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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

Bunions, bunions, bunions

Hallux abductovalgus is the medical term for what is commonly known as a bunion. Hallux (great toe), abducto (lateral position, towards the second toe), and valgus (rotation of the great toe) are the roots of this term, which describes a very common foot deformity. This deformity is more prevalent in women and has a strong familial tendency. The patient presents for treatment due to symptoms of pain, swelling, difficulty with normal footwear, increasing pain with athletic activity, and an increasing deformity of other foot conditions, including hammertoes, corns, and calluses.

It is commonly thought that tight shoes can cause a bunion deformity. This is incorrect. An ill-fitting shoe that is worn for a long period of time may exacerbate an existing bunion, but it is not the primary cause of bunions.

There are several common questions asked concerning bunions:

Can children have bunions?

Yes. Juvenile hallux valgus, although uncommon, can be very painful and if conservative care is unsuccessful, surgery is often indicated. It is best to defer surgery until puberty, if possible, due to possible effect on bone growth in the foot.

Are splints, exercises, and/or physical therapy successful conservative treatments?

These types of conservative treatments can improve symptoms, but are only temporary and transient in the relief of these symptoms.



Are there different types of bunionectomies?

There are numerous types of bunionectomies. The surgeon's selection of which bunionectomy has to be performed is determined after a physical exam, X-rays, and a possible MRI, which all help to substantiate the severity of the deformity. Other factors include the patient's age, type of work, athletic activity, and shoe style. Most bunionectomies require the use of pins, screws, or plates for stabilization.

Is there pain associated with bunion surgery?

Typically a local anesthetic is used at the completion of the surgery, which will maintain numbness of the surgical area for

several hours. Medications, including anti-inflammatories and pain medications, can easily manage any postoperative symptoms. Sometimes a cast may be required and/or a surgical boot for several weeks.

When will I get back into regular shoes?

Depending on the type of bunionectomy performed, it will be anywhere from three to eight weeks. Sometimes the patients require physical therapy after the surgery to decrease swelling, increase range of motion, and strengthen the foot to return to normal activity.

Will my bunions return?

If the correct procedure is selected and the patient follows the surgeon's instructions, it is unlikely that this condition will recur.

For additional information, please check our website, Lepowfoot.com, and various links for diagnosing and treating bunion deformities.

Thank you for all your referrals. We appreciate them!

Tendin' to an Achilles tendon rupture

A quick cut in a basketball game, a miscalculation of the number of steps remaining on the stairs, or an inadvertent step into a hole—all these actions can lead to a rupture of your Achilles tendon, the strong, fibrous cord of tissue that connects your calf to your heel bone.

Oftentimes, you will hear a pop or snap, and then feel pain in your ankle/lower leg area that prevents you from walking properly. A gap or indentation may also appear about two inches above the ankle. If you experience these conditions, get medical attention immediately.

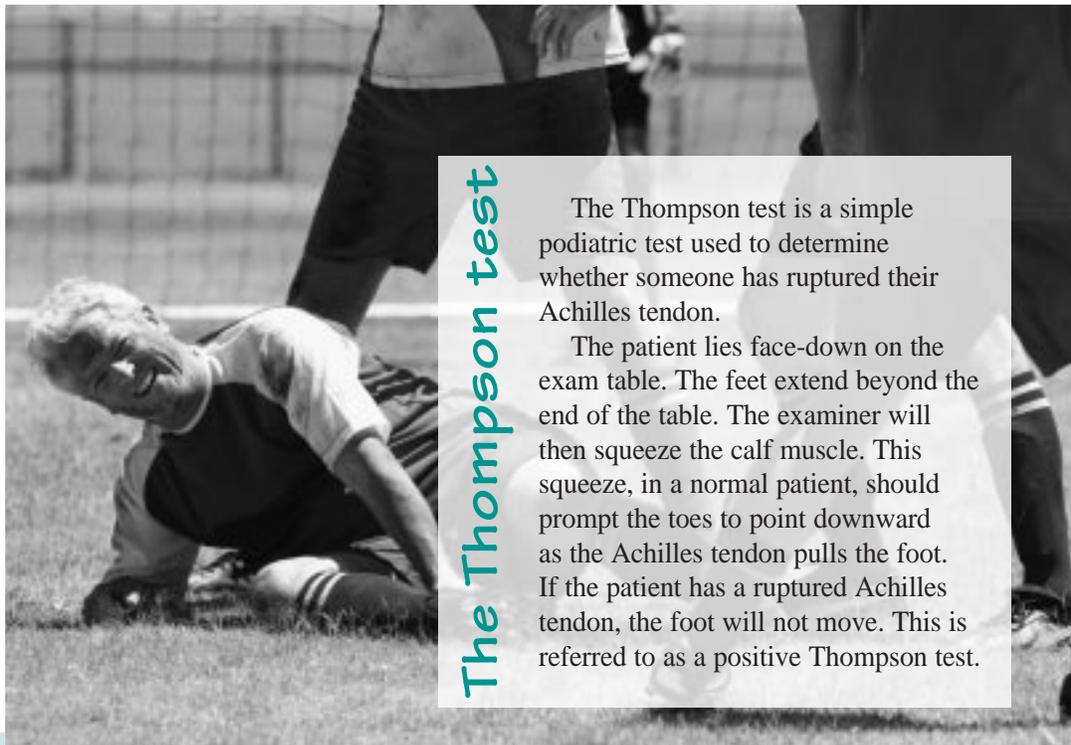
Any sudden increase in stress on your Achilles tendon can lead to a rupture. People most at risk are those between the ages of 30 and 40 who are weekend warriors when it comes to sports. They're at an age where they haven't quite realized or acknowledged that they're not as young as they used to be. The Achilles tendon gets thinner as we age.

