

Common Foot & Ankle Cases

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Content

- INTERACTIVE INTERACTIVE INTERACTIVE!
 - POLLS, ASK QUESTIONS!
- INTRODUCTION TO US
- 4 COMMON FOOT AND ANKLE CASES
 - CASE HISTORY AND O/E
 - IX
 - WHEN TO REFER
 - TREATMENT
- QUESTIONS.
- ALL SLIDES ON WEBSITE
- www.matthewwelck.com
- www.stanmorefoot.co.uk





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REPLICATE NHS SERVICE WE
ARE ALL PROUD OF, AND
ADD THE LEVEL OF SERVICE
FOR PRIVATE SECTOR

**4 SURGEONS WHO WORK
CLOSELY ON COMPLEX (80%)
CASES**

- COHESIVE
- MDT – WEEKLY FOR BOTH
- JOINT OPERATING

SPECIALIST RADIOLOGISTS.



SPECIALIST ANAESTHETISTS

FIRST CLASS ADMIN TEAM

SAME DAY OPA

DAILY ADVICE LINE

PHYSIO, ORTHOTICS

FAST ACCESS TO THEATRES

DAILY CONSULTANT COVER
ACROSS SITES.

SEAMLESS COVER FOR
ANNUAL AND PROFESSIONAL
LEAVE – FOR US AND FOR
YOU!

FOREFRONT OF RESEARCH

AIM TO BE THE GO TO UNIT
FOR FOOT AND ANKLE IN
LONDON DUE TO
UNRIVALLED LEVEL OF
SERVICE TO PATIENTS AND
COLLEAGUES.

Newsweek					LOGIN	SUBSCRIBE >
Rank	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		



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PATIENT 1

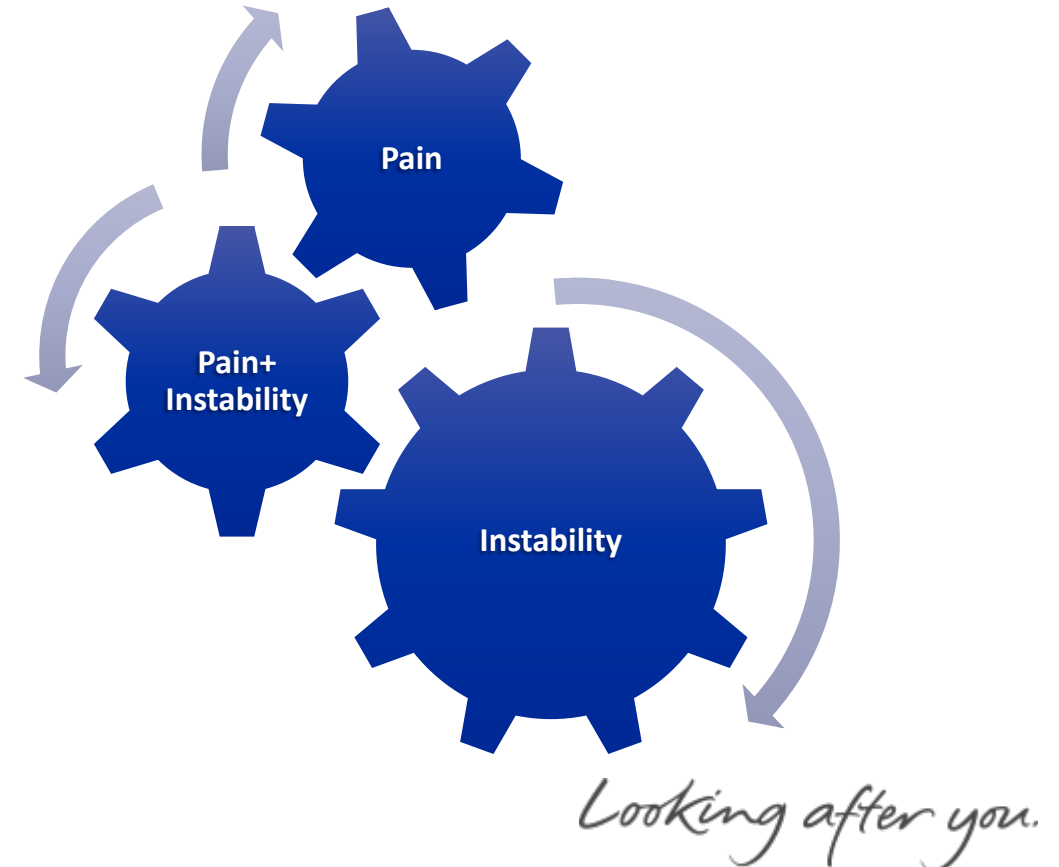
- 24 year old F amateur rugby player.
- Sprained ankle initially swollen ++
- Returned to play 4 weeks
- 2nd game back further sprain.
- 4 months unable to return to rugby
- Sprain “hasn’t settled”



