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**\*Diplomates, American Board of Podiatric Surgery**

## Lepow Podiatric Medical Associates

### OFFICE LOCATIONS

*Lepow Podiatric Medical Associates has four 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**

## *Get Your Feet in Shape for Spring and Summer*

Many of us make New Year's resolutions to get into shape. This resolution sometimes gets delayed until the weather improves for more outdoor exercise. Unfortunately, lower-extremity injuries or worsening of preexisting foot and ankle conditions is associated with increased exercise. Most injuries associated with indoor and outdoor activities are similar, other than those sustained by accidents.

Cycling and/or spinning injuries often are associated with specialized cycling shoes. Specialized shoes with a cleat (to snap on) not only restrict motion within the shoe, but the position of the cleat can exacerbate preexisting foot conditions, including neuromas and other nerve compression disorders. Additionally, due to the firmness of the shoe design, the shoes can irritate existing ingrown toenails, hammertoes, and bone spurs, and prompt arch pain and a variety of tendon injuries. Simple self-treatment may include changing the shoes and/or adjusting the location of the cleat. Additional treatments may include use of over-the-counter anti-inflammatories, and adjusting the height of the pedals of your cycle and/or the size of the bike frame.

Running or walking injuries of the foot and ankle are numerous. In addition to contusions and foot/ankle sprains, there are conditions resulting from overuse. The most common injuries associated with running and walking include toenail injuries and irritation of corns, calluses, bunions, and hammertoes. The most

common complaint is heel pain or plantar fasciitis, with or without a heel spur. Plantar fasciitis is either acute or chronic. Acute plantar fasciitis is easier to treat and rarely requires surgical intervention. Both acute and chronic plantar fasciitis require multiple forms of treatment and therapies, which are enhanced by the complete and enthusiastic acceptance by the patient to participate in the treatment program. Unfortunately, this often includes a significant decrease in walking or running, and a reduction in frequency, speed, and distance. We feel strongly that a systematic and reasonable treatment plan has a high degree of success. Chronic plantar fasciitis has a less successful chance for cure without a surgical procedure, which has evolved over the years into a relatively simple procedure that is oftentimes performed endoscopically.

Other forms of exercise that may develop or worsen foot and ankle conditions include weight training, CrossFit, and Zumba. Generally, these develop as compression syndromes or disorders which require rest, ice, elevation, and physical therapy. The goal of our physicians and therapists at Lepow Podiatric Medical Associates is to quickly and correctly diagnose your injury. Following diagnosis, our goal is to individualize the treatment program for recovery and hopefully a return to full activity.

**Gary M. Lepow, D.P.M.**

***Thank you for all your referrals. We appreciate them!***



## When Your Toes Get Bent Out of Shape

Each of the four smaller toes has three joints. A hammertoe is an unnatural bending of the toe at the middle joint, the proximal interphalangeal (PIP) joint. The joint juts upward and the bones extending from the joint bend or curl downward instead of being straight.

At the root of hammertoes is an imbalance of the muscles and ligaments in the toes. By extension, the tendons and joints of the toe are subject to increased amounts of pressure, which leads to unnatural bending at the PIP joint. Heredity and trauma play roles in hammertoe formation, as does arthritis, a bunion, and footwear that places excessive pressure on the toes.

*Flexible* hammertoes still have some degree of movement in the PIP joint. As such, they can be treated more easily with conservative measures.

Left untreated, flexible hammertoes can progress to *rigid* hammertoes. Rigid hammertoes do not bend when you try to move them, as the tendons have become tight and the PIP joint may be misaligned. People who have neglected their hammertoes or who have advanced arthritis are more vulnerable to rigid hammertoes. In most instances, surgery is the only effective treatment option.

Hammertoe symptoms, besides the unnatural elevation and bend of the PIP joint, include pain at the top of the joint caused by friction with footwear, corns, calluses, redness and swelling, restricted or painful motion in the toe, and pain in the ball of the foot (a ripple effect of excessive stress created by the hammertoe).

