

Monthly Newsletter



Don't get carried away!

Latest/ upcoming developments

- During the summer school break we shall be carrying out free child checks (U16s) as part of our own in house foot health promotion month. Ask reception for details.

Contact Your Podiatrist

The Footcare Centre Ltd
8 Monument Green
Weybridge
Surrey
KT13 8QS
Tel: 01932 849373

Web:

www.thefootcarecentre.co.uk

Patellofemoral Dysfunction?

Patellofemoral dysfunction, also known as anterior knee pain, involves the patellofemoral joint or the area between the knee cap and femur. It is commonly seen in teenage female patients and athletes like runners, bikers, and basketball players.

Patellofemoral dysfunction is characterized by a sudden pain with or without injury to the knee. It is caused by excessive and repetitive pulling or compressing on the knee cap.

Athletes involved in running and jumping are more prone to having this dysfunction.

Initially the pain is localized around the knee cap area. It could be felt when going down the stairs, sitting for a long time, or standing up. During these movements, a clicking or grinding sound could be heard.

The clicking or grinding sound as well as pain is due to the abnormal movement of the knee cap. The knee cap rubs against the femur causing inflammation. Weak muscles surrounding the knee joint also contribute to the condition.

This abnormal movement can cause unnecessary pressure and force on the knee joint. It gets worse over time. It could even reach a point of patella or knee cartilage damage.

This dysfunction could be diagnosed during clinical check-ups. For extreme cases, MRI scans may be needed to properly assess more complex knee conditions.

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Careful!



Seek professional help for therapy!

Patellofemoral Dysfunction?

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Treatment

The best way to treat patellofemoral dysfunction is by non-surgical means: Improving foot-knee alignment and physiotherapy.

Quadriceps exercises help strengthen and stabilize muscles around the knee. It could also help correct and put the knee cap into proper position. Make sure you get advice first!

Your podiatrist may fabricate a custom foot orthotic for treatment purposes.

Avoid load or force on the injured knee until it gains strength and becomes stable. This is true especially for athletes who had overused their muscles around the knee area. Avoid squats or lunges.

To address swelling and inflammation, you should place ice packs for 15 minutes on the inflamed area regularly. ESWT (see practice leaflet) can also be a successful pathway for chronic conditions.

Several dedicated weeks are needed to treat patellofemoral dysfunction. With improvement, modifications to activities such as sports may be helpful.♦

Bunions

A bunion is one of the most common foot problems. It is a bony bump on the inside of the foot around the big toe joint, frequently associated with a "crooked" displacement deformity of the big toe. The condition is medically termed as hallux valgus.

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You can get back to sports!

Bunions

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As the bunion grows in size, there can be thickening of the skin around the big toe, pain, and restricted movement. It can also lead to other foot problems such as arthritis, hammertoes and bursitis. Bunions are permanent unless treated by a medical professional.

Early Stage Treatment

In the early stages of a bunion, simple treatment methods can reduce pain and discomfort. The most basic way to relieve soreness is by wearing properly fitted shoes with a wide toe box area. This will take away

pressure from the big toe. Over-the-counter remedies can ease the symptoms as well as the swelling. Your podiatrist may use conservative methods at this stage. Using custom orthotics, night splints, orthadigita or bunion pads are also helpful in the management of mild bunions. To relieve tenderness, apply ice over the bunion area for a few minutes.

Surgical Treatment

Early diagnosis and advice is helpful. For more severe bunions, a possibility of elective surgery is chosen by some people.



Patients who may benefit from bunionectomy (surgery on the bunion) or other surgical options include those with severe pain which limits their daily activities or those with severe shifting-in of the big toe towards the other toes impacting activity.

Any surgical decision must be considered in conjunction with its risks and benefits which a surgeon will explain at a surgical assessment.

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Surrey
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Phone:
01932 849373

E-Mail:
info@thefootcarecentre.co.uk

Web Site:
www.thefootcarecentre.co.uk

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The Care,
Professionalism and
Time that your feet
deserve



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Bunions (cont'd from previous page)

There are different surgical procedures in the treatment of bunions. The type of bunion surgery depends on the severity of the bunion and can be discussed with our in house Podiatric Surgeon Ernest Barlow-Kearsley. What drives the type of surgery depends on the general condition of the bones and connective tissues of the foot, and the activity level of the patient.

It is important to note that as with any surgical procedure, there are possible risks and complications associated with bunionectomy. Our advice - make sure all your concern and questions are answered by your surgeon prior to electing for any procedure. ♦

What is P.R.I.C.E Therapy?

P.R.I.C.E is an acronym we use, often in the treatment of sports injuries, though the concept is useful in considering how we approach many foot problems.

The p stands for 'protection'. It makes sense, right? – if you have a painful foot, it needs protecting in order to facilitate it healing up. Protection can mean changes to footwear, the introduction of splints, application of bandaging or tapes or many other forms of 'protection'. Low-dye strapping in the treatment of [plantar fasciitis](#) or heel spurs may be considered 'protection'. Protection is commonplace in many other treatments including the treatment of [corns and hard skin](#) or the management of [ingrown nails](#).

The r stands for 'rest'. Things heal quicker if you rest them. [Identifying aggravating activities can be helpful](#). Targeting your rest to include the avoidance of aggravating activities is an important part of this type of therapy. Long-term you may wear custom [orthoses](#) to permanently off-load stressed tissues – this is called orthotic tissue stress theory.

The i stands for 'ice'. You may be advised by [your foot specialist/chiroprapist](#) to use ice packs at specified intervals. Never apply ice directly to your skin.

The c stands for 'compression'. An acute injury stimulates an inflammatory response. This in turn can lead to edema and sometimes very visible swelling. Compression is sometimes applied to control swelling.

The e stands for 'elevation'. Elevating an injury is a sure fire way to help protect injury, encourage its rest, whilst facilitating the drainage of swelling. Pain is usually reduced in an elevated injury. Elevation is often recommended in the initial stages following [minor surgery](#).

And so there you have it. A play on words. "P.R.I.C.E" means protection, rest, ice, compression and elevation.

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