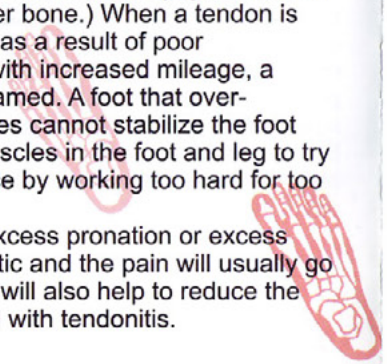
TENDINITIS

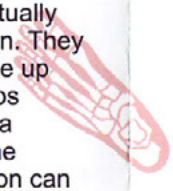
Tendons attach a muscle to the bone. (Ligaments run from one bone to another bone.) When a tendon is overly stressed, usually as a result of poor biomechanics coupled with increased mileage, a tendon can become inflamed. A foot that over-pronates or oversupinates cannot stabilize the foot properly causing the muscles in the foot and leg to try to make up the difference by working too hard for too long.

Control the amount of excess pronation or excess supination with an orthotic and the pain will usually go away. Ice and massage will also help to reduce the inflammation associated with tendonitis.



BUNIONS

Bunions are enlargements of bone on the inside of the first toe joint. Contrary to what many people think, bunions are not caused by shoes. They are actually caused by poor biomechanics or over-pronation. They are a progressive deformity. You don't just wake up one morning and there it is. How fast it develops depends on the amount of excess foot motion a person is born with . The area will often become painful and red. Controlling the excess pronation can often take pressure off the first toe joint and help to relieve the pain. An orthotic can stop or slow down the progression of the deformity. Surgery may be recommended in severe cases.



CORNS/CALLOUSES

These form because of bony deformities, excessive pressure on a part of the foot or poor biomechanical foot function. They can be pared (debrided) down effectively by a foot specialist but most do re-cur due to increased pressure and scar tissue in the area. Orthotic insoles provide pressure relief and address the foot biomechanics and help delay the recurrence.

ORTHOTICS FOR CHILDREN

Children who are walking may benefit from orthotics if compensating for a foot deformity (e.g., flat feet, intoeing, overpronation). Orthotics are used to correct or control a bone deformity or soft tissue ailment.

A chiropodist may determine that a child needs biomechanical orthotic devices to improve foot and leg function. These devices will fit into the child's footwear and help the feet perform at its peak efficiency. By controlling foot function, accommodating deformities and other anomalies the foot will be given a chance to grow correctly.

DID YOU KNOW?

- More than 700 tons of weight are placed on each foot each day
- 4 out of 5 adults eventually suffer from foot problems
- **We can write Rx for your insurance coverage**
- We carry a select line of orthopaedic shoes and custom sandals
- We appreciate physician referrals. We shall endeavour to see you early if you are in a lot of pain and have a specific referral from your physician.

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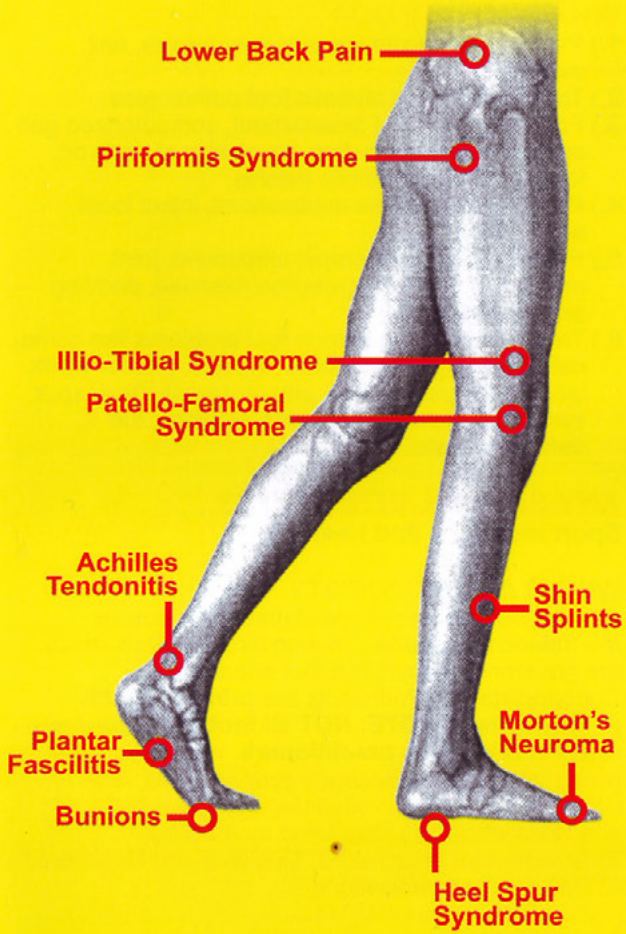
MEDICAL CENTRE FOOT CLINIC & ORTHOTICS

Riaz Bagha, B.Sc Podiatric Medicine
M.Sc., D.Ch., *Chiropodist • Foot Specialist*



www.footclinicsudbury.com
www.canadianfootclinic.ca
www.heelspurclinicsudbury.ca

WHO'S YOUR FOOT SPECIALIST AND WHAT ARE HIS QUALIFICATIONS?

Riaz Bagha, B.Sc. Podiatric Medicine, M.Sc., D.Ch.
Chiropodist/Foot Specialist
He has worked at the Greater Niagara General Hospital, Laurentian Hospital and currently has a private practice and several outreach clinics. He travels extensively when invited to give lectures/ presentations to the public & health practitioners. He is a member of the Canadian Federation of Podiatric Medicine. He is trained in Canada and England.