Key points in Clinical assessment:

-
- Yes!..Pain, stiffness, swelling, instability
- What is preventing them from returning.
- What was the mechanism of injury
- How bad was the sprain?
- Examination:
- Palpate: over areas of tenderness.
- Look at the patient walking, balancing on one leg
- Test stability.

Chronic ankle sprain



What can be done in primary care

- Severe swelling/bruising/ severe pain on weight bearing: Xray to exclude#
- Initially RICE
- Splinting: boot/ ankle brace 2- 6 weeks.
- Once worst of swelling settles: early functional rehabilitation.
- Manage expectations, 3 month recovery after severe sprains!



www.amazon.com
www.physioroom.com

When to refer

Persistent pain

Persistent instability

dysfunction

Severe swelling/high energy

Treatment

- Instability:
- Instability has 2 components
- Functional: result of poor proprioception
- Structural: increased ankle movement due to lax ligaments
- Physiotherapy: functional rehabilitation.
- Worthwhile at every stage.....3/12
- Improves balance
- Compensates for lax joint



Surgical treatments

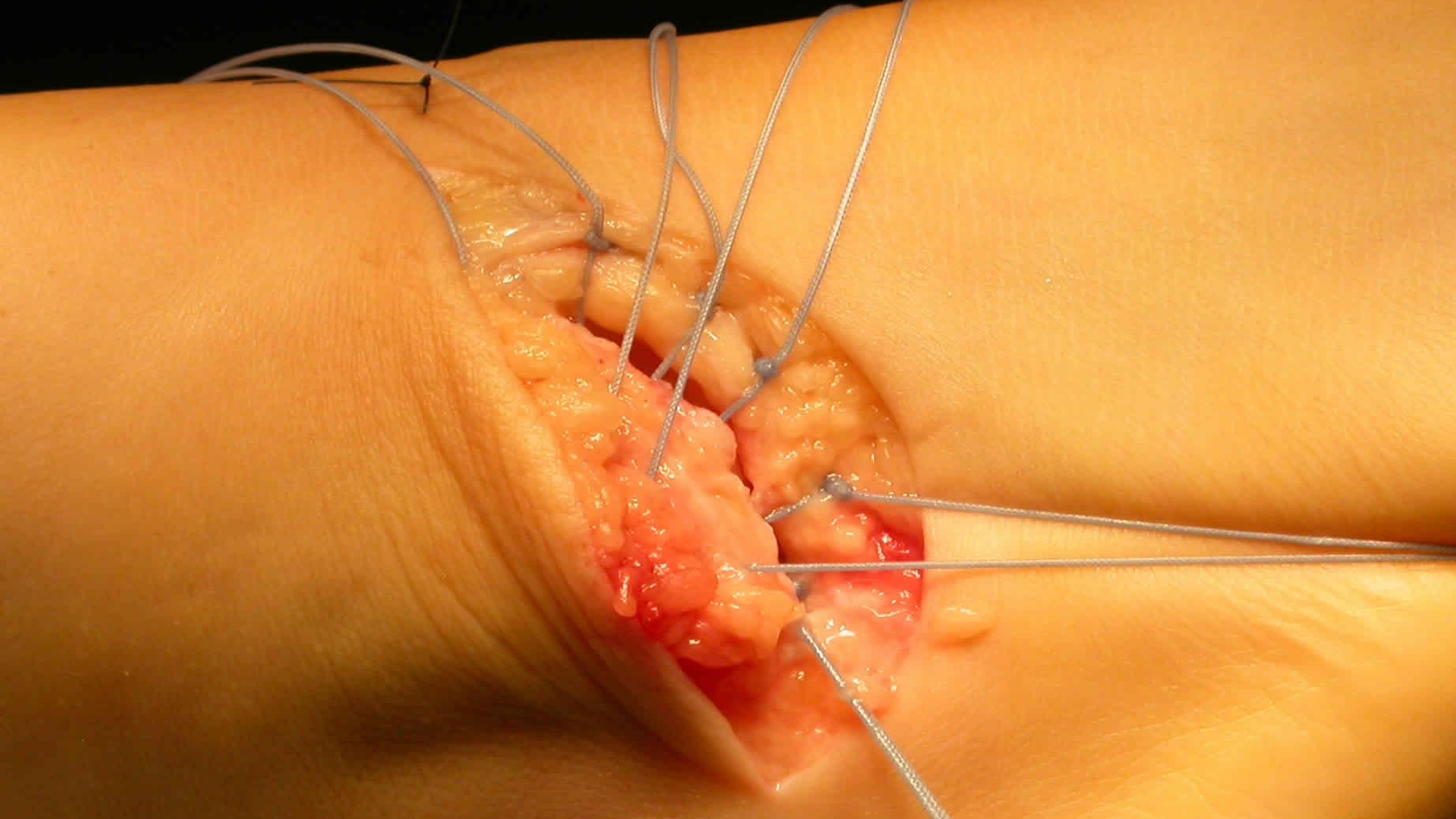
Instability

