



Celebrating our 40-year Anniversary!

\*Gary M. Lepow, D.P.M., M.S.

\*Randal M. Lepow, D.P.M.

Brian D. Lepow, D.P.M.

\*Diplomates, American Board of Podiatric Surgery

Fall 2013

Lepow Podiatric Medical Associates

OFFICE LOCATIONS

Lepow Podiatric Medical Associates has five locations throughout Greater Houston, and our office hours are 8:30 a.m.-5:30 p.m.

Medical Center

St. Luke's Medical Tower 6624 Fannin, Suite 1690 Houston, Texas 77030 (713) 790-0530

Downtown

Medical Place One Building 1315 St. Joseph Parkway Suite 930 Houston, Texas 77002 (713) 951-5000

Kingwood

Diagnostic Affiliates Building 22751 Professional Drive Suite 240 Kingwood, Texas 77339 (281) 348-3338

Southwest

Memorial Hermann Southwest Professional Building 7777 SW Freeway #322 Houston, Texas 77074 (713) 772-9700

Spring

6225 FM 2920, Suite 100 Spring, Texas 77379 (281) 257-5554

Lepow Podiatric Medical Associates (LPMA) is pleased to announce staffing updates within our group

We currently have offices located in the Texas Medical Center at the O'Quinn Medical Towers—St. Luke's/CHI Hospital, 6624 Fannin STE 1690, 713-790-0530; in Downtown Houston at St. Joseph Hospital Medical Place 1, 1315 St. Joseph Parkway STE 930, 713-951-5000; Kingwood Texas at Kingwood Hospital Diagnostic Affiliates Professional Building adjacent to the H.C.A., 22751 Professional Drive STE 240, 281-348-3338; Southwest Houston at Memorial Hermann Hospital Southwest Medical Professional Building 1, 7777 Southwest Freeway STE 322, 713-772-9700; and in Spring Texas at 6225 FM 2920 STE 240, 281-257-5554.

In addition to the above LPMA practice locations, Dr. Randal Lepow and Dr. Brian Lepow see patients at University General Hospital Wound Care and Hyperbaric Center, and Dr. Brian also sees patients at UT/Memorial Hermann Hospital Wound Care and Hyperbaric Center.

About our doctors

Dr. Ronald S. Lepow is retiring from the practice. We would like to thank him for his many years of service with LPMA.

Dr. Gary M. Lepow was recently elected to the board of directors of Gateway to Care (GTC). GTC trains individuals to become certified healthcare workers and provides navigation services to assist underinsured or uninsured individuals to obtain healthcare. Dr. Gary has a long history in public health, having attended the University of Texas School of Public Health and is the founder and director of podiatric services at Harris Health—formerly Harris County Hospital District, ambulatory/podiatry services, including community health centers and the new Smith Clinic. Dr. Gary is a Clinical Associate Professor at both Baylor College of Medicine and University of Texas Medical School, and maintains private practice with LPMA at the St. Luke's office location, where he teaches students and residents.

He has special interest in reconstruction of the foot and ankle, and developing new surgical implants and technologies to improve patient outcomes. Dr. Gary actively publishes in peer-review medical journals as well as frequently lecturing at continuing medical education programs throughout the United States. His objective is to offer procedures with both proven and new technologies, including endoscopic and arthroscopic procedures, thus minimizing excess scarring, allowing patients to return to shoes, exercise, and work in shorter periods of time.

Dr. Randal Lepow has been in practice with LPMA for approximately 30 years. Dr. Randy is board certified in foot and ankle surgery by the American Board of Podiatric Surgery. During his career, he has held many positions on hospital and outpatient surgical center committees. He has developed and directed three Podiatric Surgical Residency programs in Houston dating back to 1992. He was the founder and medical director of Home Foot Care, which provided foot care by a podiatrist to those patients who were homebound. In early 2000, Dr. Randal noted that there had been a significant increase in patients presenting to the office with diabetic wounds and foot infections who were not receiving adequate treatment. He also noticed that the greater Houston area did not have a comprehensive facility and coordinated a team of medical specialists to treat these individuals. He worked with St. Joseph's Medical Center to help develop a comprehensive outpatient wound care and hyperbaric center. He also assisted in the development of a "state-of-the-art" outpatient wound care and hyperbaric center at University General Hospital in the Texas Medical Center. Dr. Randal became certified in wound care in 2012. He states that after 30 years of practice, he still loves the practice of podiatric medicine and surgery. Few people can make

(continued on back page)

Thank you for all your referrals.

We appreciate them!

# Foot pain may be an early sign of osteoporosis

Osteoporosis is a disease that leads to low bone mass and bone tissue deterioration, making bones weaker and more susceptible to fractures. In its early stages, osteoporosis is often a “silent thief,” not displaying any symptoms. In fact, the first outward sign of the disease may be unexplained stress fractures in the feet.