WHAT CAN HE DO?

1.) Perform soft tissue surgery (tenotomies, nail avulsions, etc.)
2.) Treat and assess diabetic foot pathologies
3.) Full biomechanical assessment, computerized gait analysis and 3-D casting (by plaster of paris or foam molds) for orthotic insoles.
4.) Prescribe scheduled medications, inject local anesthetics.
5.) Perform physical therapy: ultrasound, joint manipulation, laser, prescribe exercise, padding and strapping, etc.
6.) Treat all kinds of common foot problems like corns, callouses, ingrown toenails, T.pedis, plantar warts, ulcers, nail pathologies, plantar fasciitis/heel spur syndrome, achilles tendonitis, bunions, toe deformities, etc.

ANY SPECIAL INTERESTS?

Sport medicine and heel pain.

WHO IS A CHIROPODIST?

A Chiropodist is a **foot specialist.** Chiropodists are trained in **Canada.** Chiropodists and Podiatrists are government approved foot specialists. Chiropodists and Podiatrists are **primary health practiotioners. NOTE: NOT all foot practitioners are primary health practitioners.** We appreciate physician referrals. Because your health is very important, it is to your advantage to see a foot specialist who is: 1) Regulated by a college 2) Government approved 3) Licensed and Registered 4) Has proper qualifications.

WILL YOUR INSURANCE COMPANY PROVIDE COVERAGE FOR ORTHOTICS WITH OUR PRESCRIPTION?

Yes. Check with your insurance company under chiropody or podiatry for visits and under orthotic insured for dollar limit.

WHAT IS AN ORTHOTIC?

Orthotics are precision devices that insert into your shoes and boots. These devices are custom designed to alleviate the pain and discomfort you may suffer from foot disorders such as fallen arches, heel spurs, bunions, sport injuries, etc. Generally speaking, an orthotic is a custom device that controls the degree of pronation and supination of the foot when walking and running.
Orthotics may also be recommended to those individuals requiring enhanced shock absorption (e.g., arthritis) and athletes who desire enhanced performance. Patients with diabetes, heel spurs, sesamoiditis, metatarsalgia, pes cavus and pes planus may benefit from the use of foot orthotics.
Bimechanical orthotic devices are custom made devices that fit inside your shoes to help your feet perform at their peak efficiency. They control the way your foot functions. Orthotics accommodate deformities and other anomalies to give support, protection and increase comfort. Although they resemble arch supports, true biochemical orthotics do not work on the principle of only supporting the arch. Instead of supporting the arches, orthotics create a normal function of the feet.

WHAT METHODS DO WE USE FOR CONSTRUCTION OF CUSTOM MADE ORTHOTIC INSOLES?

1) Plaster of Paris cast method
2) Foam mold 3-D method
3) 3-D Scan

A particular method is chosen depending on the history (R.A., O/A, joint ROM's, type of sports activity, type of footwear, previous surgery, diabetes, etc.). Depending on the assessment, orthotic devices could be made of cork, fiberglass-thermoplastic, plastazote or any of hundred different materials. **Remember, your foot specialist will decide on the method to use so as to achieve the best clinical outcome.**

HEEL PAIN

What is it?

The most common cause of pain below the heel is Spur/Plantar Fasciitis, and associated Heel Bursitis.

What causes it?

There is a tight ligament that stretches across the arch, from the ball of the foot to the heel bone, called the Plantar Fascia. Under circumstances where there is an excessive pulling on this ligament, the attachment of the ligament to the heel begins to separate. An injury occurs where the ligament progressively tears off the heel, fiber by fiber. Bleeding occurs next to the bone and inflammatory fluids accumulate between the ligament and the bone, forming Bursitis, or fluid-filled sack. The bone spur is formed by the body when calcium is deposited in an attempt to "glue" the detached ligament fibers back on the bottom of the heel. It is part of the healing process. An inflammation of this Plantar-fascia ligament is called Plantar Fasciitis, as well this Bursitis, is what causes the pain. The bone spur itself has no nerve endings and doesn't hurt. It is just an associated finding that tells us that the inflammatory process, the Bursitis and Plantar Fasciitis have been present for a long time.

NEW We now have the latest ESWT Shockwave Therapy unit for heel spur/plantar fasciitis treatment. It has provided significant relief to many patients.


Delivering the Shockwaves

The therapy usually takes one to three sessions of five to ten minutes. Marked pain relief is observed in most patients in just eight to ten days after the first treatment.

For Heel pain, discuss with your foot specialist:

1) **Orthotic Insoles**
2) **Ultrasound**/Laser Treatment, these can be initiated while your orthotic insoles are being ordered
3) Cortisone Injection
4) Orthopedic Shoes to complement with your orthotic insoles
5) Theralase/Laser

MORTON'S NEUROMA

The neuroma is a nerve tumor (swelling) that occurs in the ball of the foot. Between each of the metatarsal bones in each foot courses a nerve. When this nerve passes between the metatarsal heads at the ball of the foot, they will sometimes become pinched by a shearing force that occurs during pronation. This occurs most often between the third and fourth toes, or between the second and third toes.
When the nerve is pinched, it becomes irritated. Swollen, enlarged and painful. Patients often will describe a burning or stabbing type of pain in the ball of the foot and the condition gets progressively worse with time. That pain will sometimes radiate into the toes of the foot. People will say they get relief from removing their shoes and massaging their foot.
Treatment involves reducing the shear forces between the metatarsal heads by controlling the amount of pronation the foot goes through. This is accomplished with the use of an orthotic. Occasionally cortisone injections are also used.