

Feet Fix'n

Winter 2011/12

Serving the Community for over 15 Years!

It's all about
YOU

Without you, our patients, we would not exist as a practice. You enable us to do what we love to do: tend to our patients' foot and ankle health needs and improve their quality of life. State-of-the-art technology and products, an inviting office, top-notch service...it really wouldn't be of much use if we didn't have our patients.

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.

At this most wonderful time of year, many people reflect on the things they are most grateful for. We just want you to know that at our practice, you are at the top of our list. Your relationship with us is something we greatly appreciate and will not take for granted.

*May you enjoy this most festive
of seasons and have a blessed 2012.*

*Back, hip, and
leg pain could all
be traced to foot imbalance*

Patients who present with pain in their legs, hips, and backs might be suffering from imbalance in their feet. Studies of patients with unexplained back pain have shown that a large number of them have undiagnosed foot problems. A podiatric assessment can be the key to discovering the root cause of this discomfort. Addressing foot imbalance with custom orthotics can give patients a more stable foundation, leading to a reduction in pain in other areas of the body.



**Dr. Nancy A.
Jagodzinski**

Board Certified
Podiatric Physician & Surgeon



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“Shin splints” is such a vague term



“Shin splints” is a generic descriptive term for leg pain that occurs between the knee and ankle. It merely identifies the location of the pain, not the actual cause.

A better term would be “exercise-related leg pain,” or ERLP. ERLP can occur in many sports, but it is most prominent in distance running and track. It includes conditions such as medial tibial stress syndrome, stress fractures, tendinopathy, and chronic exertional compartment syndrome. (Don’t let the lengthy terms psyche you out.)

Pain may be present upon initiating exercise but diminishes thereafter. There might not be pain at all at the beginning of exercise, but it debuts at predictable points of the activity. Pain may subside after exercise, but then again, it may persist and become chronic, affecting all activities throughout the day. Cramping, tightness, and burning are also common complaints of ERLP. Swelling may be evident in some cases, and weakness of the muscles controlling the ankle and foot is a possible issue.

The risk factors for ERLP are not well understood. There is currently little evidence to support a widespread use of existing preventive measures. Much work remains to be done to increase understanding of ERLP.

For those already showing symptoms of ERLP, refraining from the offending activity for a while is a good start. Icing usually provides welcome relief.

Call us for an appointment if you are experiencing pain in your lower leg that continues to dog you. We can determine the cause and offer treatment, prescribe orthotics, or recommend a muscle-strengthening/stretching program.

BUYING SHOES FOR YOUR TODDLER

Most people buy shoes to keep their children’s feet safe, warm, and dry. But a toddler’s first steps can determine their walking pattern—good or bad—into adulthood, and shoes can have a major influence on this.

Experts recommend that a child’s big toe should be approximately $\frac{3}{8}$ – $\frac{1}{2}$ of an inch from the inside tip of the shoe while the child is standing. Without enough space, children don’t have adequate toe movement as they step. With too much space, however, the flex point of a child’s foot won’t match the shoe’s flex point.

There’s no need for high-tops for your toddler. Ankle muscles at this age need the freedom to grow and develop on their own.

The soles should be super soft and able to be twisted every which way. You should even be able to feel your child’s toes through the material. The shoe’s material should be breathable (e.g., leather, canvas, or synthetic).

Beware of shoes marked “wide.” Make sure they actually are wider; physically check to make sure there’s space on the sides of your child’s feet. Some manufacturers just sew extra material into the side of the shoe to make it appear wider (sounds like a traveling carnival trick). At the shoe’s widest point, you should be able to grasp a bit of the material between your fingers.

Avoid hand-me-downs. The sole of a shoe develops its own memory. Any abnormalities in walking pattern will be passed on to the new wearer. Walking a mile in someone else’s shoes works figuratively, but not so much literally.





EXERCISE and diabetes

Exercise is a key element in the arsenal to combat diabetes. Zeroing in on the feet and ankles, a flexibility program is beneficial for those suffering with the following: peripheral neuropathy, a condition that causes loss of sensation; decreased ability to properly coordinate the movements of the lower extremities; diminished range of motion; and joint stiffness.

Decreased range of motion in the ankle and foot may cause abnormalities in one's walking pattern and may negatively affect balance and cause abnormal forefoot pressure. This means a greater chance of falls and increased risk of foot ulcers.