A study conducted at Ohio State University involved test subjects of all ages, body types, and sizes who had experienced bone fractures of the feet. The study found that a whopping 90 percent of the subjects had early or clinical signs of osteoporosis.

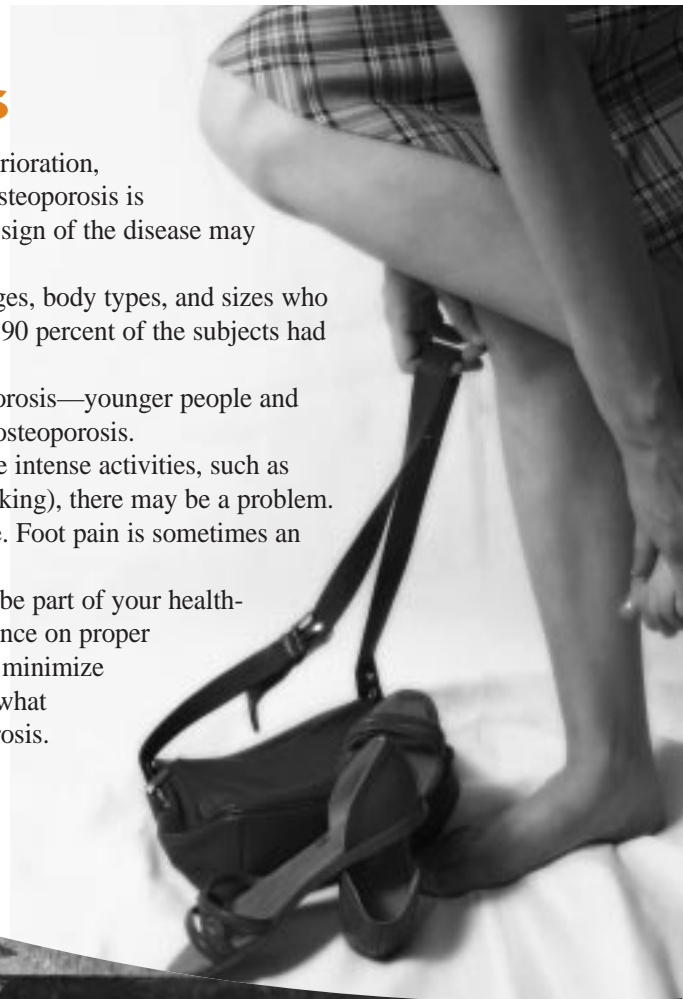
This shows that even those groups considered to be at low risk for osteoporosis—younger people and males—should not ignore foot pain and the potential early warning signs of osteoporosis.

Anyone can occasionally develop a stress fracture in their feet due to more intense activities, such as running, but when they occur from low-impact, everyday activities (e.g., walking), there may be a problem.

If you are experiencing foot pain, schedule an appointment with our office. Foot pain is sometimes an indicator of a systemic disease.

If you have already been diagnosed with osteoporosis, a podiatrist should be part of your health-care team. We will work in coordination with your family doctor, offer guidance on proper footwear, and may recommend orthotics to give you the support you need to minimize the risk of bone-breaking falls. We can also advise you on exercise as far as what your feet can handle; exercise is an important element in combating osteoporosis.

Don't ignore foot pain. You do so at your own peril.



## Crush injuries need urgent care

A crush injury to the foot involves compression of the foot between two hard surfaces, leading to traumatic injury to soft tissue and bone. It's a condition fraught with danger.

Lacerations and fractures obviously have to be tended to, but oftentimes the most worrisome complication of a crush injury is *compartment syndrome*. Muscle and other soft tissue are covered by a lining of fascia—connective tissue that provides support and stability. Swelling caused by a crush injury can compress nerves and arteries against the fascia, interfering with blood flow and causing more intense pain.

With compartment syndrome, parts of the foot that don't receive proper blood flow begin to die—quickly. Damaged nerves can cause long-term pain. Symptoms of compartment syndrome include pain, swelling, and discoloration in the leg; tingling in the leg; and coldness in the leg or foot.

Another concern is a condition called *rhabdomyolysis*. Injured tissue may release by-products into the bloodstream that can hamper kidney function and even cause kidney failure, a life-threatening development.

We will assess nerve and vascular (blood vessel) damage; measure compartment pressure; stabilize any fractures; institute antibiotic treatments for open wounds (sometimes intravenously); and possibly do a surgical procedure to “release” the fascia to reduce pressure. Foot immobilization and physical therapy may be prescribed. Follow-up care is vital.