- Consider: persistent instability > 12 weeks rehabilitation
- Brostrom Gould ankle ligament repair:
- Very effective procedure that restores near normal ankle kinematics.

Pain

- Steroid/LA injection
- Ankle arthroscopy







Patient 2.

- 63 year old lady
- Straight off the tennis court
- PMH: Nil.
- Sx
 - Exertional Pain in big toe joint whilst and after playing tennis
 - Next day limping.
 - Painful and stiff to dorsiflex big toe
 - Rubs on shoes
 - Cant wear any heel anymore. Not to upset by that.
 - Tried changing tennis shoes.

• Poll 2

Key points in Hx and Examination

- Hx
 - Severity
 - Functional impairment
 - Expectations
- O/E
 - Bony bumps
 - Deformity
 - ROM
 - End range or midrange pain
 - Grind test.

• Poll 3

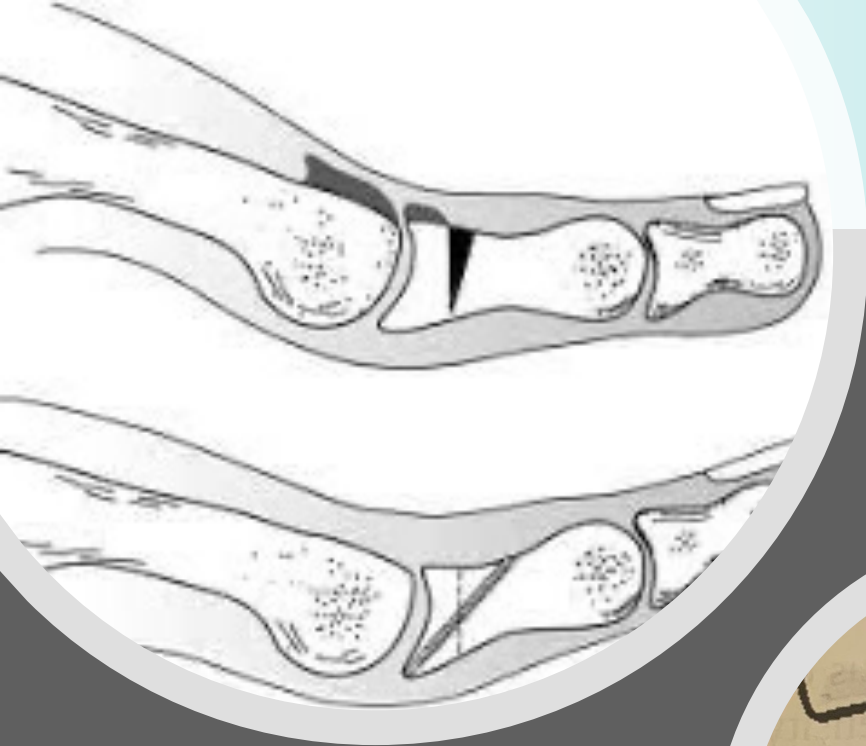


Treatment options in primary care

- 'I absolutely don't want surgery!'
 - Corn Pads
 - Shoewear: Soft upper, Rigid, non deformable sole
 - Insoles: Mortons Extension
 - Injections: image guided = manual.
 - Activity Modification
 - Careful use of NSAIDS/COX2.
 - Physiotherapy.
 - (HA, stem cells, PRP).
- If none of these work or patient has tried them all... refer....



