

## **Orthopaedic Connection**

### **Old Injuries Cause Foot and Ankle Arthritis**

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#### *Transforming patient information into patient understanding.*

I know from experience in Orthopaedic Surgery practice that two thirds of arthritis in the foot and ankle comes from previous injury or injuries. The trauma to the foot and ankle may have happened years before.

I think we take our feet and ankles for granted! We think they will always be there to carry us around. When they “get sick”, we have a huge problem in getting places efficiently.

#### **Just As Serious**

All we hear about nowadays is about hip and knee arthritis, because they are such major joints. The hip and knee “lobby” must be very strong with the media!

Also the hip and knee are more “glamorous” joints for doctors to treat. The foot and ankle are like the little brother. They do not get the attention they deserve.

When you develop serious pain in the foot and ankle you realize they are equally important to your knee and hip in getting around.

#### **Causes of Foot and Ankle Arthritis**

- The large majority of patients with foot and ankle arthritis have it as a delayed result of an old injury.
- The second most common cause is rheumatoid arthritis.
- About 10% of foot and ankle arthritis just happens and we have no clue.

#### **Complexity**

The foot and ankle are impossibly complex.

- 26 bones (plus 2 small sesamoid bones)
- 30 joints
- Many ligaments, muscles, tendons

All of the things mentioned above are supposed to bear all of our weight our entire lives. They have to run, turn, walk and stand for endless periods of time. Get the picture?

#### **Area of Arthritis**

There are three areas which covers most of it.

- Ankle itself
- Midfoot, inner and outer aspect
- Great toe

Pain, swelling, tenderness and stiffness sets in. You start limping and then your outer hip and/or back starts to hurt. Sometimes symptoms develop slowly and other patients have rapid changes. You wonder what has become of you.

#### **Diagnosis**

I have to try to decide by testing if it is rheumatoid or osteoarthritis. Previous sprains, fracture or other trauma help in diagnosis. Lab tests may be needed. In addition to a careful history and examination of the whole lower extremity, I will invariably take x-rays. CT or MRI is occasionally required, but not very often.

### **Treatment**

Usually it takes a combination of treatment in my experience to control arthritis symptoms in the foot and ankle.

- Anti-inflammatory drugs such as Advil or similar
- Prescription anti-inflammatory medication
- Oral or injected steroids
- Orthotics (shoe inserts). Off the shelf or custom made functional orthotics.
- Surgery is required in certain cases depending on how advanced the arthritis is

### **What Else Can Help?**

- Shoes that provide a good cushion base
- A brace that limits motion in the foot and/or ankle
- Exercise that does not overload the foot and ankle. Perhaps walking. Probably an exercise bike. Anything in water. No jogging!
- Avoid excessive weight if possible.

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

### **Office Website and Gratiot County Herald Archive**

Wow! Your window to the Orthopaedic and musculoskeletal world opens at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the Website Library of information, Your Orthopaedic Connection and GCH archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.

Be well.

Dr. Haverbush