shoes, and avoiding high-heeled shoes relieves the pressure on the bunion and smaller toes and diminishes the progression of joint deformities.


If the pain and deformity of a bunion have progressed beyond conservative treatment, surgery may be necessary. The specific procedure used depends on the severity of the deformity, as well as the patient's age, general health and activity level. Most are accomplished under local sedation on an out-patient basis.

The success rate of bunion surgery is excellent. Therefore, no one should feel that they have no choice but to endure the pain and debilitation caused by bunions. 

## WINTER WOES *from page 1*

The ability to walk or put weight on the joint depends on the severity of the sprain, which we assess when determining the extent of ligament damage caused by the injury.

Another common winter malady is frostbite in the toes, which is best treated by rapidly re-warming the affected

extremities at the first sign of severe cold and numbness. Nearly half of all frostbite cases involve the foot or ankle and, in our experience, rapid re-warming is effective in preventing tissue damage. Therefore, at the first sign of possible frostbite, it's critical to seek prompt treatment and apply controlled heat right away. 

## Get Feet Fixed While Less Active

Winter is a good time to think about corrective foot surgery if you're not as active now as you are in warm-weather months. For those who would benefit from surgery to correct bunions, hammertoes, persistent heel pain or an arthritic ankle, scheduling the procedure now will allow enough time for post-operative rest and to resume normal activity when spring arrives.

Dr. Judge has a unique practice that specializes in complex deformities, chronic pain, the complications of diabetes, sports medicine & related trauma as well as second opinion surgical consultations. She is the first female in Ohio to complete a three-year surgical residency program. Her residency and fellowship training emphasized major reconstructive surgery for the leg, foot and ankle. She is board-certified in reconstructive rear foot and ankle surgery with offices in Ohio and Michigan. Dr. Judge is a Fellow of the American College of Foot and Ankle Surgeons and serves as the Official Foot and Ankle Physician for The Jamie Farr Owens Corning LPGA Classic.