Options in Secondary Care



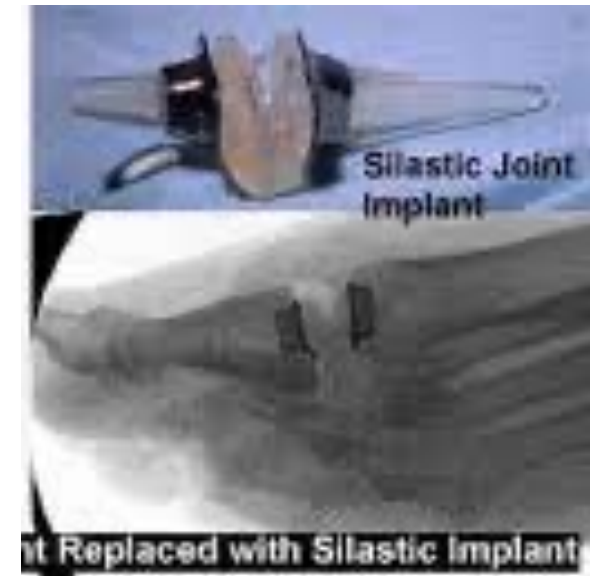
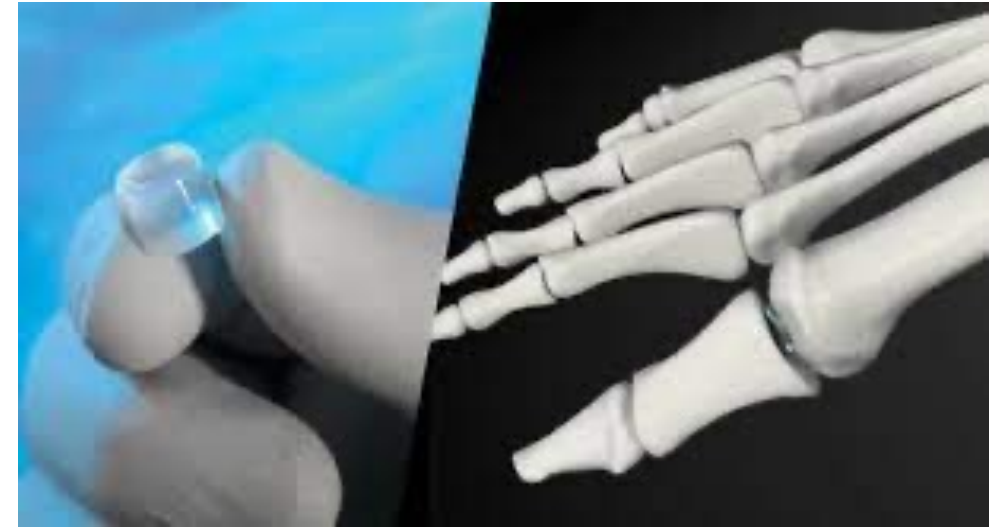
- Injection
- Cheilectomy +/- Moberg
 - End range pain
- Shortening Osteotomy
- 1st MTPJ fusion
 - Midrange pain
 - 75% jogging and tennis
 - 90% hiking
- 1st MTPJ replacement
 - Midrange pain
 - Cartiva
 - Sillastic



Replacements

- Cartiva
 - Heavily Marketed
 - 'Equivalent to Fusion'
 - 90% 2 year survivorship, 75-85% satisfaction
 - Pain and stiffness
 - Good where still mobility, *may* delay fusion
 - Discussion with patient vs fusion.
 - Easy to revise to fusion.
- Silastic
 - 97% 5 Year survival, 90% satisfaction
 - Cysts, hard to revise, reduced push off strength.
- Treatment must be individualized

• Poll 4:

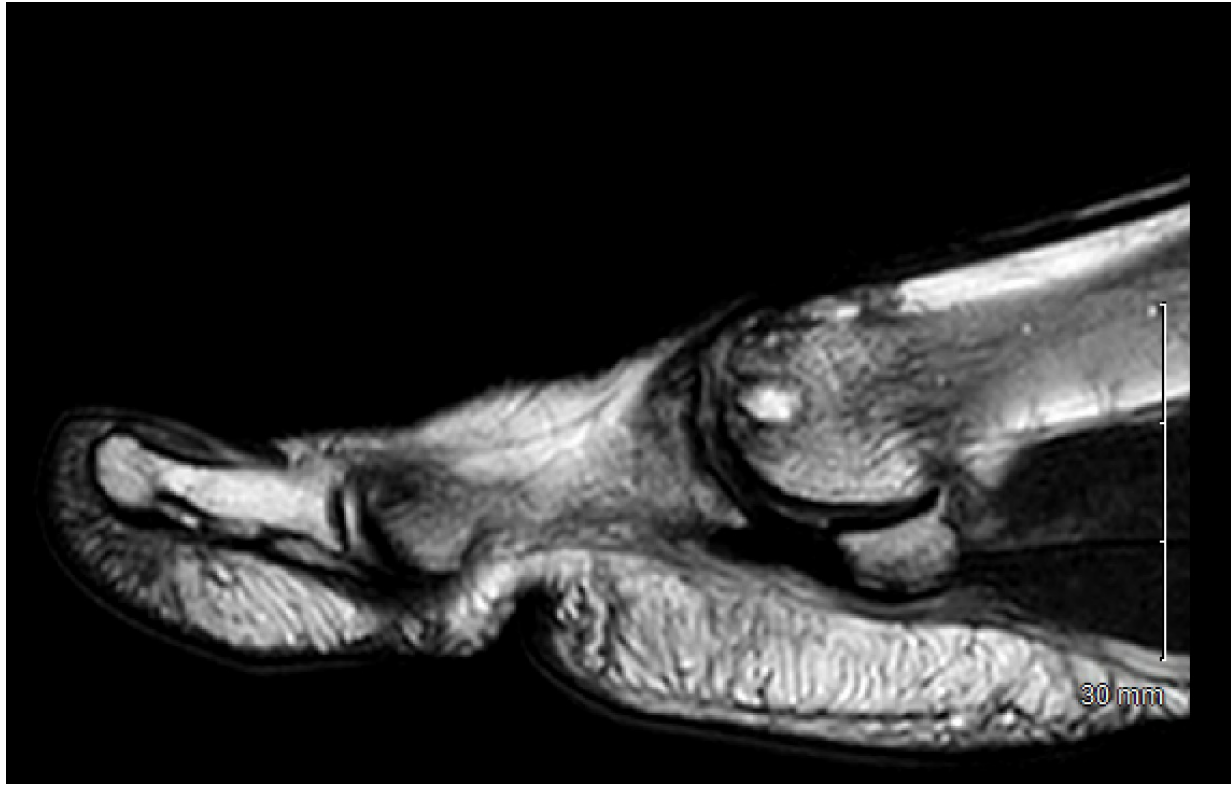




A word of caution!



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Patient 3

- 70 yr Male
- Pain around ankle, swelling, stiffness
- A few years 'niggling' pain.
- Worse last year
- Can't complete a round of golf
- OE
- Ankle swollen.
- Slightly Restricted movement.
- irritable anterior

PMH

- Hypertension.
- Ankle fracture 25 yrs ago



Key points in Ankle arthritis

- Incidence 47.7/10000
- 70% post traumatic.
- Pain in the anterior joint line: point test
- Exercise related pain.
- Relieved by rest.
- Swelling.
- Antalgic gait.
- Crepitus on moving the ankle up & down
- Restricted movement.