Don't allow minor foot or ankle problems to mushroom into bigger ones. Call us for an appointment instead.

## Giving Birth to Foot and Ankle Discomfort

Pregnancy is an exciting time for a woman, but the many bodily changes associated with it hold consequences for the feet and ankles.

A hormone called relaxin plays a key role throughout pregnancy. It relaxes the ligaments in the hips and pelvis to pave the way for childbirth. However, ligaments in other parts of the body may loosen as well. For example, the arch of the foot may flatten, resulting in overpronation and shifting stress to areas of the foot that aren't prepared for it. Heel pain, plantar fasciitis, metatarsalgia, posterior tibial tendonitis, or bunions may crop up. Loose ligaments in the ankle further add to instability.

Weight gain exacerbates the effects of relaxin. Added pressure to feet and ankles raises the incidence of soft-tissue injuries, muscle aches, tension, calluses, and cracked heels. Foot size will likely change throughout pregnancy, too. New shoes may be required to maintain foot comfort.

Swollen feet are a normal occurrence late in pregnancy. The body carries an increased blood volume, and water is retained, often pooling in the feet and ankles. Hormonal changes may spur hot or burning sensations in the feet.

If pregnancy takes a toll on your feet and ankles, give our office a call. We have a wide array of conservative treatments and recommendations to keep them as comfy as possible.



**If** pregnancy takes a toll on your feet and ankles, give our office a call.

## DIABETES AND BONE INFECTION

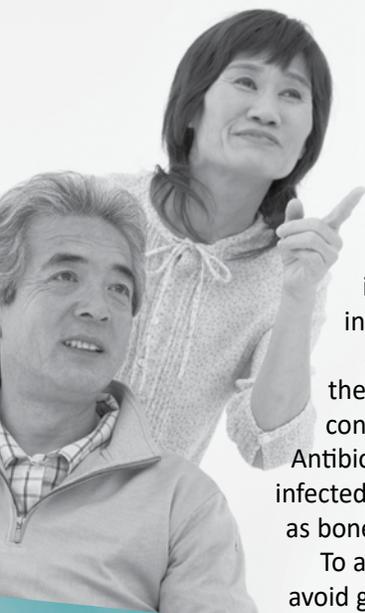
Diabetes can result in osteomyelitis of the foot, a bone infection that causes all or a portion of a bone to die. Those with diabetic peripheral neuropathy are most vulnerable, as they are rendered unable to properly feel pain in their foot, or sense changes in temperature or pressure. An ulcer may develop undetected, becoming a gateway for bacteria to infiltrate the foot's subsurface.

Bacteria can eventually reach the bone, adhere to it, and form a biofilm that shields it from the body's immune system. In time, proteins released by the bacteria break down the bone. Pus-filled pockets of infection develop, disrupting blood flow to the bone—in effect, the bone is dying.

A bone biopsy is the best way to diagnose osteomyelitis. It can precisely identify the bacteria involved in the infection, enabling a more targeted selection of antibiotic treatment. Various imaging tests may be conducted as well.

Antibiotic treatment will take 4–12 weeks and be done orally, intravenously, or by insertion of “beads” into the infected bone, depending on the circumstances. Surgery to remove infected bone might prove necessary, as well as bone grafting or a bone-transfer technique. In the most severe cases, amputation may need to be considered.

To avoid osteomyelitis, diabetics should keep their blood-sugar under control, wear properly fitted footwear, avoid going barefoot, conduct daily foot inspections, and make a podiatrist part of their diabetic healthcare team.



