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MEET OUR TEAM

Venita Favors

Many of you already know this smiling face! Venita Favors is one of NorthPointe's Medical Assistants. She has been with the practice for over four years. Assisting our doctors with patient care is her priority.



Venita is often the first person that meets you in the exam room. She records your basic information and makes sure that you are comfortable and ready to meet with the doctor. She then follows the doctor's direction in getting you taken care of and on your way.

When not at the office, Venita is busy at home taking care of her two children Jordan and Kaiya.

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NorthPointe News



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Pediatric Heel Pain

Heel pain is a common childhood complaint. That doesn't mean, however, that it should be ignored, or that parents should wait to see if it will "go away." Heel pain is a symptom, not a disease. In other words, heel pain is a warning sign that a child has a condition that deserves attention. Heel pain problems in children are often associated with these signs and symptoms:

- Pain in the back or bottom of the heel
- Limping
- Walking on toes
- Difficulty participating in usual activities or sports.



The most common cause of pediatric heel pain is a disorder called calcaneal apophysitis which usually affects 8 to 14 year-olds. However, pediatric heel pain may be the sign of many other problems, and can occur at younger or older ages.

Causes of Pediatric Heel Pain

Conditions that cause pediatric heel pain include:

- **Calcaneal apophysitis.** Also known as Sever's disease, this is the most common. It is an inflammation of the heel's growth plate due to muscle strain and repetitive stress, especially in those who are active or obese. This condition usually causes pain and tenderness in the back and bottom of the heel when walking, and the heel is painful when touched.
- **Tendo-Achilles bursitis.** This condition is an inflammation of the fluid-filled sac (bursa) located between the Achilles tendon and the heel bone. This can result from injuries to the heel, certain diseases (such as juvenile rheumatoid arthritis), or wearing poorly cushioned shoes.
- **Overuse syndromes.** Because the heel's growth plate is sensitive to repeated running and pounding on hard surfaces, pediatric heel pain often reflects overuse. Children involved in soccer, track, or basketball are especially vulnerable. Two common overuse syndromes are Achilles tendinitis and plantar fasciitis.
- **Fractures.** Sometimes heel pain is caused by a break in the bone. *Stress fractures* - hair-line breaks resulting from repeated stress on the bone - often occur in adolescents en-

gaged in athletics, especially when the intensity of training suddenly changes. Another type of break - *acute fractures* - can result from simply jumping 2 or 3 feet from a couch or stairway.

Treatment Options

The treatment selected depends upon the diagnosis and the severity of the pain. For mild heel pain, treatment options include:

- **Reduce activity.** The child needs to reduce or stop any activity that causes pain.
- **Cushion the heel.** Temporary shoe inserts are useful in softening the impact on the heel when walking, running, and standing.

For moderate heel pain, in addition to reducing activity and cushioning the heel, the podiatric surgeon may use one or more of these treatment options:

- **Medications.** Nonsteroidal antiinflammatory drugs (NSAIDs), such as ibuprofen, help reduce pain and inflammation.
- **Physical therapy.** Stretching or physical therapy modalities are sometimes used to promote healing of the inflamed tissue.
- **Orthotic devices.** Custom orthotic devices help support the foot properly.

For severe heel pain, more aggressive treatment options may be necessary, including:

- **Immobilization.** Some patients need to use crutches to avoid all weight-bearing on the affected foot. In severe cases of heel pain, the child may be placed in a cast to promote healing while keeping the foot and ankle totally immobile.
- **Follow-up measures.** After immobilization or casting, follow-up care often includes use of custom orthotic devices, physical therapy, or strapping.
- **Surgery.** There are some instances when surgery may be required to lengthen the tendon or correct other problems.

Can Pediatric Heel Pain Be Prevented?

The chances of a child developing heel pain can be reduced by following these recommendations:

- Avoid obesity
- Choose well-constructed, supportive shoes that are appropriate for the child's activity
- Avoid, or limit, wearing cleated athletic shoes.
- Avoid activity beyond a child's ability



Pediatric Flatfoot

Flatfoot is common in both children and adults. When this deformity occurs in children, it is referred to as “pediatric flatfoot.” Although there are various forms of flatfoot, they all share one characteristic – partial or total collapse of the arch.

Pediatric flatfoot can be classified as symptomatic or asymptomatic. Symptomatic flat-foot exhibit symptoms such as pain and limitation of activity, while asymptomatic flatfeet show no symptoms. These classifications can assist your foot and ankle surgeon in determining an appropriate treatment plan.

Symptoms

Flatfoot can be apparent at birth or it may not show up until years later. Most children with flatfoot have no symptoms, but some have one or more of the following symptoms:

- Pain, tenderness, or cramping in the foot, leg, and knee
- Outward tilting of the heel
- Awkwardness or changes in walking
- Difficulty with shoes
- Reduced energy when participating in physical activities
- Voluntary withdrawal from physical activities



Non-surgical Treatment

If a child has no symptoms, treatment is often not required. Instead, the condition will be observed and re-evaluated periodically by the foot and ankle surgeon. Custom orthotic devices may be considered for some cases of asymptomatic flatfoot.

When the child has symptoms, treatment is required. The foot and ankle surgeon may select one or more of the following non-surgical approaches:

- **Activity modifications.** The child needs to temporarily decrease activities that bring pain as well as avoid prolonged walking or standing.
- **Orthotic devices.** The foot and ankle surgeon can provide custom orthotic devices that fit inside the shoe to support the structure of the foot and improve function.
- **Physical therapy.** Stretching exercises, supervised by the foot and ankle surgeon or a physical therapist, provide relief in some cases of flatfoot.
- **Medications.** Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, may be recommended to help reduce pain and inflammation.
- **Shoe modifications.** The foot and ankle surgeon will advise you on footwear characteristics that are important for the child with flatfoot.

When Is Surgery Needed?

In some cases, surgery is necessary to relieve the symptoms and improve foot function. The surgical procedure or combination of procedures selected for your child will depend on his or her type of flatfoot and degree of deformity.



What Are Orthotics?

Sometimes your feet need extra stabilization or padding to function normally. When your feet are sore or weak, every step can be a challenge. Custom orthotics can help relieve pain in your lower limbs, help with balance issues, and allow you to return to your favorite activities pain free.

Orthotics are special inserts that slip into your footwear to add extra padding or support. Custom insoles are prescription-based support pieces. A doctor, like those here at NorthPointe Foot & Ankle, examines your feet and determines what is causing the problem—a bio-mechanical weakness, a pressure point, or some other injury. Then the doctor measures and makes a mold of your exact foot shape and proper positioning. This helps the trained technicians craft a unique support piece specifically designed to meet your needs and relieve your pain. That support piece not only accommodates your uncomfortable issue, but can help correct it as well.

Is it Time for New Diabetic Shoes?



You, or someone you know may have diabetes. If so, the beginning of the year 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.



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