



MUSCULOSKELETAL HEALTH NEWS

Dealing with the Agony of the Feet



– Sean Henning, DPM

“Most of us climb out of bed in the morning, hit the floor, and we’re off and running,” says board certified podiatrist Sean Henning, DPM. “But for some, the feet just aren’t up to the job. That’s why we’re here.”

Dr. Henning, together with fellowship-trained foot and ankle surgeon Scott Trumble, MD, see a wide range of patients at OSMC’s Foot and Ankle Center. “The most common problems we treat are abnormal skin growths or wounds, nail disease, heel and foot pain, foot deformities, and ankle and foot fractures. Severe fractures and crush injuries often call for surgery, and we perform those procedures here at the Center. But the majority of patients are dealing with skin and soft-tissue problems that can be treated without surgery.”

A good example is severe heel pain brought on by *plantar fasciitis* (fash-eee-eye-tiss). This condition occurs when the long ligament that runs along the bottom of the foot develops tears. Stabbing, burning, or aching pain near the heel results . . . pain that can be severe when the patient steps out of bed in the morning after the ligament spent all night tightening up. And because we call on this ligament to stretch and rebound with every step, the pain can be debilitating.

“This condition illustrates the value of our emphasis on comprehensive musculoskeletal health,” says Henning. “Most patients with this problem can be treated successfully without

surgery. More severe cases may require an operation – a procedure that can be done here through our outpatient surgery program. But some patients who have lived with this condition over a span of time learn to compensate for the ailment, which can telegraph into problems in the knee or hip. That’s when our orthopedic physicians who specialize in these joints come into the picture, providing therapy or even joint replacement surgery if that step is called for.”

As is the case with just about all health ailments, the earlier a foot or ankle problem is detected and treated, the greater the chance for a successful outcome. It all starts with an accurate diagnosis, but that’s just the beginning of doctor’s job.

“The problem itself is usually pretty easy to identify. It’s the ‘Why is this happening?’ that represents the bigger challenge,” says Henning. “What is the patient doing that’s led to the problem? There’s usually some form of risk factor that predisposes the patient to foot problems, so it’s essential that we focus on the source of the problem, not just the symptoms.”

Patients with diabetes often have greater challenges. Many patients suffer from poor blood flow to the extremities, making the foot an easy target for infections and open wounds. The problem can be compounded by neuropathy, a common diabetic condition that results in numbness of the legs and feet. “We frequently see patients with an open sore on the bottom of the foot that they didn’t even know was there,” Henning explains. “This is a high-risk problem that, if left untreated, can quickly snowball into infection and potential amputation. Fortunately, primary care physicians in the area do a great job of monitoring the foot health of their diabetic patients, and are quick to refer patients to us if serious issues arise.”

Most patients seen at OSMC developed their foot and ankle problems through no fault of their own. Birth deformities, injuries, and disease-based ailments are common. But Henning frequently also sees patients with foot problems that were quite preventable. A good example: “As the end of summer nears, I can count on seeing a lot of patients with foot pain brought on by too many miles in the flip-flops. Some people pay more attention to fashion than foot health, and sooner or later a lot of these folks will be coming to see me.”

