



Midfoot Arthritis 1

Midfoot Arthritis 2



Triple Arthrodesis





NORMAL

**OSTEOARTHRITIS** 

## South Florida Institute of Sports Medicine

Foot, Ankle & Leg Specialists of South Florida, Inc.

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#### **PLANTATION**

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

www.SouthFloridaSportsMedicine.org



Carlo A. Messina, D.P.M. Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Board Certified Foot and Ankle Surgeon
- · Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



Michael M. Cohen, D.P.M. Foot and Ankle Surgeon, Podiatrist

- · Diplomate: American Board of Foot and Ankle Surgery
- Board Certified Foot and Ankle Surgeon
- · Board Certified: American Board of Foot and Ankle Surgery
- Board Certified: American Board of Podiatric Medicine
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Total Ankle Replacements and Running Injuries



John D. Goodner, D.P.M. Foot and Ankle Surgeon, Podiatrist

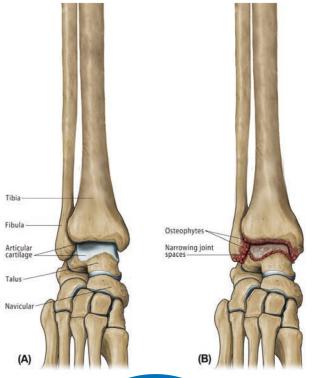
- · Diplomate: American Board of Foot and Ankle Surgery
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma



Warren Windram, D.P.M. Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Board Certified Foot and Ankle Surgeon
- · Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement

# ARTHRITIS IN THE FOOT AND ANKLE





Messina • Goodner • Cohen • Windram Desimone • Moya • Bertot • Shenassa • Jones • Gonzalez

Foot, Ankle & Leg Specialists of South Florida

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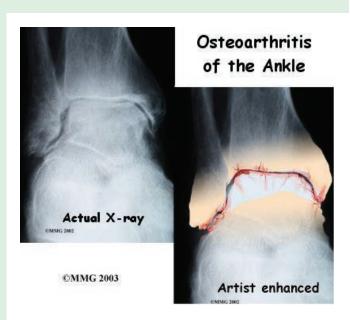
By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

# **Commonly Asked Questions**

- **1. What is arthritis?** Arthritis is a degenerative process that may take place in any joint in the body. Cartilage is the white, glistening, smooth surface that is present at the end of the bone. Cartilage which allows the joint to move smoothly starts to wear down. Bone spurring and bone cysts may occur as the joint wears abnormally. The joint starts to move out of its normal position creating pain with movement. A loss of joint movement also follows the arthritic process. Pain is the end result.
- 2. What causes arthritis? Most often arthritis is caused from an injury to a joint. The injury may occur as a child and it may manifest itself later in life. A bad injury to a bone or joint (fracture) may start the development of arthritis almost immediately after the injury. Arthritis is very common when a bone fractures into the joint. Malpositioning of the joint will cause abnormal wear and tear. It may also be seen in people who are excessively flatfooted, knock-kneed or bowlegged. It is also very common in people with bunions.
- 3. Will the arthritis get worse over time? In almost all cases arthritis in any joint will worsen. The joint will wear abnormally causing pain, limited motion of the joint, bone spurring and swelling around the joint. The joint will become excessively stiff causing pain with many activities. Difficulty with certain shoes may also be present. Many activities will worsen the joint pain, inflammation and arthritis. Weight gain puts added stress on the joint. Activities that put stress on the affected joint also worsen the arthritis.
- **4. Will medication help to lessen the pain and joint deformity?** Oral medication will help to diminish some discomfort, but it will not change the degenerative process, which takes place slowly over time. Cortisone injections into the joint can help decrease inflammation and scar tissue in the affected joint. Shots can provide temporary relief. Viscosupplementation shots can also help to lubricate the joints.

- **5. Will physical therapy be of any benefit?** Physical therapy will help retain some movement in the joint and keep swelling to a minimum. It may also help to improve muscle strength. Over the long term, physical therapy and proper shoegear will be of great benefit as the degenerative process will slow down.
- 6. Can surgery be of benefit if the arthritis is found early? Many procedures can be performed to assist in treating the degenerative process if found early. After a thorough history and physical examination x-rays are taken to assess the degree of joint damage. MRIs and CT scans may also be used to gather as much information as possible about the joint involved. Occasionally if the damage is mild, an arthroscopic or small open procedure may be necessary to remove abnormal bone and soft tissue. Cartilage that is lifted away from the bone is removed to allow the joint to function more normally. Putting small holes in the bone surface (microfractures) may help to develop fibrocartilage to cover the bone surface. If a joint is out of position, removing bone spurs and soft tissue may be of limited benefit. In these cases, the bones may need to be repositioned to allow more normal joint alignment and better long term wear of the joint.
- 7. Can anything be done if the arthritis is severe? In some cases the arthritis is severe and joint replacement or joint fusions may be necessary. Joint replacements are an excellent option and may be necessary in middle age or older, more sedentary patients. Fusing the joint that is arthritic and not allowing it to move any longer is also an excellent approach to the treatment of arthritis. This eliminates any painful movement allowing a return to work and activities of daily living with minimal modifications. Some joints can be fused and still allow an athlete to resume professional sports.
- **8. Will fusing the joint cause any long-term problems?** Joints that are fused will be pain free. Other joints adjacent to the fused joint will need to work a little bit harder and in most cases remain asymptomatic, especially if they are healthy at the time of the surgery. Over time, the joints that are next to the fused one may show mild arthritic changes. This can take years to develop.

- **9. Will orthotics be of any benefit?** Orthotics will assist in maintaining normal joint position. Support of the foot and placement of the foot in better anatomical position may redistribute stress more evenly in the foot and ankle region. This may help to lessen pain and possibly delay the need for surgery. They provide great benefits in people with big toe joint (turf toe, bunions) problems. Orthotics are also very useful in patients who are flatfooted, knock-kneed, bowlegged and in those with lower back pain.
- **10. Can Platelet Rich Plasma alleviate my pain?** PRP (Platelet Rich Plasma) injections may provide some benefits in mild to moderate arthritic joints. It is NOT going to cure the condition but will lessen pain in most cases.





1st MPJ Arthritis (PreOp)



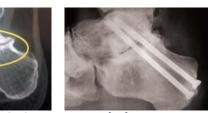
Midfoot Arthritis (PreOp)



Midfoot Isolated Fusion (PostOp)



Posttraumatic Subtalar Arthritis (PreOp)



Subtalar Fusion (Postop)



Ankle Arthritis (PreOp)



Arthroscopic Ankle Fusion (PostOp)



Total Ankle Replacement (PreOp)



Total Ankle Replacement (PostOp)