



Foot and Ankle Frequently Asked Questions

What is a bunion?

The term bunion refers to a fairly common foot deformity composed of prominence of the medial forefoot that is associated with lateral deviation and sometimes rotation of the great toe toward the lesser toes. The medical term for this condition is hallux valgus, which better describes the patient who has a broad forefoot compared to the heel, deviation of the forefoot bones in stance and rotation of the great toe outward toward the lesser toes. While hallux valgus is not always a painful condition, it is one of the most common reasons patients will have difficulty with footwear and normal activities of daily living and present to the orthopaedic surgeon's office. Not all bunion or hallux valgus deformities require surgery, but operative intervention can correct the deformity and improve comfort levels in a patient who has pain on a daily basis and/or progression of their deformity over time. Please visit our website at www.louisvilleorthopedic.com for patient education documents.

Isn't it common for bunions to come back after surgery?

Recurrent hallux valgus can occur for a variety of reasons, but should be relatively infrequent if the right procedure is done correctly for the appropriate patient. Bunions often occur after surgery if the surgeon and the patient did not choose the right operation for the patient. It is imperative that the patient and the doctor appreciate the particularly unique pathoanatomy and address all of this at the first surgical procedure to get appropriate correction the first time around. In most instances when the right operation is performed well for the correct patient and the appropriate postoperative care is rendered and compliance by the patient assured, the deformity will occur less than 2 to 3% of the time.

Is my foot deformity inherited?

While club foot and certain congenital deformities are genetically determined and may occur in 1 out of every 2,000 live births, more common foot deformities such as bunions are not directly inherited. Tendency to bunions may run in families, but are not inherited in a way that eye color and hair color are determined. More than 90% of all hallux valgus deformities are acquired and not inherited.

What are the most common forms of arthritis in the foot and ankle?

A common arthritic foot condition seen in our practice is termed hallux rigidus. This may mistakenly be diagnosed as a “dorsal bunion”. Ninety percent of the time this occurs as an idiopathic degenerative arthritis of the great toe joint characterized by joint stiffness, spur formation and pain. There are many nonoperative, as well as operative options available for the patient with hallux rigidus and consultation with one’s orthopaedic surgeon can provide the appropriate treatment recommendation.

The second most common type of arthritis of the foot and ankle presenting to the orthopaedist’s office is that resulting from prior trauma to the foot or ankle. Severe sprains, fractures or contusions can result in cartilage injury that leads to stiffness, swelling and pain about the weight bearing foot and ankle joints over time. Anti-inflammatory medication, shoewear modification, or the use of custom foot orthoses are nonoperative alternatives for the patient with post-traumatic osteoarthritis of the foot and ankle. There are innumerable bracing and surgical options available as well to provide excellent relief.

Rheumatoid arthritis can be a very disabling and deforming arthritis affecting the weight bearing joints of the foot and ankle. Orthopaedic treatment of this ailment can be very gratifying for the patient, as well as the surgeon.

I have been told that nothing can be done about my foot and ankle arthritis. Must I learn to live with this disability?

On the contrary, recent advances in orthopaedic and arthroscopic surgical technique, laser and radiofrequency technology, and ortho biologic research are providing exciting alternatives for management of the patient suffering from arthritis of the foot and ankle. These advances are shortening postoperative recoveries and minimizing perioperative patient discomfort while at the same time improving function and activity level for the arthritic foot and ankle patient.

What is the status of joint replacement for the foot and ankle?

While advances are being made all the time in biomechanics and implant design, each patient considering the option of artificial joint replacement must consider the risks and benefits of this procedure, as well as alternatives. While each patient’s orthopaedic needs are unique, joint resurfacing, joint realignment, and joint fusion can provide wonderful pain relief. Artificial ankle

replacements, for example, are better designed now than they ever were in the past, but strides are being made as each month and year go by in improving these designs. The ankle presents complex soft tissue, musculoskeletal, and biomechanical issues and the current generation of ankle implants may not hold up as long as would be desired for the active or heavyset patient, or the patient with severe deformity, ligamentous laxity or systemic disease. Consultation with an orthopaedic surgeon well versed in all alternative surgical options would be indicated for the patient considering foot or ankle joint replacement.

What is a heel spur?

