

Orthopaedic Connection

Arthritis of the Foot and Ankle

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Transforming patient information into patient understanding.

Arthritis is the leading cause of disability in the United States. Today's topic Arthritis of the Foot and Ankle covers a fairly small area compared to the body's musculoskeletal system as a whole.

While it affects a small area, foot and ankle arthritis are extremely disabling and can result in a painful sedentary life.

When I can identify the problem early the outcome is often better than when the person has delayed treatment for months and sometimes years.

Cause

Arthritis typically occurs from either disease or trauma.

1. Osteoarthritis develops as we age and is often call "wear and tear" arthritis. Over the years, the thin covering (cartilage) on the ends of certain bones can become worn out and frayed. This results in inflammatory swelling and pain in the joint. Osteoarthritis is the most common arthritis and generally affects older people.
2. Arthritis due to trauma is caused by the joint surface being damaged. Fractures that damage the joint surface and joint dislocations are the most common injuries that lead to arthritis. An injured joint is seven times more likely to become arthritic, even if the injury is properly treated.
3. Rheumatoid arthritis is not an inherited disease. Some people have genes that make them susceptible to the disease. There is usually a trigger such as an environmental factor which activates the gene. When the body is exposed to the trigger the immune system begins to produce substances that attack the joint. This is what may lead to the development of rheumatoid arthritis.

Anatomy

The anatomy of the foot and ankle is ridiculously complicated.

- There are 28 bones
- More than 30 joints
- A myriad of ligaments
- Tendons crossing all the joints
- Many small muscles

If arthritis develops in one or more of these joints, pain of course can result along with poor balance and limping. Walking may be difficult and every step may be painful.

Diagnosis

A good medical history helps me understand more about the problem. What is the pain pattern? Was there a post injury to the foot or ankle? Pain at night? Both feet or only one?

The history then leads to a good exam of the whole lower extremity not just the foot.

Plain x-rays are always done which may be enough. I don't always need a CT or even an MRI to make the appropriate diagnosis.

Lab studies may be required to diagnose Rheumatoid arthritis.

Treatment

I want to cover treatment thoroughly but I don't have time to do it all this week. I will finish what you need to know about "Arthritis of the Foot and Ankle" next week.

Please come back for the final episode. See you then.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website.

I sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush