Celebrating our 40-year Anniversary!

Lepow
Foot & Ankle Specialists

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Spring 2012

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

Patent approved!

Dr. Gary M. Lepow recently received a patent for an implantable device that he developed. The device, called a conical subtalar implant (CSI), was developed for treating painful flatfoot deformity in children and adults.

The deformity, which is called calcaneal valgus, or pes planovalgus, creates an elongation and flattening of the arch with resultant pain, difficulty with normal activity, fatigue symptoms, and possible degenerative arthritis. This condition has a strong hereditary factor. When diagnosed in children and young adults, most often there are other members of the family with a similar condition.

When the condition of flexible flatfoot deformity is detected in childhood, we often place the patient in a specialized shoe or orthotic device to help support the foot from becoming a worsened condition over the developmental stages. As a patient ages, the condition becomes less responsive to conservative care, and surgical procedures are usually considered. The importance of diagnosing this condition at an earlier age is that the correction for the deformity is less invasive and can prevent other conditions from developing. These other conditions may include hammertoes, bunions, and pain throughout the foot and lower leg.

As a patient ages into young adulthood, the procedures may become more involved, and recovery may take a longer period of time. This condition can also be seen in patients who have injured a tendon that helps support the arch. The primary condition of posterior tibial tendon dysfunction is commonly seen with an injury to the tendon that helps support the arch. If left untreated, this condition can continue to create deformity in the foot and increasing symptoms. This condition may or may not be associated with a traumatic event.

Diagnosis is usually made by history, physical exam, X-rays, and/or MRI. Any of the above conditions may require multiple procedures, but all have the subtalar implant (CSI) as part of the surgical treatment. The implant, which is made from titanium, does not need to be drilled into the bones within the arch. It is placed through a small incision into the space between the bones that support the arch.

Dr. Lepow's device was developed and patented to help lift up the arch internally with minimal disability and minimal recovery for the patient. If there were any injuries that may involve the implant at a later stage, or if there are any symptoms that may develop as a result of the implant (which is rare), the implant can be easily removed with a minimal amount of disruption. At times, the subtalar implant, when implanted in younger patients, may be removed several years later after the arch has reorganized and improved internally.

The device has been used for several years in the United States and internationally. The patent was approved on January 10, 2012. To read more about this device online, look up the U.S. Patent Office/medical device patent #8, 092, 547B2.

For additional information, please go to **Lepowfoot.com** or our Facebook page. For consultation with one of our doctors, you can call any of our offices, one of which should be located conveniently near you.

Thank you for all your referrals. We appreciate them!

Diabetic footwear insight

Improperly fitting shoes for diabetics can lead to ulceration; ulceration can lead to amputation. This isn't a scare tactic—it's the truth.

Foot size, especially width, *can* change over the course of our adult lives. Many don't acknowledge this and are wearing shoes that are too narrow. Have someone trace your foot while you're standing on paper, then put your shoe over top of the tracing. You might be surprised at how you've been cramming your foot.

On the other hand, if you can easily move your finger around the throat of your shoe while you're wearing it, it's too loose. The heel needs to be fairly snug; the front of the foot needs to be a bit looser.

Shoe length should be based off the longest toe, which isn't always the big toe. There should be 3/8 to 1/2 of an inch from the longest toe to the end of the shoe. This allows room for some movement of the toes within the toe box.

Any new pair of shoes will need to be broken in, no matter how comfy at first fitting. Diabetic patients should wear new shoes around the house for only an hour or so at first. Then examine the feet for any changes or potential trouble areas. Gradually increase the length of wear time each day. It should take about two weeks for shoes to be completely broken in.

Fine-grain natural leather is the most breathable and durable shoe material. Medicare only approves one pair of diabetic shoes per year—a durable pair can get you through the year and save you some expense.

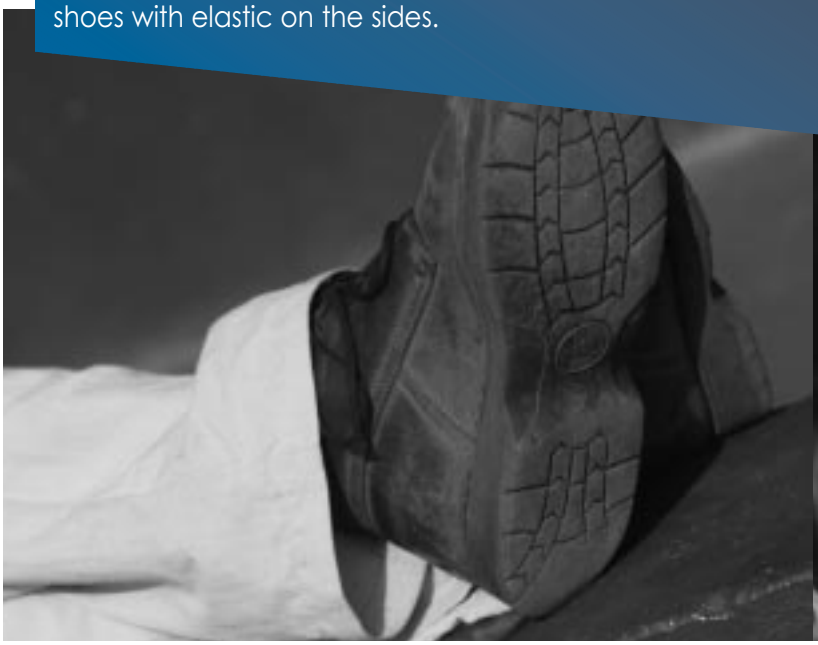
Health should take precedence over style. Diabetic shoes are designed to be functional and healthful, although they are becoming more fashionable every day.

