THE CHALLENGES OF KEEPING (YOUR FOOT AND ANKLE) FIT AND HEALTHY IN A COVID ERA







WHO AM I?

MATTHEW WELCK CONSULTANT ORTHOPAEDIC FOOT AND ANKLE SURGEON



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Rani	k 🔺 Hospital	Department	City	Country
1	Hospital For Special Surgery	Orthopedic Care	New York, NY	United States
2	Mayo Clinic - Rochester	Department of Orthopedic Surgery	Rochester, MN	United States
3	Charité - Universitätsmedizin Berlin	Centrum für Muskuloskeletale Chirurgie	Berlin	Germany
4	Helios ENDO-Klinik Hamburg	Orthopädie	Hamburg	Germany
5	Severance Hospital - Yonsei University	Department of Orthopedic Surgery	Seoul	South Korea
6	Schulthess Klinik	Orthopädie	Zürich	Switzerland
7	The Johns Hopkins Hospital	Department of Orthopaedic Surgery	Baltimore, MD	United States
8	Massachusetts General Hospital	Department of Orthopaedic Surgery	Boston, MA	United States
9	The Royal National Orthopaedic Hospital - Stanmore	Orthopedic Care	Stanmore	United Kingdom
10	Hospital Universitario La Paz	Traumatología y Cirugía Ortopédica	Madrid	Spain
11	Istituto Ortopedico Rizzoli	Ortopedico	Bologna	Italy
12	Asan Medical Center	Department of Orthopedic Surgery	Seoul	South Korea
13	KyungHee University Medical Center	Department of Orthopedic Surgery	Seoul	South Korea
14	Northwestern Memorial Hospital	Center for Comprehensive Orthopaedic and Spine Care	Chicago, IL	United States
15	Brigham And Women's Hospital	Department of Orthopaedic Surgery	Boston, MA	United States





THE CHALLENGES OF KEEPING (YOUR FOOT AND ANKLE) FIT AND HEALTHY IN A COVID ERA





FOOT AND ANKLE CONDITIONS YOU MUSNT **IGNORE**



COMMON LOCKDOWN FOOT AND ANKLE PROBLEMS TO **BE AWARE OF**



HOW WE ARE KEEPING YOU SAFE.



LONDON ANKLE <u>& arthritis</u> centre HCAHealthcare uk

FOOT AND ANKLE CONDITIONS YOU MUSNT IGNORE





COVID neglect

5 conditions





SEPTIC ARTHRITIS

Immuno compromise. DM, Alcoholism, Recent Injection, IVDU

Sudden onset, red, hot, painful joint.

Difficulty WB +

Systemic flu like symptoms.

joint is very irritable to small movement.

Needs urgent washout.





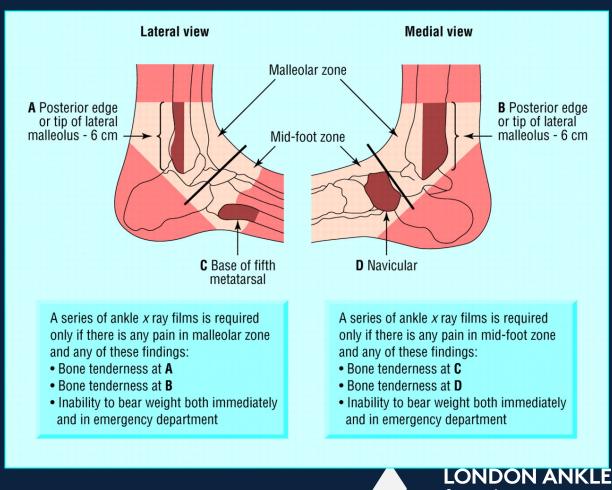
FRACTURES AND DISLOCATIONS

HOW DO I KNOW IF IT IS BROKEN OR SPRAINED?