The heel spur syndrome is a symptom complex perhaps better described by the term plantar fasciitis. The plantar fascia is a thick ligamentous band on the bottom of the foot that connects the heel with the base of all the toes. Even in the absence of a radiographic prominence or spur, patients may have pain at the origin of the plantar fascia upon arising and stretching this ligament. The presence or absence of a spur has absolutely no bearing upon the clinical course of the patient with plantar fasciitis and the heel spur syndrome.

More than 95% of patients with plantar fasciitis and heel spur syndrome can be managed nonoperatively and need not consider surgery. Consultation with an orthopaedic surgeon with a special interest in the care of foot and ankle is recommended. The patient with plantar fasciitis is referred to the Louisville Orthopaedic Clinic web site and educational materials there prepared by Dr. Quill and Lori L. Edmonds, ARNP.

How do I select a shoe appropriate for me?

Appropriate footwear is by far the best way to prevent injury and deformity of the foot and ankle. The reader is referred to the Louisville Orthopaedic Clinic web site for educational materials on selecting the proper shoe for dress, casual and athletic activities. The American Orthopaedic Foot and Ankle Society also has on its web site (www.aofas.org) educational materials and brochures regarding the 10 points of proper shoe fit.

I know someone whose knee surgery was performed using an arthroscope. Is this technology available for my ankle and foot problems?

Yes, Indeed, a great variety of foot and ankle ailments that require surgical treatment can be addressed through the arthroscope. The arthroscope employed for foot and ankle surgery is a lens usually less than 4 millimeters in diameter attached to a fiberoptic light source and a small

handheld video camera that allows the orthopaedic surgeon complete access to the joint in question. Arthroscopes smaller than this size are available in addressing smaller joints distal to the ankle. The joint is distended with sterile fluid as it is inspected using the arthroscope and operated through additional small incisions no more than 5 to 6 millimeters in length. Examples of procedures that can be performed with the arthroscope include removal of loose bodies, excision of spurs, smoothing of cartilage defects, reconstructing ankle and hindfoot ligaments, relieving bony and soft tissue impingement and laser resurfacing of diseased cartilage.

What is the typical recovery after foot and ankle surgery?

While the length and specific details of recovery after foot and ankle surgery depend upon the particular patient and the procedure performed, all surgical recoveries require an appropriate period of rest. This is especially true after surgery of the foot and ankle, which often is subject to more swelling and potential circulatory problems than other parts of the body. There is always a tendency for the foot to hang dependent and be close to the floor and ground if not cared for especially.

Soft tissue procedures about the foot and ankle often require very short periods of rest followed by rehabilitative exercises that are easily performed at home by the patient. Ankle ligament reconstruction often entails a period of postoperative recovery much shorter than that of knee ligament reconstruction. After ankle ligament reconstruction it is typical that a 10 to 14 day period of protected weight bearing followed by ambulation in a walking cast and muscle rehabilitation is all that is required. The typical patient having hallux valgus or bunion surgeon requires a short period of protected weight bearing with crutches, walker, scooter, wheelchair or upright rolling device followed by weight bearing to tolerance in a firm-soled postoperative sandal. Casting after bunion surgery is rarely required with modern fixation and implant devices commonly being employed now. The patient with more extensive foot and ankle reconstruction may require casting up to 12 weeks.

What is the difference between an orthopaedic surgeon and a podiatrist?

Orthopaedic surgeons who specialize in the foot and ankle are medical doctors (M.D.) who are board certified in orthopaedic surgery and have completed advanced fellowship training in foot and ankle problems. Whereas podiatrists (DPM) are limited license practitioners who do not attend medical school, orthopaedic surgeons are medical school graduates who have trained

in all areas of medical and surgical care, passed rigorous peer-reviewed specialty exams and continuing medical education, and have also demonstrated proficiency in care of the entire musculoskeletal system, including medical conditions that impart upon the lower extremity. Not all persons involved in the field of footcare are fully trained orthopaedic surgeons possessing the qualifications of membership in the American Orthopaedic Foot and Ankle Society. Use your computer's internet browser to find the American Orthopaedic Foot and Ankle Society web site (www.aofas.org) and click on the link entitled "The Orthopaedic Distinction" for more information and to learn about this distinction.