

celebrating our 40-year Anniversary!



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Winter 2012/13

**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

**Thank you for all
your referrals.**

We appreciate them!

Make sure the gift *keeps on giving*



Not all gifts come wrapped up in fancy paper with a bow on top. Good foot and ankle health is one such gift. Each of us can choose to maintain it, or we can choose to neglect it. It's up to us.

We are here to partner with you if you don't want to take your feet and ankles for granted or suffer in silence. We can perform foot and ankle exams, treat everything from ingrown nails to ankle fractures to diabetic

foot wounds, and recommend footwear or prescribe orthotics, among a host of other services.

We are honored to serve you and are grateful for the trust you have placed in us. Without our patients, we wouldn't be able to practice what we love to do—optimize your foot and ankle health. Ours is a relationship we take very seriously.

May you enjoy this wonderful time of year, and have a blessed 2013.

DIABETIC PATIENT ALERT

Seeing a podiatrist cuts down on costs!

Compared to other health-care professions, podiatry is the best prepared to treat your lower extremities for the complications of diabetes, reduce hospitalizations, and put a significant dent in your overall health-care costs.

Diabetic patients are often reluctant to see a podiatrist, since they're already seeing their primary care doctor or an endocrinologist. But think about it, we see a dentist for our teeth, an optometrist for our visual health; why wouldn't we see the most qualified person to ward off diabetes complications of the lower extremities?

Researchers have found that care by a podiatrist—even one preventive, pre-ulcer visit—significantly lowered the risk of hospitalization and lower-limb amputation. The numbers have been crunched: Those patients with commercial insurance can save our health-care system nearly \$20,000 per patient over a three-year span if there is at least one visit to a podiatrist prior to a diabetic foot ulcer setting in. Savings of several thousand dollars per Medicare-eligible patient can be realized under the same circumstances. Your personal savings will be positively impacted as well.

The differences in cost, risk factors, and quality-of-life issues for diabetic patients who see a podiatrist compared to those who don't are eye-opening. Diabetes is a complex disease that is fraught with many potentially serious complications. Preventing ill effects and worst-case scenarios is always the best medicine, healthwise and financially.

Call our office today to schedule a preventive exam.



Do blisters rub you the wrong way?

Blisters are caused by excessive, repeated friction on the skin. Over time, the top layer of skin separates from the second layer. Fluid fills the space between these layers of skin to provide protection from continued rubbing, causing the bubble appearance.

Blisters can be painful and serve as a platform for infection. They can also change the way we walk or run. This can lead to unnatural pressure on other parts of the body, resulting in fatigue or injury.

Poorly fitting shoes and excessive moisture are culprits in blister formation. Moisture-wicking socks made of synthetic blends (e.g., polypropylene) can help reduce friction and keep feet dry. When engaging in physical activity, always have a spare pair on hand.

Anti-blistering products include petroleum jelly, anti-chafing lubricants, and drying agents such as foot powders and prescription antiperspirants.

When treating a blister, the goal is to ward off infection and promote healing. Signs of infection include pus draining from the blister, very red or warm skin around the blister, and red streaks leading away from the blister. If your blister appears infected, it's time to call our office for an appointment.

Small unbroken blisters that don't cause discomfort can simply be covered with a Band-Aid. Larger, painful blisters may need to be drained. While some patients may attempt to drain a blister with a sterile needle, we suggest you schedule an appointment with our office for an evaluation of your situation, especially if you are diabetic. **(If you are diabetic, never self-treat a blister.)**

Blisters are persistent foes. Vigilance on your part can keep them at bay.



Reducing the risks of falls for seniors

Our feet are our base of support. When that base of support is impacted by foot and ankle disorders, balance can be affected when standing and walking. Poor balance may lead to falling, a concern that mounts the older we get.

As we age, muscle tissue thins out and foot and ankle muscles weaken; arches falter, resulting in flatter feet; bunions become more likely; and hammertoes and claw toes are more apt to develop. Any one of these conditions can tip the first domino in a chain reaction that leads to balance issues and falls.

Improper footwear plays a significant role in falls, too. High heels, narrow heels, and excessively thick and soft soles have negative consequences for feet. Shoes with a low, broad heel and thin, firm midsoles are well-suited for feet. Falls also tick upward when seniors shed their shoes and go barefoot or just wear socks (or slippers).

If you're a "seasoned citizen," scheduling a visit with our office—preventive or otherwise—is one of the smartest things you can do. We can recommend a regimen of exercises for your feet and ankles to improve strength and flexibility, guide you in footwear selection and orthoses, and correct functional abnormalities.