SEEN APPROX 10 NEGLECTED FRACTURES

ANKLE FOOT





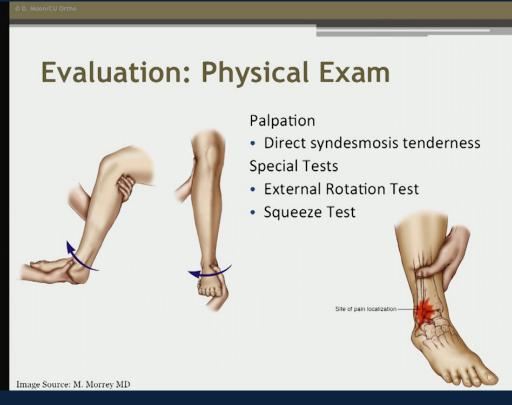






Ligament Injuries that needs to be seen





LUMPS ON THE FOOT/ANKLE ??

Ganglion: by far most common. Soft. Compressible. Flutuate. Smooth. No deep pain.

Solid

Weight loss

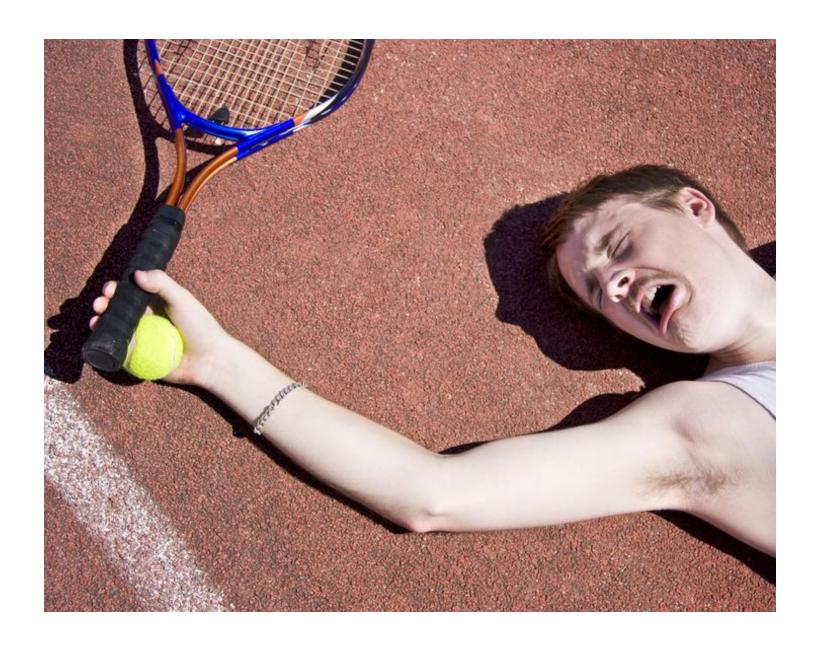
Night pain

Deep intense pain

Lymphadenopathy.







A C H I L L E S R U P T U R E

Real Problem if leave

TA RUPTURE

Hx: audible snap, 'been kicked'. May settle. unable to SLHR

Delay in Rx can cause significant complications, inability to return to sport...

Sensitivity of tests for acute achilles tendon rupture

Gap 0.73

Ankle of declination 0.88

Calf squeeze 0.96

Simmonds' triad of tests 100% sensitive





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CHARCOT FOOT

DM, reduced sensation

May be a history of innocuous or unnoticed trauma.

Deformity

Swelling

Increased heat

No skin break or lesion

Redness resolves with elevation.

Can lead to severe deformity, ulceration, OM, ultimately amputation.



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FREQUENT LOCKDOWN CONDITIONS TO BE AWARE OF

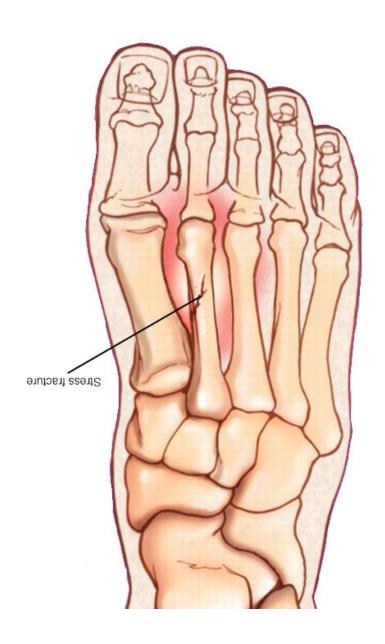


COVID-19 Lockdown

- More sedentary people are walking every day
 - More active are outdoor running every day







Metatarsal Stress Fractures

Why they happen...