Exercises to improve range of motion include:

- “drawing” an exaggerated alphabet with the ankle twice daily
- performing ankle dorsiflexion and plantarflexion 10 times each, twice daily (fancy terms for flexing the feet up and down, with the ankle being the pivot)
- stretching the ankle to the outside, then the inside 10 times each, twice daily
- bending the toes up and down (no fancy terms this time)
- stretching the calf muscles
- manipulating/massaging the soft tissue of the entire foot

These exercises will also improve circulation, which will aid healing.

Balance exercises are also recommended in a protected environment—for instance, a person standing on one foot while brushing their teeth or washing the dishes. These routines can gradually progress to more challenging activities.

Exercise regimens can be tough to maintain. Collective support (or people who will subtly get on your case) and keeping your eye on the prize are keys to success.

Always consult a physician to make sure an exercise regimen is safe before beginning. Patients are cautioned to monitor blood glucose levels before, during, and after exercise to avoid hypoglycemic or hyperglycemic events.

Rheumatoid arthritis and its effect on feet and ankles

Rheumatoid arthritis (RA) is a systemic disease that attacks multiple joints throughout the body. With RA, your body is subject to attack by your own immune system; instead of protecting the joints, it produces substances that attack and inflame joints.

Some are more genetically predisposed to the disease, but it usually takes a certain chemical or environmental “trigger” to activate it. Women develop RA far more often than men, and it usually occurs between the ages of 40 and 60.

Symptoms may or may not begin in the feet and ankles, but eventually these areas will be affected. Symptoms generally appear in both feet/ankles at the same time. They include stiffness, pain, inflammation, and swelling. If the ball of your foot is affected, the way you walk may be altered due to the pain, leading to corns, bunions, or hammertoes. If the back of the foot and/or ankle is involved, bones may shift position in the joints. This can

cause the arch of the foot to collapse, resulting in pain and difficulty in walking. You may also feel fatigued and feverish, and experience loss of appetite.

Rheumatoid arthritis is incurable, but it can be controlled with medication and exercise. A podiatrist is invaluable in cases of RA. A podiatrist can monitor your foot and ankle health, prescribe special shoes or orthotics to ease foot and ankle conditions caused by RA, and recommend stretches and exercises.

Surgery may be a necessity to correct bunions and hammertoes caused by RA. Fusion surgery and ankle joint replacement surgery are options for more advanced cases of RA.

Be proactive with rheumatoid arthritis. If you've been diagnosed, let our office know (even if your feet and ankles aren't currently affected). We will work in coordination with your other doctors. Rheumatoid arthritis is a serious disease, but it can be managed effectively.

Dr. Nancy A. Jagodzinski
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RETURN SERVICE REQUESTED



REMINDER:

Please remember to
bring in your shoes
for the homeless.

Please visit us online at
www.feetfxn.com

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SURGERY SOMETIMES GETS A BAD RAP



No one jumps for joy when faced with the recommendation of surgery (if surgery will be on a foot or ankle, jumping may not be possible anyway).

For many patients, “surgery” is a curse word. Yes, there are the horror stories of someone going in for “routine” surgery and never coming home. All surgeries have risks, but a tiny percentage of bad incidents shouldn’t taint the whole picture.

We’ve also been bombarded with rhetoric in the news about how expensive and unnecessary surgeries are a contributing factor to the country’s current health-care crisis.

Negative perceptions of surgery may come from doctors themselves. For those who specialize in conservative care, the prospect of recommending surgery may be perceived by them as having failed. Surgery is often not presented in a positive light.

But sometimes surgery is truly the best hope for a pain-free, functional life.

What if a diabetic patient has a structural problem with a foot that doubles their chance of foot ulcers? Surgery seems a wise choice to avoid even more complicated issues later.

Not all patients are good candidates for surgery. Smoking habits, immune system health, and other variables must all be weighed. Unnecessary surgery, or unnecessarily risky surgery, should always be avoided. *But that doesn’t mean all surgery should be.*

The right surgery for the right patient can often do wonders for a patient’s quality of life. The proper perspective can remove stumbling blocks to that end.

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best hope for a
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From the office of Dr. Nancy A. Jagodzinski Ankle & Foot Center of Fox Valley

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Days & Hours

Mon.	9:00 a.m.-7:00 p.m.
Tues.	9:00 a.m.-7:00 p.m.
Wed.	9:00 a.m.-7:00 p.m.
Thurs.	9:00 a.m.-7:00 p.m.
Fri.	9:00 a.m.-7:00 p.m.
Sat.	9:00 a.m.-4:00 p.m.

Appointment and Emergency Phone:

(630) 778-7670

Web site:

www.feetfxn.com



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this pair will
last a lifetime.”