One in three people age 65 and older will suffer a fall, and 15 percent of those falls result in injuries requiring hospitalization. Complications from falls are responsible for two-thirds of unintentional deaths among the elderly in this country.

Seemingly minor foot and ankle conditions should not be ignored. Prevent a possible downward spiral by having these matters tended to promptly and efficiently.



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Myth

information

There are some off-track ideas out there concerning foot and ankle conditions and treatments. Allow us the opportunity to straighten a few of them out:

Myth #1. If you have a foot or ankle sprain, fracture, or dislocation, apply heat immediately. Truth is, don't apply heat at all. Heat promotes blood flow, which increases swelling. Swelling puts pressure on nerves, resulting in more intense pain. Ice it instead—every two to four hours, no more than 20 minutes at a time, the first two days after sustaining it. If there's no improvement after 48 hours, give us a call.

Myth #2. A "fracture," a "break," and a "crack" all mean something different. Actually, these are all equally valid terms to describe a broken bone.

Myth #3. If you break a toe, immediate care isn't necessary. A simple fracture of a toe is painful, which a podiatrist can readily address. Some fractures need to be realigned to assure complete healing. Neglecting treatment may lead to a deformed toe and painful corns. Prompt podiatric attention is always strongly advised.

Myth #4. "It can't be broken, because I can move it." This falsehood has kept many people from seeking proper treatment. Chip fractures of foot or ankle bones and toe fractures don't necessarily prevent you from moving these body parts.

Myth #5. Foot and ankle pain is a natural part of aging. Pain is not "just the way it is." There is a wide assortment of treatments to ease your foot and ankle discomfort, and plenty of preventive measures as well. Properly fitting footwear is a good start to healthier feet and ankles.



PREGNANCY'S EFFECT ON WOMEN'S FEET

Pregnancy can be a joyous time for a woman, but there may be a "few" discomforts along the way, including the feet and ankles.

Weight gain will alter an expectant mom's center of gravity, which adds up to extra pressure on feet and ankles, causing muscle fatigue and flattening of the arch. When the foot flattens, the feet roll inward (overpronation), placing severe strain on the plantar fascia; sharp heel pain may result.

Left untreated, flat feet can also cause metatarsalgia—pain on the ball of the foot. However, proper footwear is an ally. Comfy athletic shoes provide needed arch support. Orthotics can cushion the heels and the balls of the feet, and support the arch.

Swelling of the feet, or edema, typically occurs in the third trimester. Altered circulation and a surge in hormonal activity result in blood pooling in the feet and ankles. Elevating the feet as often as possible, wearing socks that won't interfere with circulation, walking, stretching, proper diet, and good hydration are helpful countermeasures.

Foot cramps may also be a nuisance. The best way to handle one is to walk it out. If one strikes in the middle of the night—and you don't feel like getting up—try pressing on the arch of your foot with both hands...if you can reach that far.

Swelling in the feet may necessitate a temporary upping of shoe size to stay as comfortable as possible.

Don't let foot pain distract you from this otherwise wonderful time of life. We can help...we're only a phone call away.

Metatarsalgia — *Ball-of-the-foot pain*

Metatarsalgia is a condition that causes pain in the ball of the foot. The metatarsals are the five bones that extend from the ankle to each of the five toes. The metatarsal heads (the ends of the metatarsals) are in the ball of the foot. Working in concert, they form the metatarsal arch.

When we step, the metatarsal arch flattens, functioning as a shock absorber. If one of the metatarsal heads sits lower than the others, it will bear an inordinate amount of stress with each step and may eventually become inflamed and sore. Because it has dropped, it will displace the fat pad, which cushions the foot and underlying skin.

People with loose ligaments, tendons, and muscles are more susceptible to improper alignment of the metatarsal heads. Those who wear high heels elevate their risk for metatarsalgia, since the angle of the shoe creates greater downward pressure on the metatarsal arch. Injuries that are not properly treated may heal in an abnormal position, allowing a metatarsal head to drop.

Other causes include aging, as the fat pad deteriorates; a sudden sharp impact under the ball of the foot; certain diseases (e.g., rheumatoid arthritis); a stiff ankle or Achilles tendon; bunions; irregular walking patterns; and high arches, to name a few.

Rest, icing, avoidance of high heels, forgoing barefoot walking, and dropping excess weight are good starts to easing or preventing the sting of metatarsalgia.

We can also help with custom orthotics to rebalance your foot and add proper cushioning to restore order. Occasionally, surgery may be the best path to healing.



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 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.



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

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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.

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."