Bone damage with not enough time to heal

Normal bone with excess demand

Normal demand on weakened bone

•High impact athletes runners. Jumpers, dancers

•Unaccustomed exercise
increase in frequency/distance, old/changed
footwear (barefoot).

Low bone density

Female Athletic triad

Hormonal imbalance, nutritional imbalance (eg Vit D), low bone density.

Presentation

Pain at top or bottom of foot on WB

Painful to press

Swelling





Investigation

- •XR often normal for first few weeks
- •CT can still be negative
- •MRI
- Bone scan





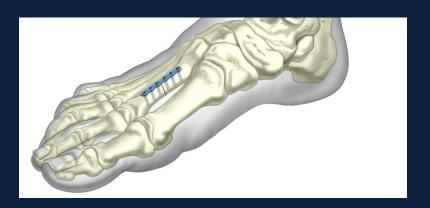


Treatment

- •Reduce WB. Initial NWB
- Rigid shoe/Boot WBAT upto 6 weeks

- Surgery
- For resistant fractures
- •Drilling, bone graft, plates/screws.







Other Frequent Conditions

Sprains

Achilles Tendinopathy

Insertional and Non insertional

Achilles Ruptures

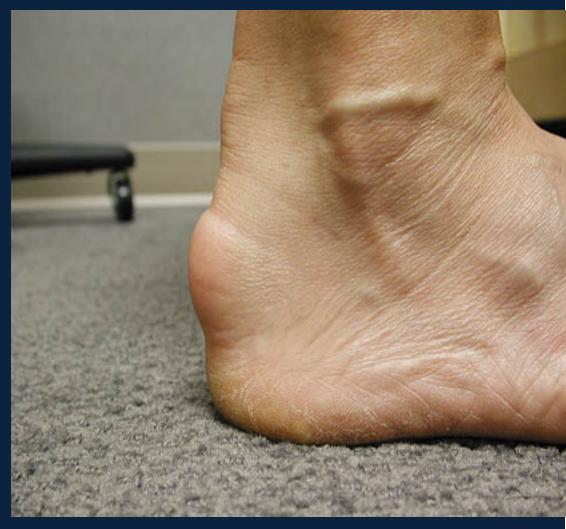
Ankle, Hindfoot, Midfoot, Forefoot OA

Increased walking, less physiotherapy,



Achilles Tendonitis





Rx - Non insertional

Rest/Activity Modification.

Analgesia: NSAID, cold compress

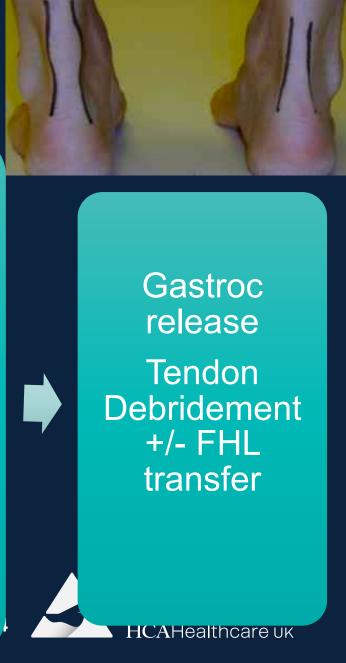
Self Physio: 12 weeks

Orthotics – change trainers

Primary care



Formal Physio –
Shock wave
Injections
Night splints?





Rx -Insertional.

Rest/Activity
Modification.
BOOT 6
weeks.

Analgesia: NSAID, cold compress

Self Physio: Eccentric. LESS EFFECTIVE (90 vs 30%)



Formal Physio
Shock wave –
LESS but still
EFFECTIVE
Injections?