# Charcot-Marie-Tooth Disease

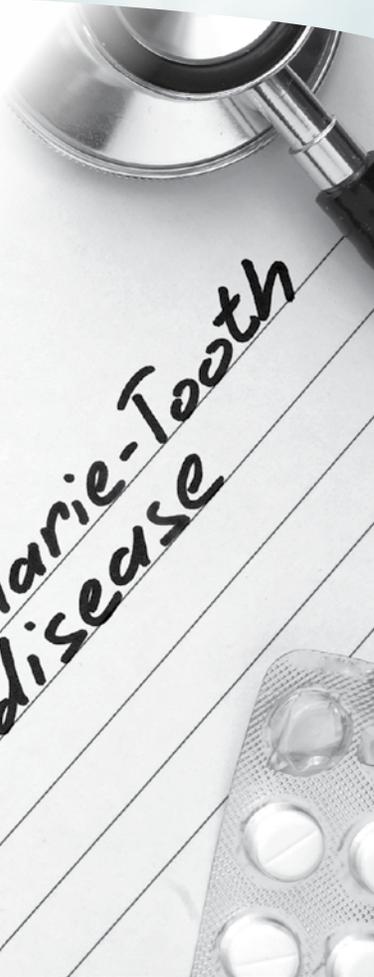
Charcot-Marie-Tooth (CMT) disease is an inherited neurological disorder that causes degeneration of the peripheral nerves. Peripheral nerves carry messages from the brain to the muscles of the feet, legs, arms, and hands.

Degeneration of the nerves interferes with proper muscle contractions, which may result in muscle weakness, muscle atrophy, and clumsiness. In addition, pain signals from the feet to the brain are often interrupted. Injuries to the feet may go unnoticed and become infected ulcerations.

CMT commonly strikes during adolescence or early adulthood, but it can also make its mark later in life. It most frequently begins in the lower legs or feet, and may wind up affecting the hands and arms as well. As it progresses, it can lead to structural abnormalities such as high arches and hammertoes. CMT can also result in foot drop, which is the inability to properly flex the foot upward when walking, leading to trips and falls and associated injuries.

Currently there is no cure for CMT. Treatment options to help sufferers cope include physical therapy; assistive devices (e.g., braces, ankle-foot orthoses); occupational therapy; and medications to ease pain or muscle cramps. Proper foot care includes daily foot inspections and well-fitted shoes. Surgery may be required to correct foot deformities.

If your feet or ankles aren't functioning the way they should be, contact our office for a comprehensive podiatric exam.



Diagnosis  
Charcot-Marie-Tooth  
disease



## IDENTIFYING BUNION MISINFORMATION

A bunion is a deformity at the base of the metatarsophalangeal (MTP) joint, which is the meeting point of the first metatarsal bone—one of five long bones running across the top of the foot—and the first of two bones of the big toe (phalanx bones). When the MTP joint moves out of alignment, the phalanx bones angle toward the second toe, and the first metatarsal shifts toward the inside of the foot, creating the bony bump. Skin and tissues next to the joint may eventually become inflamed, swollen, and painful.

One-fourth to one-third of Americans eventually encounter bunions. There is, however, a lot of misinformation about them:

- **BUNIONS ARE NOT CAUSED BY HIGH HEELS.** High heels and other poor footwear selections can hasten the formation of bunions, but they're not the cause. The true culprit is muscle imbalance and instability in the MTP joint, which in most cases is caused by a genetic defect. Repetitive big-toe injuries and arthritis can play a role, too.
- **THE PAIN RESULTING FROM BUNION SURGERY IS NOT UNBEARABLE.** Advances in pain-management techniques have greatly improved the postsurgical experience.
- **NOT EVERYONE WHO HAS BUNION SURGERY MISSES MANY MONTHS OF WORK.** People with desk jobs are often back in two weeks. A more physically demanding job will require a longer recovery time. Timetables depend on the type of bunion surgery performed and how well the healing process goes.
- **NOT ALL BUNIONS NEED SURGERY.** If bunions aren't causing pain, don't interfere with wearing shoes, and don't make physical activity a chore, surgery generally isn't necessary.

Bunions that are monitored and treated in the early stages are easier to manage. There are many treatment options short of surgery that may be successful. If your big-toe joint has gotten your attention, schedule an appointment with our office for a full evaluation.



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

**Gary M. Lepow, D.P.M., M.S.**  
**Randal M. 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.



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.

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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.

*“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.”*



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6624 Fannin, Suite 1690  
Houston, TX 77030

**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.