For those with diabetic peripheral neuropathy...

It's not only important, it's ***imperative*** that those with diabetic peripheral neuropathy have their footwear professionally fitted.

Contrary to the old saying, "The customer's always right," the professional who's fitting a diabetic's shoes is the one who needs to be satisfied with the fit. Neuropathy patients will only feel a shoe after it's been compressed, meaning it's too tight.

Shoe laces can be an issue for those with neuropathy in that they're often tied too tightly. One solution is to purchase shoes with elastic on the sides.



...And don't forget about socks

The proper shoes are extremely important to diabetics—so are the proper socks.

One hundred percent cotton or wool socks are not advisable for diabetic patients. These materials may start off too tight, further reducing circulation. After the fibers loosen up, the socks may slide between the feet and shoes, leaving the feet more susceptible to blisters and ulceration. These fabrics stay wet longer, too, which can negatively impact feet.

Purely synthetic socks may not allow sweat to evaporate properly. Sweaty feet can lead to fungal infections, which can be a complication for diabetics.

Synthetics blended with natural fibers are often the best choice of sock material.

Socks should be seamless. Seams can rub against the skin and cause blisters, calluses, and ulcerations. This is even more of a concern for those with neuropathy.

Make sure the socks are the correct size. Socks that are too tight can cause ingrown nails and compress toes, which can lead to ulceration. They also impair circulation, which slows healing.

Also keep in mind that socks may shrink when washed. Allow for that when making a selection.

Socks that are too big can bunch, putting increased pressure on various points on the foot, which can lead to blisters or ulcerations.

Socks and shoes should be fitted simultaneously. Depending on the type or thickness of the sock, the size of the shoe may need to change.

The fit of diabetic shoes and socks is extremely important. Let us help you find the best footwear for your feet to give you the best quality of life—now and in the future.

Spies to the south

The feet and ankles are not islands unto themselves. They can be early-warning beacons to various diseases and conditions that may originate elsewhere in the body.

For instance…

- Hair loss on the toes may be indicative of poor circulation.
- Swollen feet and ankles may be a sign of kidney disease or heart problems.
- One suddenly swollen foot could mean a lymph node blockage or deep vein thrombosis.
- Chronic stiffness may indicate arthritis.
- Swollen joints might be a sign of rheumatoid arthritis or osteoarthritis.
- Numbness in the feet or slow healing of wounds may point to diabetes.
- Tingling in the toes or structural changes in the foot could be a sign of a neurological disease.
- Dry, cracked heels may be linked to a thyroid condition, especially when combined with weight fluctuations.
- Toenail color can tell us some things, too (and we're not talking polish). Greenish toenails can indicate a bacterial infection. Black or brown are likely just bruising, but if it persists, there should be a check for melanoma under the nail. White nails, when coupled with nail separation from the toe, might indicate psoriasis, anemia, or lung cancer.

Scheduling regular foot-health appointments with us is a great idea on several levels. Even if your feet and ankles are perfectly healthy, we may be able to alert you to problems elsewhere so you can get them treated as quickly as possible.

A "FOOT"NOTE IN HISTORY

Sneaky, sneaky, sneaky

While conducting experiments with rubber in the mid-1800s, Charles Goodyear stumbled onto something called vulcanized rubber. Vulcanized rubber retains elasticity in all ranges of temperatures and can be bonded with other materials.

This discovery eventually led to the development of sneakers in the United States sometime in the 1890s. The company that first manufactured sneakers was U.S. Rubber, which bought Goodyear's shoe company in 1892. The rubber soles gave wearers surer footing and were very quiet, unlike clunkier hard-soled shoes, hence the name "sneakers."

The term "sneakers" was allegedly coined by Henry Nelson McKinney, an advertising agent in Philadelphia. However, some say the term was used in Great Britain up to 20 years prior, where the plimsoll, a cruder version of the sneaker, was worn by beachgoers and sailors. The history is a bit murky.

Sneakers were first mass produced in 1917. The brand name originally proposed for them was "Peds" (Latin for "foot"). That name was legally unavailable, so it came down to "Veds" or "Keds." You already know that outcome.

Sneakers were very basic at first—rubber soles with canvas uppers. But they've evolved since then and quickly became a force on the shoe scene. However, if these shoes had first been worn to play basketball on the hardwood, surely they would have been called "squeakers."

A chain is only as strong as its weakest link

Our feet support our weight when standing. They are the first parts of our bodies to strike the ground when walking or running. And strike it they do, bearing 1½ times our body weight with each step when walking and 3–4 times our weight when running. And we haven't even mentioned the work they do in propelling us forward.

If any part of our foot is structurally unsound, out of alignment, or causes pain, it prompts a chain reaction of events. An imbalance or favoring of our foot—consciously or subconsciously—will cause unnatural pressure and wear-and-tear on other parts of the body: the ankles, knees, hips, back. And if spinal alignment is affected, that in turn can cause discomfort in the shoulders and neck. It's not far-fetched to say that a cranky neck might be attributable to the body part that is farthest away.

Caring for one's feet should be a natural part of an overall health-care regimen. Pain and discomfort should not be attributed to "that's just the way it is." Patchwork methods such as Advil or icing don't get to the root of the problem. Your feet aren't supposed to hurt, and that goes for the rest of your body as well.

See us for preventive maintenance. We can help you get a handle on things *before* you experience pain who knows where.

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6624 Fannin, Suite 1690
Houston, TX 77030

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.

Web site: **www.LepowFoot.com**

Enjoy Spring with a pair of healthy feet!