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MEET OUR TEAM

Sonya Ramey

Sonya Ramey has been an important team member for over 15 years. She not only works as a medical assistant at NorthPointe Foot & Ankle, she is also the office manager for Dr. Schey and Dr. Kissel in their Detroit/Fisher Building office.

In addition to her medical assistant training, Sonya is a licensed phlebotomist and is a certified health unit coordinator.



Sonya is married and is mother to four children ages 3, 5, 7 and 26.

Outside of the offices, she attends classes at Wayne State University on mortuary science.

NorthPointe News



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Peripheral Arterial Disease (P.A.D.)

Commonly referred to as “poor circulation,” Peripheral Arterial Disease (P.A.D.) is the restriction of blood flow in the arteries of the leg. When arteries become narrowed by plaque (the accumulation of cholesterol and other materials on the walls of the arteries), the oxygen-rich blood flowing through the arteries cannot reach the legs and feet.

The presence of P.A.D. may be an indication of more widespread arterial disease in the body that can affect the brain, causing stroke, or the heart, causing a heart attack.

Signs and Symptoms

Most people have no symptoms during the early stages of P.A.D. Often, by the time symptoms are noticed, the arteries are already significantly blocked.

Common symptoms of P.A.D. include:

- Leg pain (cramping) that occurs while walking (intermittent claudication)
- Leg pain (cramping) that occurs while lying down (rest pain)
- Leg numbness or weakness
- Cold legs or feet
- Sores that won't heal on toes, feet, or legs
- A change in leg color
- Loss of hair on the feet and legs
- Changes in toenails—color and thickness

If any of these symptoms are present, it is important to discuss them with your NorthPointe Foot & Ankle podiatrist. Left untreated, P.A.D. can lead to debilitating and limb-threatening consequences.

Risk Factors of P.A.D.

Because only half of those with P.A.D. actually experience symptoms, it is important that people with known risk factors be screened or tested for P.A.D.

The risk factors include:

- Being over age 50
- Smoking (currently or previously)
- Diabetes

- High blood pressure
- High cholesterol
- Personal or family history of P.A.D., heart disease, heart attack, or stroke
- Sedentary lifestyle (infrequent or no exercise)



General Treatment of P.A.D.

Treatment for P.A.D. involves lifestyle changes, medication and, in some cases, surgery.

- Lifestyle changes. These include smoking cessation, regular exercise, and eating a heart-healthy diet:
- Medications. Medicines may be used to improve blood flow, help prevent blood clots, or to control blood pressure, cholesterol, and blood glucose levels:
- Surgery. In some patients, small incision procedures or open surgery of the leg are needed to improve blood flow:

P.A.D. and Foot Problems

Simple foot deformities (hammertoes, bunions, bony prominences) or dermatologic conditions such as ingrown or thickened fungal nails often become more serious concerns when P.A.D. is present. Because the legs and feet of someone with P.A.D. do not have normal blood flow—and because blood is necessary for healing—seemingly small problems such as cuts, blisters, or sores can result in serious complications.

Having both diabetes and P.A.D. further increases the potential for foot complications. People with diabetes often have neuropathy so they don't feel pain when foot problems occur. When neuropathy occurs in people with P.A.D., ulcers can develop over foot deformities and may never heal. For this reason, P.A.D. and diabetes are common causes of foot or leg amputations in the United States.

Once detected, P.A.D. may be corrected, or at least improved. Your NorthPointe Foot & Ankle podiatrist can then correct the underlying foot deformity to prevent future problems should the circulation become seriously restricted again.

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Doctors@NorthPointeFoot.com



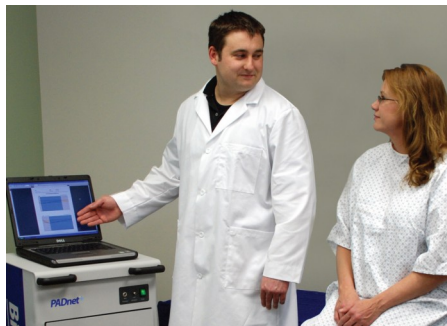
Should You be Tested for P.A.D.?

Peripheral Arterial Disease (P.A.D.) is a serious circulatory problem in which the blood vessels that carry blood to your arms, legs, brain or kidneys, become narrowed or clogged. It affects over 8 million Americans, most over the age of 50. It may result in leg discomfort with walking, poor healing of leg sores/ulcers, difficult to control blood pressure, or symptoms of stroke. People with P.A.D. are at significantly increased risk for stroke and heart attack.

Answers to these questions will determine if you are at risk for P.A.D. and if a vascular exam will help better assess your vascular status.

If you answer “yes” to any of these questions, we urge you to make an appointment with your Northpointe Foot & Ankle doctor today. Testing for P.A.D. is simple, painless and takes only 15—20 minutes. It just might save your life.

1. Do you have foot, calf, buttock, hip or thigh discomfort (aching, fatigue, tingling, cramping or pain) when you walk which is relieved by rest?
 - Yes No
2. Do you experience any pain at rest in your lower leg(s) or feet?
 - Yes No
3. Do you experience foot or toe pain that often disturbs your sleep?
 - Yes No
4. Are your toes or feet pale, discolored, or bluish?
 - Yes No
5. Do you have skin wounds or ulcers on your feet or toes that are slow to heal (8—12 weeks)?
 - Yes No
6. Has your doctor ever told you that you have diminished or absent pedal (foot) pulses?
 - Yes No
7. Have you suffered a severe injury to the leg(s) or feet?
 - Yes No
8. Do you have an infection of the leg(s) or feet that may be gangrenous (black skin tissue)?
 - Yes No



Avoiding P.A.D. Complications

Getting regular foot exams—as well as seeking immediate help when you notice changes in the feet—can keep small problems from worsening. P.A.D. requires ongoing attention.

To avoid complications, people with this disease should follow these precautions:

- Wash your feet daily. Use warm (not hot) water and a mild soap. Dry your feet—including between the toes—gently and well.
- Keep the skin soft. For dry skin, apply a thin coat of lotion that does not contain alcohol. Apply over the top and bottom of your feet, but not between the toes.
- Trim toenails straight across and file the edges. Keep edges rounded to avoid ingrown toenails, which can cause infections.
- Always wear shoes and socks. To avoid cuts and abrasions, never go barefoot—even indoors.
- Choose the right shoes and socks. When buying new shoes, have an expert make sure they fit well. At first, wear them just for a few hours daily to help prevent blisters and examine the feet afterward to check for areas of irritation. Wear seamless socks to avoid getting sores.
- Check your feet—every day. Check all over for sores, cuts, bruises, breaks in the skin, rashes, corns, calluses, blisters, red spots, swelling, ingrown toenails, toenail infections, or pain.

If you develop any of the above problems, seek professional help immediately. Do not try to take care of cuts, sores, or infections yourself.

Arthritis Awareness Month

The month of May has been set aside as National Arthritis Awareness Month. Your Northpointe Foot & Ankle doctor has information to help understand the symptoms and treatments of arthritic feet. There is usually no need to endure years of painful ambulation because of arthritic feet. Most conditions can be diagnosed and treated either conservatively or surgically by a podiatrist. Make an appointment today to discuss your options



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