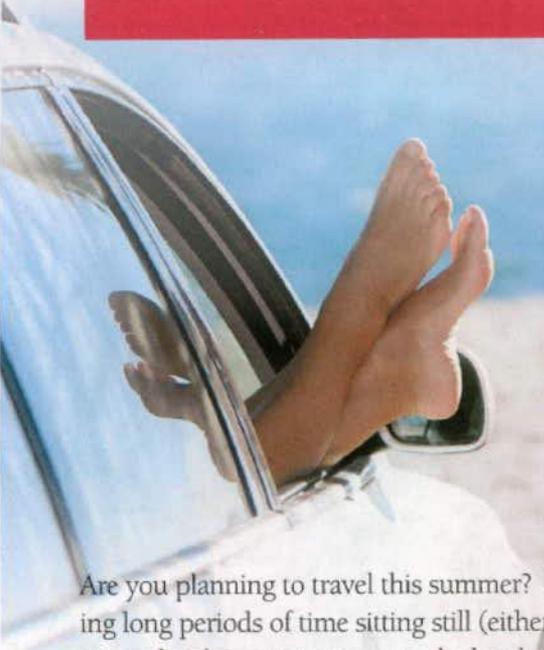


footprints



An informational newsletter for patients of APMA member podiatrists

Summer 2011



YOU'VE GOT TO MOVE IT, MOVE IT—ESPECIALLY WHEN TRAVELLING

Deep Vein Thrombosis (DVT) and How to Prevent Clots during Travel

Are you planning to travel this summer? If you'll be spending long periods of time sitting still (either in your car or on an airplane) you may want to take heed of deep vein thrombosis (DVT). What is DVT? It can be painful and dangerous if you don't know what it is and how to identify it while you're travelling.

DVT can affect anyone but is most prevalent in adults over 60 years of age. DVT mainly affects the larger veins in the lower legs and thighs. A blood clot can develop and block blood flow, causing pain and swelling. A blood clot that breaks free and moves through the bloodstream is called an embolism. An embolism can lodge in the brain, heart, or lungs and cause severe damage.

The risk factors for DVT and blood clots include:

- long periods of bed rest;
- cigarette smoking;
- fractures in the pelvis or legs;
- giving birth within the last 6 months;
- heart failure;
- medications such as estrogen and birth control pills;
- obesity; and
- recent surgery.

There are ways to avoid DVT if you happen to have any of these risk factors. First and foremost, moving your legs often during long plane trips, car trips, and other situations in which you are sitting or lying down for long

periods of time can help prevent DVT. You can do ankle circles, knee bends, and thigh lifts right in your seat. It's also important to get up and move during plane travel. If you are travelling by car, stop periodically and walk for a few minutes. By moving around, you decrease your risk of DVT significantly.

Clinical evidence suggests that wearing compression socks or tights while travelling reduces the incidence of DVT on long flights, especially if you have any of the risk factors identified above. These products help improve circulation, which can be particularly important to decrease the risk of DVT.

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External Fixation

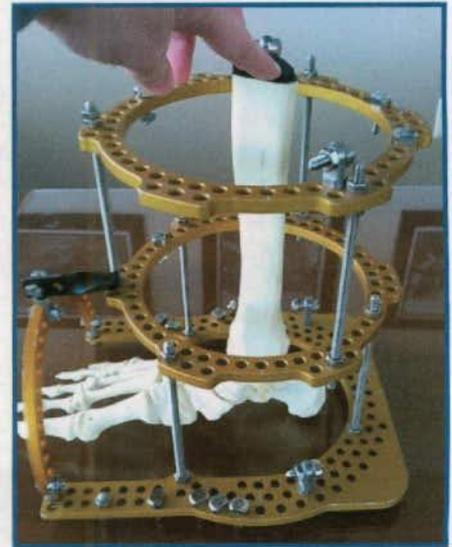
You may have noticed more people with hardware attached to their feet and ankles lately. This hardware is an external fixation device, and it's there to aid in healing and bone growth.

External fixation can be used for fractures, fusions (removing the joint surface and healing two bones together), diabetic foot reconstruction, and even to immobilize the foot and ankle to allow wounds to heal. It is called "external fixation" because the device is outside of the body, as opposed to screws or plates that you cannot see that may be surgically implanted. Each method has advantages and indications for certain situations.

External fixation is a method of immobilizing bones to allow a fracture to heal. External fixation is accomplished by placing pins or screws into the bone on both sides of the fracture. The pins are then secured together outside the skin with clamps and rods. The clamps and rods are known as the "external frame."

The advantage of this external frame is that it can be manipulated in three dimensions to place the foot and ankle in the proper position, which is especially important in complicated foot and ankle reconstruction. Other advantages of external

fixation are that it is quickly and easily applied and gives access to wounds that may be present with trauma. The risk of infection at the site of the fracture is minimal, but there is a risk of infection where the pins are inserted through the skin into the bone.



These complicated-looking, bulky devices are another important technology available to the podiatric surgeon to treat a variety of foot and ankle conditions.

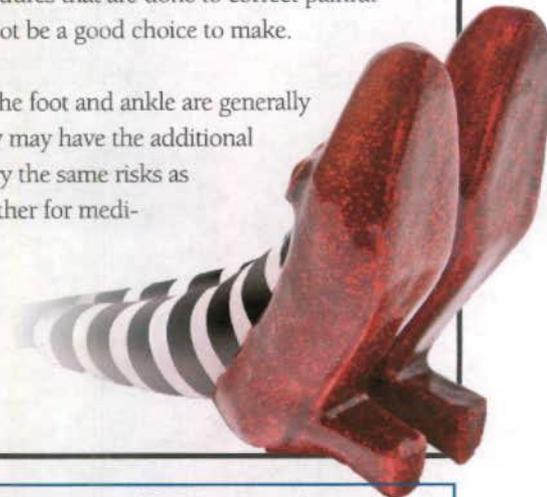
Doctors of podiatric medicine are podiatric physicians and surgeons, also known as podiatrists, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg.

"Show-biz Toes"—What Are They Really Worth?

If you read the tabloids or watch entertainment television, you may have learned recently that some movie stars are opting for cosmetic foot surgery. These stars of screen and stage are choosing to undergo surgery to correct unsightly problems that are not affecting their gait or comfort; they are having surgery just to look better. While some surgical procedures that are done to correct painful problems often have cosmetic implications, opting for foot surgery without pain first may not be a good choice to make.

According to the American Podiatric Medical Association (APMA), "surgical procedures of the foot and ankle are generally performed for relief of pain, restoration of function, and reconstruction of deformities. They may have the additional benefit of improved appearance. Surgical procedures performed for aesthetic purposes carry the same risks as those performed for medical reasons. Patients considering surgery of the foot or ankle, whether for medical or aesthetic reasons, are advised to consult a member of the APMA."

Choosing to undergo any surgical procedure requires careful consideration. Podiatrists performing surgery for medical or aesthetic reasons should have appropriate training, experience, and credentials to perform surgery properly, manage post-operative care, and treat possible complications.



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