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**Lepow Podiatric
Medical Associates**

OFFICE LOCATIONS

Lepow Podiatric Medical Associates has four 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 1
7777 SW Freeway #322
Houston, Texas 77074
(713) 772-9700

***Thank you for all
your referrals.
We appreciate them!***

***New treatment for acute and chronic
foot and ankle conditions***

Lepow Podiatric Medical Associates (LPMA) is now offering the use of amniotic tissue to treat pain, inflammation, and scar-tissue formation associated with foot and ankle conditions.

Amniotic tissue is advantageous because it contains the cells, proteins, and components essential for generating all of the body's various organs, tissues, cartilage, and bone. Use of amniotic tissue has expanded with improved methods of sterilization, processing, and storage.

The inner lining of the placenta, called the amniotic membrane, protects fetal tissues during growth and the development process. Amniotic tissue is safe for patients because it is considered immune-privileged, and has been shown not to cause an immune response from patients. Each donor is prescreened and tested for infectious disease transmission. Donor screening is performed in accordance with strict guidelines from the FDA.

Fetal membranes are known for their unique composition and ability to promote epithelialization. Fetal membranes contain high levels of type III and type IV collagen. Type III collagen promotes early wound healing and is important for wound regeneration.

There are several common conditions that LPMA physicians have determined are appropriate for treatment with amniotic tissue. These conditions include plantar fasciitis; tendinitis; peripheral nerve injuries; nonhealing wounds, including diabetic ulcers; and to enhance bone and cartilage healing. Typically, these painful conditions are treated for weeks, months, and sometimes years with immobilization, anti-inflammatory medications, physical therapy, and surgical procedures. When other therapies have failed, we now offer treatment utilizing amniotic tissue in our offices during a regular office visit or in an outpatient surgical setting.

Find out if your condition is appropriate for use of fetal tissues by contacting any of our offices for an appointment.



***We now offer treatment
utilizing amniotic tissue
in our offices during
a regular office visit
or in an outpatient
surgical setting.***

CORNER

HISTORY

Weapons of war

High heels are objects of fashion and sex appeal worn mainly by women. They're not much use for anything else; they certainly aren't practical or comfortable. But history shows that high heels enabled an empire to expand...and they were worn by men.

Two paintings from the late 1500s, now housed in a London museum, give insight into the origins of high heels in Western society. The paintings portray Persian warriors on horseback who were wearing them. The idea was that the heels fit snugly in the stirrups, which enabled riders to stand up while riding in order to shoot their bows and arrows with increased stability and efficiency.

The close of the 16th century saw the Persian Empire on the rise and seeking to expand their territory. Persia sought the help of European powers in defeating the Ottomans to cement their control of trade routes in the Persian Gulf. Persian diplomats visiting Europe sparked an interest in Persian styles and customs, which included high-heeled riding shoes. High heels soon became a symbol of power and fashion for male, European aristocrats.

In the 1630s, there was a trend of European women adopting male fashion styles—for example, cutting their hair short, smoking pipes, and...wearing high heels. It wasn't long after that men's fashion focused more on practicality, leaving high heels the domain of mostly women. And they've been waging war on women's feet ever since.



Ankles and feet a target of rheumatoid arthritis

Rheumatoid arthritis (RA) is an autoimmune disease that attacks multiple joints throughout the body. RA causes an overactivity of the synovium—the lining of the joints that serves to lubricate and cushion them, and provides nutrients and oxygen to cartilage. The resulting swelling and inflammation weaken joints and their supporting structures. Bones of the joint may also soften, producing stress fractures and ultimately a collapse of the bones. The tangible effects will be pain, swelling, stiffness, and deformity.

Over 90 percent of people with RA will eventually develop symptoms in the feet and ankles (generally in both feet and/or both ankles, affecting the same joints). For approximately 20 percent of RA patients, foot and ankle symptoms are the first indicators of the disease.

RA, whose exact cause is unknown, cannot be cured, but various treatments can keep it in check. Conservative options include prescription medication, ice, rest, orthotics, lace-up ankle braces, exercise and stretching, and occasionally steroid injections. Surgical remedies include fusion surgery for the big-toe joint, the midfoot, heel, or ankle. Fusion surgery will result in diminished motion in the joint, but the joint will remain functional and pain will be alleviated. Total ankle replacement may be an option as well. RA is best monitored and treated by a team of healthcare professionals.

Persistent foot or ankle pain should never be ignored. Schedule an appointment with our office today.

A coalition you don't want to join

Tarsal coalition is an inherited type of rigid flatfoot marked by the abnormal connection of two or more tarsal bones, which are located in the midfoot and hindfoot. Although a person is born with the condition, genetically speaking, the bones don't usually join together until sometime between ages 8 and 16. Roughly half of cases involve both feet.

The good news is that only one-quarter of youngsters with tarsal coalition have any problems with it. That could change later in life, however. For those affected, symptoms may include mild to severe pain while walking or standing, fatigued legs, muscle spasms, and stiffness in the foot or ankle.

X-rays and possibly a CT scan or MRI may be ordered to diagnose tarsal coalition. Conservative treatment methods are

highly successful for mild cases and consist of rest, activity modification, anti-inflammatory medications, orthotics, a temporary boot or cast, and/or steroid injections.

If conservative treatment fails to alleviate pain or improve function, surgery may be necessary. Surgery may involve removing the coalition and replacing it with fatty tissue or muscle from another part of the body to maintain range of motion and alleviate pain, or fusion in more severe circumstances to limit joint movement and reposition the bones to ease pain.

Don't suffer with foot or ankle pain. Schedule an appointment with our office instead.