Just because you lack an open fracture or laceration doesn't mean you should try to tough it out. Call us *immediately* if you incur a crush injury to the foot to best prevent lifelong consequences.

# Monofilament test for diabetic patients

A major complication of diabetes is diabetic peripheral neuropathy, a condition in which the nerves of the lower extremities are damaged, rendering a person unable to adequately sense pain and temperature changes.

This loss of protective sensation enables small injuries to go undetected and transform into bigger ones—namely, foot ulcers. Foot ulcers can lead to infection, amputation, and even death. Healing foot ulcers is a difficult battle; their recurrence rate is high, too. Prevention is your best strategy.

One of the tools we use to detect the presence of neuropathy is the monofilament test. The monofilament device has a plastic grip that holds a heavy nylon monofilament which is calibrated to a specific stiffness. While the patient's eyes are closed, this monofilament is pressed against various points on the foot. If the patient can't feel the monofilament, their sensation may be substandard. This is often an indication of peripheral neuropathy, a precursor to foot ulceration.

The monofilament test is simple, inexpensive, and pain-free, and will be conducted in coordination with at least one other sensitivity test to obtain a more thorough evaluation.

According to the American Diabetes Association, over half of those with diabetes will develop peripheral neuropathy, and up to 25 percent will develop a foot ulcer. Daily self-checks of the feet and regularly scheduled foot exams (at least once a year) at our office are critical to your well-being.

## *The heel spur, plantar fascia* **CONNECTION**

When the heel bone is subjected to unnatural rubbing, stress, or pressure for a long period of time, the body tries to remedy the situation by growing additional bone at the affected area. This extra bone is called a heel spur. A heel spur alone may not be the cause of pain; rather, it often works in tandem with other conditions.

The chief "other condition" is plantar fasciitis. The plantar fascia is the long band of fibrous tissue that extends from the heel to the forefoot, supporting the inside arch. When the plantar fascia is under duress, such as when a person has flat feet or a tight plantar fascia, it constantly pulls on the heel bone, eventually causing small tears in the fascia that produce pain and inflammation and prompt the body to grow extra bone—the aforementioned heel spur.

Other factors involved in the formation of plantar fasciitis and heel spurs are obesity, which elevates the pressure on ligaments, tendons, and bones of the foot; overuse of the plantar fascia; and poorly fitting shoes (especially high heels).

When treatment of heel spurs is necessary, conservative measures attacking the *causes* include shedding excess weight, stretching, ultrasound, and deep tissue massage. Countering the *symptoms* may encompass rest, icing, anti-inflammatory drugs, proper footwear, shoe inserts, a heel cup, or an orthotic. Corticosteroid injections to relieve pain and inflammation, and surgery, are options in more severe cases.



## **When a bursa becomes inflamed**

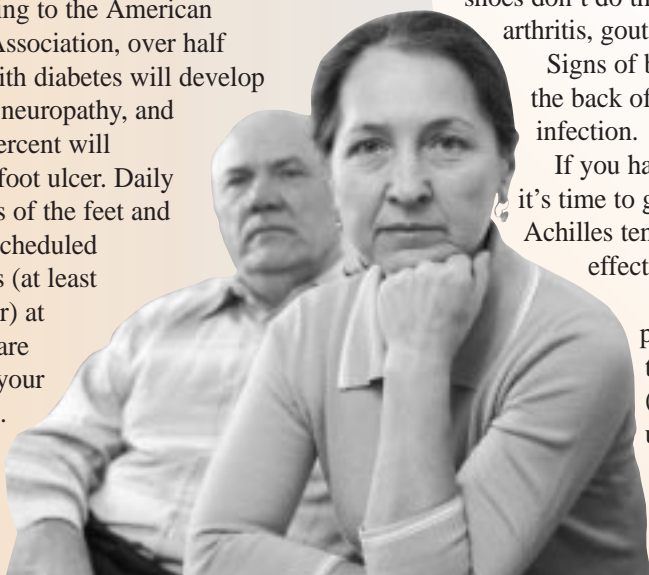
A bursa is a fluid-filled sac that is situated between a tendon and bone. It serves as a cushion and shock absorber, and reduces friction, enabling the tendon to glide smoothly over the bone. A notable bursa is positioned at the Achilles tendon: the retrocalcaneal bursa.

Bursitis is irritation and inflammation of the bursa, which causes discomfort. Everyday activities like walking, done extensively, can trigger it, as well as any repetitive motion. Exercising on uneven surfaces or intensifying physical activities too suddenly may lead to bursitis, too. A direct blow to the heel and poorly fitting shoes don't do the bursa any favors. Medical problems such as rheumatoid arthritis, gout, and osteoarthritis make a person more susceptible as well.

Signs of bursitis include ankle stiffness; pain, tenderness, and swelling at the back of the ankle/heel; and possibly warmth and redness if there's an infection.