Inactivity can also weaken the Achilles tendon. Gender plays a role, too. Five times more men than women rupture their Achilles tendon.

Steroid injections to alleviate ankle pain and inflammation can weaken the Achilles tendon as well.

There are surgical and nonsurgical options to treat an Achilles tendon rupture. Which one to choose depends on age, activity level, and severity of injury.

If you suspect you've ruptured your Achilles tendon, please contact our office. We'll examine you thoroughly and go over your options to get you back on your feet as quickly as possible.



The Thompson test

The Thompson test is a simple podiatric test used to determine whether someone has ruptured their Achilles tendon.

The patient lies face-down on the exam table. The feet extend beyond the end of the table. The examiner will then squeeze the calf muscle. This squeeze, in a normal patient, should prompt the toes to point downward as the Achilles tendon pulls the foot. If the patient has a ruptured Achilles tendon, the foot will not move. This is referred to as a positive Thompson test.

Don't let PAD cast a plaque cloud over you

Peripheral arterial disease (PAD) is a restriction of blood flow to the legs and feet caused by plaque buildup (atherosclerosis) in the arteries, the same cause of heart attacks and strokes. Oxygen deprivation inhibits healing of foot and leg conditions.

Causes of PAD include high blood pressure, high cholesterol, diabetes, smoking, lack of exercise, and genetic predisposition. A case of PAD in the feet or calves means there's a good chance it's occurring elsewhere in the body.

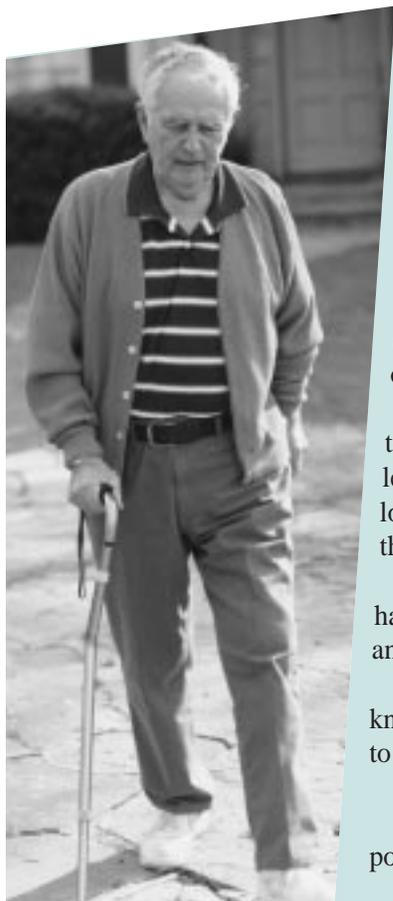
Many people don't feel any symptoms until the disease has progressed. Those who do have symptoms may experience the following: leg pain or cramping when walking (intermittent claudication); leg pain while lying down; numbness in the legs or feet; cold legs or feet; change in leg or foot color; loss of hair on the feet or legs; changes in toenail color or thickness; and sores on the feet, toes, or legs that don't heal.

Diagnosing PAD is simple and painless. An ankle-brachial index test is conducted by the use of a handheld ultrasound probe that measures the blood pressure in the ankle. The blood pressure in the ankle should nearly match that taken in the arm. If there's a significant difference, PAD may be present.

