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NorthPointe News



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MEET OUR TEAM Christy Noble

NorthPointe Foot & Ankle is pleased to welcome Christy Noble to the team! Christy is our new office manager and will oversee the day-to-day operations of the office including staff management, scheduling, insurance verifications and authorizations and assisting doctors and staff as needed.

Christy came to us after 12 years of office support and management at an Oncology office of Beaumont Hospital.



In April, Christy celebrated 22 years of marriage with her husband who she has known since she was 12 years old. They have two children ages 17 and 20.

When not at the office, Christy enjoys gardening, home decorating and scrapbooking.

POSTERIOR TIBIAL TENDON DYSFUNCTION

The posterior tibial tendon serves as one of the major supporting structures of the foot, helping it to function while walking. Posterior tibial tendon dysfunction (PTTD) is a condition caused by changes in the tendon, impairing its ability to support the arch. This results in flattening of the foot.

PTTD is often called “adult acquired flatfoot” because it is the most common type of flatfoot developed during adulthood. Although this condition typically occurs in only one foot, some people may develop it in both feet. PTTD is usually progressive, which means it will keep getting worse, especially if it isn’t treated early.

Overuse of the posterior tibial tendon is often the cause of PTTD. In fact, the symptoms usually occur after activities that involve the tendon, such as running, walking, hiking, or climbing stairs.

The symptoms of PTTD may include pain, swelling, a flattening of the arch, and an inward rolling of the ankle. As the condition progresses, the symptoms will change.

For example, when PTTD initially develops, there is pain on the inside of the foot and ankle (along the course of the tendon). In addition, the area may be red, warm, and swollen.

Later, as the arch begins to flatten, there may still be pain on the inside of the foot and ankle. But at this point, the foot and toes begin to turn outward and the ankle rolls inward.

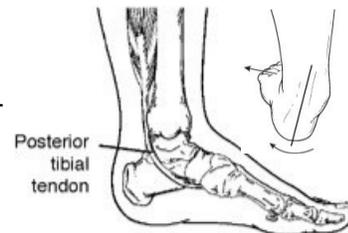
As PTTD becomes more advanced, the arch flattens even more and the pain often shifts to the outside of the foot, below the ankle. The tendon has deteriorated considerably and arthritis often develops in the foot. In more severe cases, arthritis may also develop in the ankle.

Treatment

Because of the progressive nature of PTTD,

early treatment is advised. If treated early enough, your symptoms may resolve without the need for surgery and progression of your condition can be arrested.

In contrast, untreated PTTD could leave you with an extremely flat foot, painful arthritis in



the foot and ankle, and increasing limitations on walking, running, or other activities.

In many cases of PTTD, treatment can begin with non-surgical approaches that may include:

- **Orthotic devices or bracing.** To give your arch the support it needs, your foot and ankle surgeon may provide you with an ankle brace or a custom orthotic device that fits into the shoe.
- **Immobilization.** Sometimes a short-leg cast or boot is worn to immobilize the foot and allow the tendon to heal, or you may need to completely avoid all weight-bearing for a while.
- **Physical therapy.** Ultrasound therapy and exercises may help rehabilitate the tendon and muscle following immobilization.
- **Medications.** Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, help reduce the pain and inflammation.
- **Shoe modifications.** Your foot and ankle surgeon may advise changes to make with your shoes and may provide special Inserts designed to improve arch support.

In cases of PTTD that have progressed substantially or have failed to improve with non-surgical treatment, surgery may be required. For some advanced cases, surgery may be the only option. Your NorthPointe surgeon will determine the best approach for you.

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Doctors@NorthPointeFoot.com

Arthritis and Your Feet

Arthritis is an inflammation and swelling of the cartilage and lining of the joints, generally accompanied by an increase in the fluid in the joints. It is a disabling and occasionally crippling disease afflicting almost 50 million Americans. In some forms, it appears to be hereditary. Although the prevalence of arthritis increases with age, all people from infancy to middle age are potential victims. People over 50 are the primary targets.