If you have ankle/heel pain that lasts for a couple of days without letup, it's time to give us a call. Many of the symptoms of bursitis overlap with Achilles tendonitis; it's important to get a proper diagnosis for the most effective treatment.

Conservative treatment includes abstaining from activities that produce pain; RICE (Rest, Ice, Compression, and Elevation); and the use of nonsteroidal anti-inflammatory drugs, or NSAIDs (e.g., ibuprofen, naproxen, aspirin, etc.). A heel cup may be utilized to relieve pressure, and if there's an infection, we will prescribe an antibiotic. Most cases of bursitis resolve in 2–6 weeks. Stubborn cases may call for the heavy artillery: a cortisone injection.





From the offices of  
**Lepow Foot & Ankle Specialists**

**Gary M. Lepow, D.P.M., M.S.**

**Randal M. Lepow, D.P.M.**

**Brian D. Lepow, D.P.M.**

**Days & Hours**

|        |                     |
|--------|---------------------|
| Mon.   | 8:30 a.m.-5:30 p.m. |
| Tues.  | 8:30 a.m.-5:30 p.m. |
| Wed.   | 8:30 a.m.-5:30 p.m. |
| Thurs. | 8:30 a.m.-5:30 p.m. |
| Fri.   | 8:30 a.m.-5:30 p.m. |

**Please visit our website!**

[www.LepowFoot.com](http://www.LepowFoot.com)

*When you visit our website, you'll be able to access important information about our practice, our services, and foot-health information.*

*Thank you for putting your faith and trust in us to improve and maintain your foot and ankle health, and for referring others to us.*

*Your referrals are indeed a high compliment and something we take very seriously. It's the prime reason we are able to grow.*



*"Commitment to the health of our patients and community is the cornerstone of our medical practice. We believe that the care and concern for others enhances the quality of life for everyone."*

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The information included in this newsletter is not intended as a substitute for professional podiatric advice. For your specific situation, please consult the appropriate health-care professional.

**LPMA staffing updates...** *(continued from front)*

such a statement, and he plans on continuing to provide quality care for many years to come.

**Dr. Brian Lepow** is the newest member of LPMA, joining the group in 2011. He is the son of Dr. Gary and nephew of Dr. Randal. He completed training that included a comprehensive surgical residency program at the Mount Sinai Hospital in New York, where he served as chief resident. He was then accepted into a fellowship program at the University of Arizona Medical Center, training in diabetic limb salvage and reconstructive surgery, where he also held an academic appointment at the University of Arizona College of Medicine. Dr. Brian works at many of the LPMA office locations, including dedicating time to the community clinics, which are a part of the Harris Health System. Dr. Brian is actively involved in research and the development of new technologies that assess blood flow to the lower extremities. He is also working on developing a multi-specialty approach towards wound care and amputation prevention at the UT/Memorial Hermann Hospital Wound Care and Hyperbaric Center. Dr. Brian was recently appointed as Clinical Assistant Professor at the University of Texas Medical School and serves as president of the Harris County Podiatric Medical Society. He holds many hospital affiliations throughout the Houston area and in addition to treating all conditions of the foot and ankle, continues to pursue his interest in diabetic limb salvage and amputation prevention.

**About our practice**

We treat a wide range of patients and conditions, including newborns and young children, from correction of congenital abnormalities such as flat feet and intoeing, to infected ingrown toenails, warts, athlete foot infections, and various sports-related injuries. Treatment for our elderly patients includes routine cutting of thick, painful toenails, corns, calluses, and use of in-shoe custom orthotics and bracing for various conditions, including chronic instability.

Our doctors routinely perform in-office procedures, including correction of ingrown toenails and treatment of fungal toenails.



**Lepow Foot & Ankle Specialists**

6624 Fannin, Suite 1690  
Houston, TX 77030

All of our offices provide immediate X-rays on-site, dispensing of medical equipment and custom molded inserts, as well as perform comprehensive diabetic foot evaluations, which include the dispensing of diabetic shoes.

All doctors at LPMA maintain active hospital privileges at most of the top-ranked hospitals in and around the Houston area. Most of our elective surgical procedures are performed on an outpatient basis. We specialize in the surgical correction of congenital and adult deformities, including but not limited to bunions, hammertoes, bone spurs, plantar fasciitis, nerve conditions (including neuromas), revision surgery of previous foot and ankle surgery, and endoscopic and arthroscopic procedures.

Our offices offer bilingual staff and are open Monday through Friday from 8:30 a.m. to 5:30 p.m., with night and weekend emergency call coverage available.

Please visit our website at [Lepowfoot.com](http://Lepowfoot.com) or our Facebook page for more information or to make an appointment with one of our doctors.