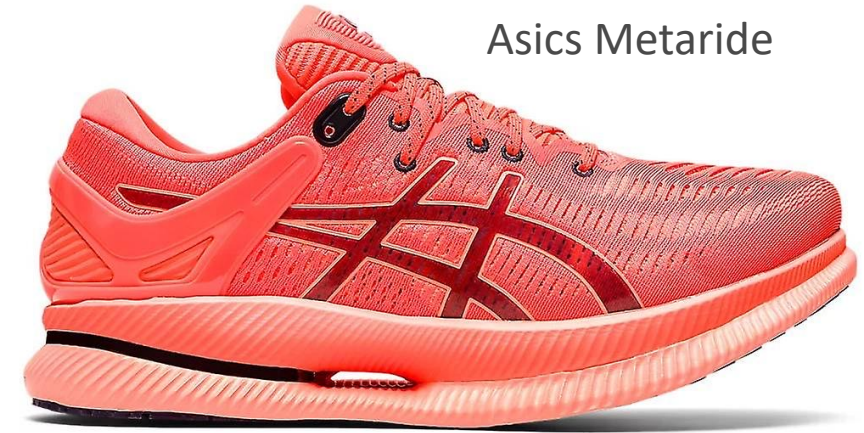


Weight Bearing xray



What can be done in primary care

- Activity modification.
- Anti-inflammatory medication.
- Footwear/splints



Asics Metaride



MBT



Kybun

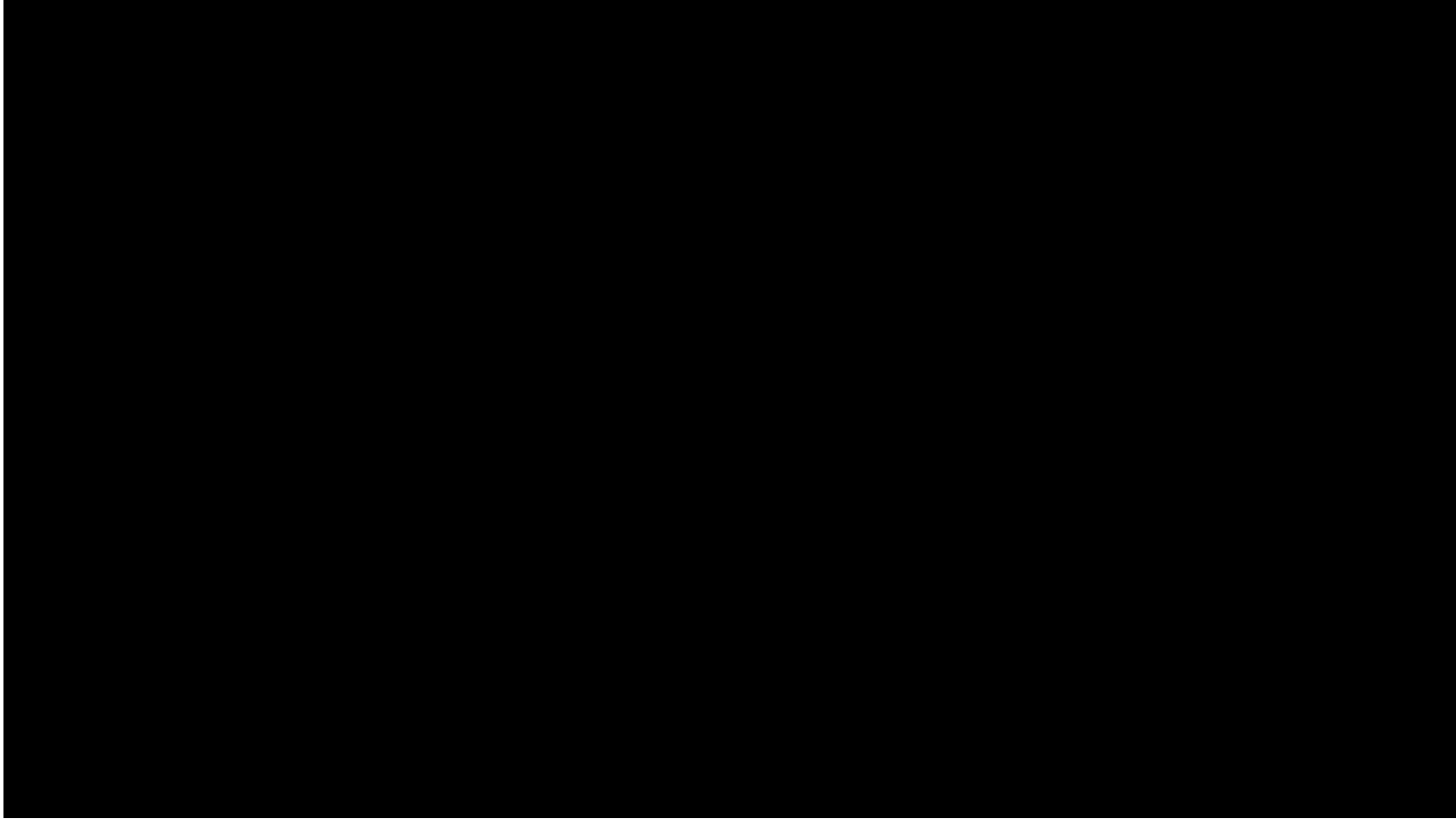
Surgical treatments

- Steroid and local anaesthetic injection
- Ankle arthrodesis
- Total ankle replacement