Don't lose a limb to diabetes

A diabetic foot ulcer is an open wound or sore commonly located on the bottom of the foot. Here are a couple of sobering facts: Fourteen to 24 percent of diabetes patients who develop foot ulcers will eventually require a foot amputation. Fifty percent of those who lose one foot (or part of one) will lose the other within five years.

Improperly managed diabetes can eventually harm the nerves of the feet (peripheral neuropathy), diminishing one's ability to feel pain or changes in temperature, and enabling wounds to develop unnoticed. Damage to nerves that control foot moisture may lead to dry skin, resulting in cracks for bacteria to pour through, and paralysis of small muscles could end up spurring foot deformities that create increased friction.

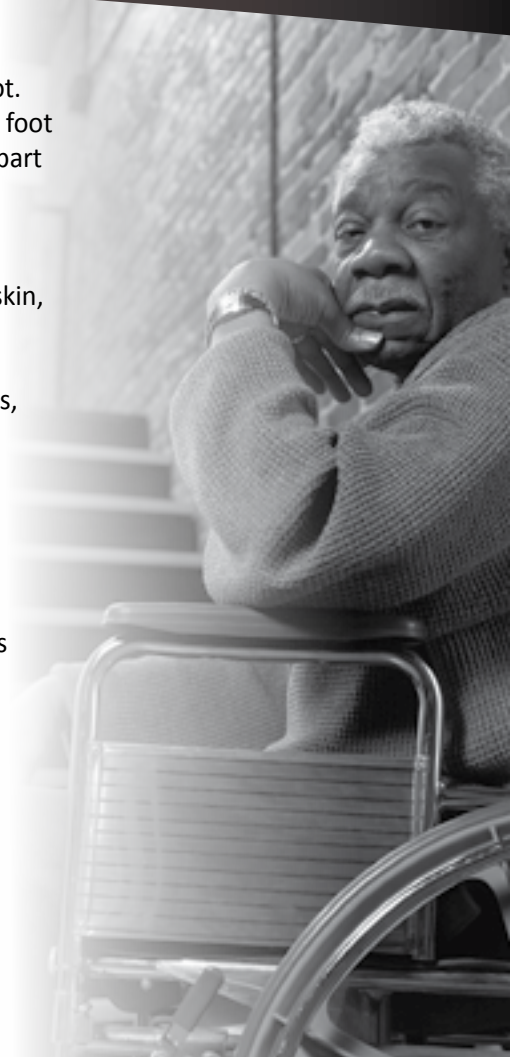
Diabetes can also damage blood vessels, which decreases the delivery of oxygen to wounds, interfering with their healing.

To prevent foot ulcers, it is critical that diabetes patients keep their glucose levels under control and inspect their feet daily for injury or "hot spots" (e.g., redness, swelling). Any suspicious area should be examined by a podiatrist. Wearing properly fitting shoes and socks is crucial, too. Exercising, maintaining a healthy weight, and eliminating tobacco and alcohol use decrease your risk.

For those who have already developed an ulcer, we will address it by "off-loading," which is decreasing or eliminating pressure on the wound area by utilizing special footwear, a brace, specialized casting, or a wheelchair or crutches. Dressings and topical medication will be applied, and debridement may be necessary to clean out dead or infected tissue. Antibiotics will be prescribed if infection is present (oral medication and/or intravenous); hospitalization may be required. Platelet-derived growth factors and hyperbaric oxygen therapy are among other treatment alternatives.

Surgery may be recommended to correct foot deformities that ramp up friction, to treat severe infection that's not responding to antibiotics, or to improve circulation.

Diabetes is a serious threat to life and limb—literally. Make us part of your diabetic healthcare team.



When your foot goes **VIRAL**

If you suspect you have a plantar wart on the sole of your foot, which is the manifestation of human papillomavirus (HPV), schedule an appointment with our office for a definitive diagnosis. Other foot ailments and lesions can masquerade as plantar warts, including cancerous growths, and self-treatment with over-the-counter products often does more harm than good.

Plantar warts can be painful, stubborn, and recurring. They can be contracted through direct contact with someone else—or their shoes or socks—and by walking barefoot over areas where HPV is lingering, such as shower areas, locker rooms, and poolside (any warm, moist environment). Warts can spread on your body by touch, and also by bleeding—don't pick at them.

Prescription medication may rein in a plantar wart (*occasionally* we may endorse an over-the-counter medication), but more entrenched warts may require other measures:

- ▶▶ Freezing the wart (cryotherapy) with liquid nitrogen.
- ▶▶ Injecting medication directly into the wart.
- ▶▶ A surgical procedure that incorporates the use of an electric needle to cut out the wart (electrodesiccation and curettage).
- ▶▶ Applying chemicals to remove the wart.
- ▶▶ Utilizing laser surgery to cut out the wart. Another laser technique cauterizes the blood vessels feeding the wart, essentially starving it. The wart eventually dies and falls off.

Each method has its pluses and minuses. After a thorough podiatric exam, we will help you determine the best treatment for your situation.



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.



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.

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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.



Lepow Foot & Ankle Specialists

6624 Fannin, Suite 1690

Houston, TX 77030

"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."

Please visit our website!

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.

➤ THE DOCTORS

Learn about the doctors of Lepow Podiatric Medical Associates.

➤ SPECIALIZED SERVICES

Learn about what we do in our office and community.

➤ OFFICE LOCATIONS

Learn where we are located and find easy directions.

➤ COMMON DISORDERS

Learn about foot and ankle problems and treatment options.

➤ NEW PATIENT FORMS

Save time completing your new patient information.

➤ MEDICAL STORE

Learn about medical products we recommend and how to order them.

➤ ANIMATIONS

See examples of surgical and nonsurgical procedures performed by our doctors.