Gastroc release

Open/Arth haglunds debridement.



DEBRIDEMENT WITH SPEEDBRIDGE REINSERTION.

ZADEK



Suppression of adrenal axis, which last varying times depending on steroid

Increased risk appears to be 1:1000

"Only consider a steroid injection if a patient has:

High levels of pain and disability,

Failed first-line measures.

Persistent symptoms will have a significant negative effect on their health and wellbeing.

After obtaining informed consent."



HOW WE ARE KEPING YOU SAFE



URGENCY OF OP

<u>Category - Royal College</u> <u>of Surgeons Guidance</u>	<u>Priority Status</u>	Priority Option on ICE request form
Category 2	High Priority (surgery within 4 weeks)	Urgent (ideally surgery within 4 weeks)
Category 3	Medium Priority (surgery within 3 months)	Soonest (ideally surgery within 3 months)
Category 4	Low Priority (surgery can be delayed for more than 3 months) *if unable to date earlier*	Routine (surgery can be delayed for more than 3 months) *if unable to date earlier*

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RISK ASSESSMENT

Patient risk factors

Consultants should clearly document the patient risk factor/s (low/moderate/high) and the rationale for this risk rating on the booking form and in the OPD patients notes.

Any patients with one or more high risk indicators or two or more moderate risk indicators are managed as high risk. Patients with one moderate risk indicator are managed as moderate risk.

Moderate indicators of risk	High indicators of risk	
 People at moderate risk include people who: are 70 or older have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis) have heart disease (such as heart failure) have diabetes have chronic kidney disease have liver disease (such as hepatitis) have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy) have a condition that means they have a high risk of getting infections are taking medicine that can affect the immune system (such as low doses of steroids) are very obese (a BMI of 40 or above) are pregnant – see advice about pregnancy and coronavirus 	People at high risk include people who: have had an organ transplant are having chemotherapy or antibody treatment for cancer, including immunotherapy having an intense course of radiotherapy (radical radiotherapy) for lung cancer are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors) have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma) have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD) have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell) are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine) have a serious heart condition and are pregnant	



Protecting Patients

Green COVID-19 free pathways

Swabbing All staff and all inpatients

Isolation period before admission – 3,14 days. ?minimum 7.

Limit Visitors

OPA – staff and patient Temp checks, symptom checks, compulsory masks and hand gel all OPA

redesigned routes through hospital, social distancing reception, waiting areas.

Information Sheets

Reduced flow in scanning



VISITOR NOTICE: COVID-19 GUIDANCE AND RESTRICTIONS

We fully understand that not being able to visit your loved ones in hospital may be upsetting and apologise in advance for this.

The restrictions we have put in place are to help keep all patients, staff and visitors as safe as possible by minimising the risk of spreading COVID-19.

- Parents or guardians visiting children
- Patients receiving end of life care

In an exceptional circumstance the facility Chief Nursing Officer may approve a short visit to a patient.

Any permitted visitors will be screened on arrival for symptoms of coronavirus, such as:

- A new continuous cough
- High temperature
- Loss/change of sense of smell or taste

If showing symptoms, visitors will not be allowed into the facility.

PLEASE NOTE: anyone experiencing symptoms of coronavirus should not visit, even if these symptoms are mild or intermittent, due to the risk they pose to others.

Permitted visitors will be required to wash/sanitise their hands upon entry to the hospital, ward and to a patient's room, and wear a face mask for the duration of their visit.

Under 14's are currently not permitted into the hospital.

Thank you for your understanding.





LONDON ANKLE & arthritis centre HCAHealthcare uk

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Septic Arthritis, Achilles Rupture, Broken Bone, Charcot Foot, Lumps



COMMON LOCKDOWN FOOT AND ANKLE PROBLEMS TO BE AWARE OF

Streess Fractures, Achilles, Arthritis.



HOW WE ARE KEEPING YOU SAFE.



Contact Details :.





Thankyou



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