The month of May has been set aside as National Arthritis Awareness Month. It is a time to spread the message about prevention methods and treatment of arthritis. NorthPointe Foot & Ankle 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 our NorthPointe podiatrists.

Because each foot has 33 joints that can be afflicted - and there is no way to avoid the tremendous weight-bearing load on the feet - feet are very susceptible to arthritis. Arthritic feet can result in loss of mobility and independence. However, early diagnosis and proper medical care can limit or slow the damage.

Symptoms include: early morning stiffness; limitation in motion of joint; recurring pain or tenderness in any joint; redness or heat in a joint; skin changes, including rashes and growths; and swelling in one or more joints.

Forms of Arthritis

Osteoarthritis is the most common form of arthritis. It is frequently called *degenerative joint disease* or *wear and tear arthritis*. Aging usually brings on a breakdown in cartilage, and pain gets progressively more severe. Dull, throbbing nighttime pain is characteristic, and may be accompanied by muscle weakness or deterioration.

Many of these symptoms can be relieved with rest. Overweight people are particularly susceptible to osteoarthritis. The additional weight contributes to the deterioration of cartilage and the development of bone spurs.

Rheumatoid arthritis is a major crippling disorder and the most serious form of arthritis. It is a complex, chronic inflammatory group of diseases, often affecting more than a dozen smaller joints during its course. In the foot, it frequently affects both ankles and toes.

Posttraumatic Arthritis can develop after an injury to the foot or ankle. Dislocations and fractures—particularly those that damage the joint surface—are the most common injuries that lead to posttraumatic arthritis. Like osteoarthritis, posttraumatic arthritis causes the cartilage between the joints to wear away. It can develop many years after the initial injury.

Arthritis treatments include: physical therapy and exercise; anti-inflammatory medication and/or steroid injections into the affected joint; orthotics or specially prescribed shoes; and joint replacement



Thank you for the new Tot Lot Swing!!

Last August, donations were accepted at the NorthPointe Foot & Ankle office to help the Friends of Berkley Parks & Recreation purchase a special swing that accommodates children with disabilities. The new swing is now up and in service at Berkley's Kiwanis Tot Lot Park. We would like to thank all of the patients, and staff that gave to help make this purchase happen!

Exercise and Arthritis

Exercise is crucial for people with arthritis. It increases strength and flexibility, reduces joint pain, and helps combat fatigue. When arthritis threatens to immobilize you, exercise keeps you moving. Follow this advice for walking safely.

Before you get walking, a series of loosening-up exercises will help alleviate any muscle stiffness or pulled muscles that may be ahead of you. Take five deep breaths for each slow stretch and hold the stretched muscle firm without bouncing. After every walk, stretch again to improve circulation and decrease buildup of lactic acid, the chemical byproduct that causes muscles to ache.

Setting appropriate goals is vital to a successful walking program. First, make walking



ing a habit. Start slowly, with five or ten-minute walks three to five times a week. As walks get longer, their frequency can be adjusted.

Before you know it, you'll be making time for weekly walks wherever you are. But don't overdo it. Starting too quickly and getting injured or uncomfortably sore may decrease your enthusiasm before walking has had a chance to work its magic on your mind and body.

Start your walks slowly, and gradually work up to a brisk speed that will cover a mile in 15 minutes (that's four miles per hour). Measure a one-mile stretch, record your time, and see how you improve as the weeks go by.

To get significant benefits from walking, you must eventually be able to walk 20 minutes at a brisk pace without stopping. Walks shouldn't last more than an hour. Calculate your week's total walking time in minutes, then try to increase it by 10 percent each week. A starting regimen should involve walking at least three times per week, but never exceeding five times a week. Walking every day denies the body the rest time it needs to repair minor injuries and could lead to more serious ones.