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# NorthPointe News



Foot & Ankle Special  
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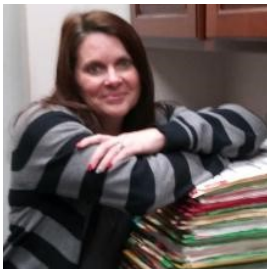


Lee Hoffman, DPM  
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## MEET OUR TEAM Leslie Pitlanish

NorthPointe Foot & Ankle is pleased to introduce a new office receptionist, Leslie Pitlanish.

Leslie has been working in the medical field for 10 years. Prior to her medical career, she was an elementary school teacher.



While at the office, you will find her at our front desk to greet you and to sign you in and out.

She is instrumental in keeping your records up to date. Leslie will also assist you with foot care product purchases.

Over the phone, she is responsible for scheduling appointments and answering general questions of callers.

Leslie, her husband and four children (two boys and two girls), live in Berkley. The family loves to travel and to go to movies.

Leslie is looking forward to meeting the wonderful NorthPointe patients!

## SEVER'S DISEASE IN CHILDREN

Calcaneal apophysitis is a painful inflammation of the heel's growth plate. It typically affects children between the ages of 8 and 14 years old, because the heel bone is not fully developed until at least age 14. Until then, new bone is forming at the growth plate, a weak area located at the back of the heel. When there is too much repetitive stress on the growth plate, inflammation can develop.

Calcaneal apophysitis is also called Sever's disease, although it is not a true "disease." It is the most common cause of heel pain in children, and can occur in one or both feet.

Heel pain in children differs from the most common type of heel pain experienced by adults. While heel pain in adults usually subsides after a period of walking, pediatric heel pain generally doesn't improve in this manner. In fact, walking typically makes the pain worse.

Overuse and stress on the heel bone through participation in sports is a major cause of calcaneal apophysitis. The heel's growth plate is sensitive to repeated running and pounding on hard surfaces, resulting in muscle strain and inflamed tissue. For this reason, children and adolescents involved in soccer, track, or basketball are especially vulnerable. Other potential causes of calcaneal apophysitis include obesity, a tight Achilles tendon, and biomechanical problems such as flatfoot or a high-arched foot.

Symptoms of calcaneal apophysitis may include:

- Pain in the back or bottom of the heel
- Limping
- Walking on toes
- Difficulty running, jumping, or participating in usual activities or sports
- Pain when the sides of the heel are squeezed

### Treatment

Your NorthPointe Foot & Ankle surgeon may select one or more of the following options to treat calcaneal apophysitis:

- **Reduce activity.** The child needs to reduce or stop any activity that causes pain.
- **Support the heel.** Temporary shoe inserts or custom orthotic devices may provide support for the heel.
- **Medications.** Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, help reduce the pain and inflammation.
- **Physical therapy.** Stretching or physical therapy modalities are sometimes used to promote healing of the inflamed issue.
- **Immobilization.** In some severe cases of pediatric heel pain, a cast may be used to promote healing while keeping the foot and ankle totally immobile.



Often heel pain in children returns after it has been treated because the heel bone is still growing. Recurrence of heel pain may be a sign of calcaneal apophysitis, or it may indicate a different problem. If your child has a repeat bout of heel pain, be sure to make an appointment with your NorthPointe doctor.

### Prevention

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

- Avoiding obesity
- Choosing well-constructed, supportive shoes that are appropriate for the child's activity
- Avoiding or limiting wearing of cleated athletic shoes
- Avoiding activity beyond a child's ability.

To receive our monthly newsletter, send your email address to:  
[NorthPointe@FootandAnkleSEMI.com](mailto:NorthPointe@FootandAnkleSEMI.com)

# Avoid Frostbite

Frostbite is a serious tissue destroying disorder. It is something that is not often anticipated in relatively mild winter temperatures. The doctors of NorthPointe Foot & Ankle encourage everyone to stay alert and take precautions to avoid the unnecessary distress of frostbite.

Frostbite can occur in as little as 30 minutes even in temperatures from 30 °F – 40 °F as depicted by the National Weather Service Wind Chill Chart (see below). Persons with diabetes or poor circulation are more prone to develop frostbite, and may do so at warmer temperatures than others. They should take particular care to prevent exposure to cold and wind during winter months.

When you're out in the cold, your body works hard to stay warm by altering blood flow toward your heart and lungs. This leaves your extremities – arms, legs and feet – vulnerable to cold injury, especially toes and fingers.

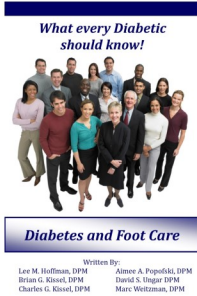
Depending on the severity of the exposure, frostbite can affect the skin or underlying tissue. In most cases the area becomes numb and feels frozen. Skin will appear waxy, white or grayish. Any exposure should be evaluated and treated by a physician.

Avoiding frostbite is easier than treating it. If you must go out in the cold, be prepared.

- Dress in light, loose, layered clothing for ventilation and insulation. Water-repellent fabric is a good overlay.
- Make sure that your head, hands and feet are properly covered. Mittens are warmer than gloves, and ski sock liners are a way to keep feet warmer without adding bulk. Liners are worn under regular socks. 100% polyester, or wool fiber, socks will keep feet warmer and drier.
- Avoid alcohol, caffeine and nicotine prior to, and while, you are outside. These things leave the skin more prone to thermal injury.
- If you get wet, remove wet clothing as quickly as possible and get to a warm location.
- 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, there are some things you can do right away. However, medical assistance should still be sought as soon as possible.

- Again, remove wet clothing as quickly as possible and get to a warm location. Do not expose the area to cold again.
- Avoid rubbing the area and warming by dry heat such as a fire, radiator or heating pad. The affected area is numb and is vulnerable to burns.
- Soak the affected area in WARM water for about 30 to 45 minutes. This may cause pain, swelling and the skin's color may change. Keep in the water until the area feels warm and feeling returns.
- Warm up the rest of the body by drinking a warm drink or broth.
- If blisters appear – DO NOT OPEN THEM. Cover with a clean cloth and seek medical attention.
- Do not walk on frostbitten feet. Keeping the foot elevated will also help.



## Diabetes and Foot Care

The doctors of NorthPointe Foot & Ankle have written a book designed to give persons with diabetes the information they need to maintain the health of their feet and ankles.

Read *Diabetes and Foot Care* to receive information on:

- Tops of toes that are red, sore and calloused
- Buckled toes
- A sore on a foot that isn't healing
- And more...

The book is **free** to those wishing to find out more about diabetes and foot concerns. Visit our office to receive a copy.

### NATIONAL WEATHER SERVICE WIND CHILL CHART

		Temperature (°F)																	
		40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
Wind (mph)	Calm	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
	5	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
	10	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
	15	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
	20	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
	25	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
	30	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
	35	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
	40	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
45	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95	
50	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97	
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97	
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98	

■ Frostbite Times   
■ 30 minutes   
■ 10 minutes   
■ 5 minutes

**Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V<sup>0.16</sup>) + 0.4275T(V<sup>0.16</sup>)**  
 Where, T= Air Temperature (°F) V= Wind Speed (mph)      *Effective 11/01/01*