

NorthPointe Foot & Ankle
27901 Woodward Ave.
Suite 110
Berkley, MI 48072
(248) 545-0100
MichiganFootCare.com

Jeffrey Frederick, DPM
Lee Hoffman, DPM
Charles G. Kissel, DPM
Michael Schey, DPM
David Ungar, DPM
Marc Weitzman, DPM

Meet Our Team!

Heather Barum

For two years, Heather Barum has assisted our doctors with patient care as one of NorthPointe's Medical Assistants.

Many of our patients have met Heather as she greets them in an exam room. She records some of the basic information about the visit then makes sure the patient is comfortable and ready to meet with the doctor.

Once the patient has been examined by the doctor, Heather then follows the doctor's direction in getting the patient taken care of and on his or her way.



Heather is excited to be expecting her first child in July! In the meantime, she gets a good dose of kid fun with her 5-year old niece, Abby.

Make sure to say hello the next time you are at the office.

NorthPointe News

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ACHILLES TENDON DISORDERS

The Achilles tendon runs down the back of the lower leg and connects the calf muscle to the heel bone. Also called the "heel cord," the Achilles tendon facilitates walking by helping to raise the heel off the ground.

Two common disorders that occur in the heel cord are Achilles tendonitis and Achilles tendinosis. Achilles tendonitis is an inflammation of the Achilles tendon. This inflammation is typically short-lived. Over time, if not resolved, the condition may progress to a degeneration of the tendon (Achilles tendinosis), in which the tendon loses its organized structure and is likely to develop microscopic tears. Sometimes the degeneration involves the site where the Achilles tendon attaches to the heel bone. In rare cases, chronic degeneration with or without pain may result in rupture of the tendon.

As "overuse" disorders, Achilles tendonitis and tendinosis are usually caused by a sudden increase of a repetitive activity involving the Achilles tendon. Such activity puts too much stress on the tendon too quickly, leading to micro-injury of the tendon fibers. Due to this ongoing stress on the tendon, the body is unable to repair the injured tissue. The structure of the tendon is then altered, resulting in continued pain.

Symptoms include:

- Pain—aching, stiffness, soreness, or tenderness—within the tendon. This may occur anywhere along the tendon's path, beginning with the tendon's attachment directly above the heel upward to the region just below the calf muscle. Often pain appears upon arising in the morning or after periods of rest, then improves somewhat with motion but later worsens with increased activity.
- Tenderness, or sometimes intense pain, when the sides of the tendon are squeezed. There is less tenderness, however, when pressing directly on the back of the tendon.

When the disorder progresses to degeneration, the tendon may become enlarged and may de-

velop nodules in the area where the tissue is damaged.

Treatment approaches are selected on the basis of how long the injury has been present and the degree of damage to the tendon. In the early stage, when there is sudden inflammation, one or more of the following options may be recommended:

- **Immobilization.** Immobilization may involve the use of a cast or removable walking boot to reduce forces through the Achilles tendon and promote healing.
- **Ice.** To reduce swelling due to inflammation, apply a bag of ice over a thin towel to the affected area for 20 minutes of each waking hour. Do not put ice directly against the skin.
- **Oral medications.** Nonsteroidal anti-inflammatory drugs, such as ibuprofen, may be helpful in reducing the pain and inflammation in the early stage of the condition.
- **Orthotics.** For those with over-pronation or gait abnormalities, custom orthotic devices may be prescribed.
- **Night splints.** Night splints help to maintain a stretch in the Achilles tendon during sleep.
- **Physical therapy.** Physical therapy may include strengthening exercises, soft-tissue massage/mobilization, gait and running re-education, stretching, and ultrasound therapy.

When is Surgery Needed?

If non-surgical approaches fail to restore the tendon to its normal condition, surgery may be necessary. The foot and ankle surgeon will select the best procedure to repair the tendon, based upon the extent of the injury, the patient's age and activity level, and other factors.

To prevent Achilles tendonitis or tendinosis from recurring after surgical or non-surgical treatment, your NorthPointe Foot & Ankle doctor may recommend strengthening and stretching of the calf muscles through daily exercises.



Stretch to Protect from Foot and Ankle Injury

Stretching is a great way to protect your foot and ankle from injury. Before beginning any exercise regimen, proper stretching is essential. If muscles are properly warmed up, the strain on muscles, tendons, and joints is reduced. Stretching exercises should take 5 to 10 minutes and ought to be conducted in a stretch/hold/relax pattern without any bouncing or pulling.

Some effective stretching exercises to prepare the foot and ankle for exercise include:

- **The wall push-up.** Face a wall from three feet away, with feet flat on the floor and knees locked. Lean into the wall, keeping feet on the floor and hold for 10 seconds as the calf muscle stretches, then relax. Do not bounce. Repeat five times. This exercise is only used to prevent injury. It should not be used to treat an injured tendon.



- **The towel stretch.** Sit with leg extended and drape a towel around the forefoot and pull the foot back toward your head with both your muscles and with the towel. This exercise is safe for both injured and uninjured tendons.

- **The hamstring stretch.** Put your foot, with knee straight and locked, on a chair or table. Keep the other leg straight with knee locked. Lower your head toward the raised knee until the muscles tighten. Hold to a count of 10 then relax. Repeat five times, then switch to the other leg.

- **Lower back stretch.** In a standing position, keep both legs straight, feet spread slightly. Bend over at the waist and attempt to touch the palms of your hands to the floor. Hold the stretch for 10 seconds and repeat 10 times. Do not bounce. Caution not to overstretch an already injured tendon must be observed.

Is It Time for New Diabetic Shoes?

You, or someone you know may have diabetes. If so, February is the perfect time to order new diabetic shoes through the Federal Diabetic Shoe Program. Each year, Medicare will cover the cost of one pair of diabetic shoes and inserts for diabetic patients that qualify.

Why Special Shoes?

It is important for persons with diabetes to have shoes with good air circulation. By ensuring proper fit and good air circulation, properly designed diabetic shoes prevent pressure ulcers, encourage good blood circulation, and allow the skin to breathe.

Shoes are designed in styles for work, exercise, leisure and social activities.

Even diabetic patients without Medicare are strongly encouraged to make an appointment at NorthPointe Foot & Ankle to receive a comprehensive, ten point foot exam. Amputations and serious diabetic foot problems can be prevented with early diagnosis and proper care.



In addition to shoes, the practice offers many items designed specifically for diabetic patients - socks, slippers, lotions, wound care ointment, etc.



Avoid Frostbite!

It is easier to prevent frostbite than to treat it. If you must go out in bitter cold, be prepared.

- Dress appropriately. Light, loose, layered clothing provides both ventilation and insulation. Top your outfit with a water-repellent fabric.
- Protect your head, hands and feet. Mittens are warmer than gloves, and two pair of socks (wool over lightweight cotton) will help keep your feet warm.
- Don't drink or smoke before going out into the cold. Alcohol, caffeine and nicotine leave the skin more prone to thermal injury.
- If you get wet, get inside! Remove wet clothing as quickly as possible.
- Check yourself every half-hour or so for signs of frostbite. If your toes, fingers, ears or other body parts feel numb, get inside.

If you believe you have frostbite, keep these things in mind:

- Get into a warm room as soon as possible.
- Call for medical assistance.
- Avoid walking on frostbitten feet, and elevate them slightly.
- Take off any wet or restrictive clothing.
- Immerse the area in warm water (NOT HOT water) for at least 30 to 45 minutes, or until the affected part feels warm and sensation returns.
- Leave blisters intact, and cover them with a sterile or clean cloth.