Treatment may involve lifestyle changes such as adopting a healthier diet, exercising regularly, and knocking off the smoking—the usual suspects. Various cardiovascular medications may be prescribed to improve your condition.

In the most severe cases, bypass surgery may be necessary.

Don't ignore the signs of PAD. If not corrected, it can lead to ulceration, infection, gangrene, and possibly amputation—serious conditions, one and all.



Toe the line on melanoma

Melanoma is the deadliest form of skin cancer. One particular melanoma, acral lentiginous melanoma (ALM), known as “hidden melanoma,” crops up in areas that aren’t generally examined, or are more difficult to examine. Underneath the toenail is one such place.

The insidious aspect of ALM is that it can mimic other, less serious conditions. The first sign of an ALM under the nail may be a “nail streak,” a dark, narrow stripe that runs the length of the nail. The nail of the big toe is most commonly affected, but no toe is exempt. This discoloration is sometimes mistaken for a bruise (hematoma). Many people have fixed nail streaks that are completely harmless, but if the streak gradually enlarges, is very

darkly pigmented, was not a result of recent trauma, or the nail is lifting up from the nail bed, it’s time to have your toe examined. If it’s a bruise, the streak will eventually “grow out” with your toenail.

Some ALMs are of a nonpigmented variety and develop without an obvious streak, resembling a chronic infection of the nail bed.

If caught early, most ALM cases are curable. The procedure to remove it generally takes less than an hour under local anesthesia. The toenail will need to be either partially or totally removed.

Feet are just as susceptible to melanoma as the rest of the body. Make sure to keep an eye on things to ensure not just your foot health, but your overall health as well.



Cookouts can affect your foot health?

Extensive research conducted by the Harvard School of Public Health indicates that processed meats such as hot dogs and cold cuts increase one’s risk of diabetes—and to a shocking degree.

A daily serving of 50 grams—the equivalent of one hot dog or two slices of cold cuts—translates into a 50 percent increase in developing diabetes. Unprocessed red meats also increase diabetes risk, but not to as great a degree.

The 50-percent increase applies to all people, overweight or not. Being overweight and/or sedentary jacks up the risk even further.

Processed red meats contain nitrates, which are preservatives that may increase insulin resistance in the body, leading to diabetes.

Diabetes weakens the blood vessels of the body as well as impedes nerve response. Weakened blood vessels can affect circulation in the feet and cause diabetic peripheral neuropathy if not addressed in a timely way.

Substituting whole-grain foods, nuts, poultry, and fish for processed (and unprocessed) red meats can address one’s protein needs. Again, moderation is key. A couple of hot dogs once in a while or a sandwich here and there, and you’ll likely be fine. But making processed and unprocessed red meats a staple of one’s daily diet is an open invitation to trouble.



Can your feet clear a room?

Smelly, nasty, stinky, evil—there are a lot of terms for foul-smelling feet. Sufferers of this condition have likely heard them all, but there are successful antidotes.

Sweat is comprised mainly of water and salt, so by itself it’s not the cause of bad odor. However, moisture creates an ideal environment for *brevibacteria* and other fungi to grow. These fungi ingest dead skin cells, leading to the generation of odor-causing waste matter.

Reducing the amount of sweat or drawing sweat away from the skin is essential to fighting foot odor, along with diminishing the amount of bacteria.

Wear shoes made of a material that lets the feet breathe, such as leather, canvas, or mesh. This will improve air circulation and help evaporate moisture. Avoid constrictive footwear such as boots or plastic shoes, at least for any extended duration.

Do not wear the same pair of shoes two days in a row; this gives them a chance to dry out.

As for socks, avoid nylon, which doesn’t absorb sweat as well or allow the feet to breathe. Socks made of a blend of natural and synthetic fibers that wick moisture are a good choice. Change your socks at least once a day.

Bathe your feet daily and dry thoroughly, especially between the toes. There are antibacterial soaps that may be helpful.

Foot powders are available to keep feet dry, as well as odor-eating, absorbent shoe inserts. If your case is more severe, come see us. We may prescribe strong antiperspirant creams or powders, or medication to combat bacteria and curtail the amount of sweat.



Lepow Foot & Ankle Specialists

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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.

Please visit our Web site!

www.LepowFoot.com

When you visit our Web site, 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.



From the offices of Lepow Foot & Ankle Specialists

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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.

Website: www.LepowFoot.com

“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.”