Surgical treatments

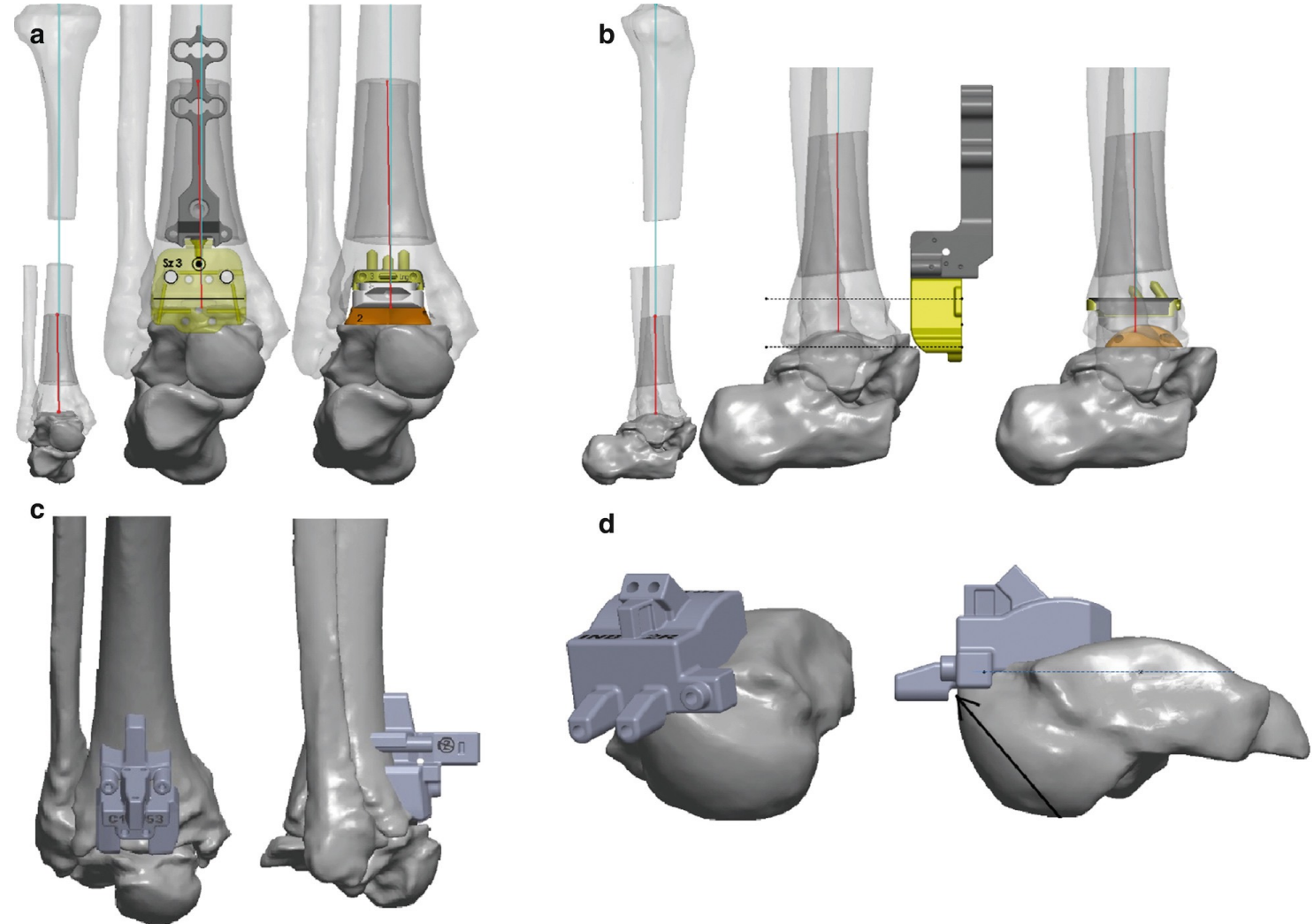
- Steroid and local anaesthetic injection
 - **Ankle arthrodesis**
 - Total ankle replacement
-
- Deformity
 - Isolated joint involvement
 - Poor skin quality
 - Young
 - AVN
 - Obesity



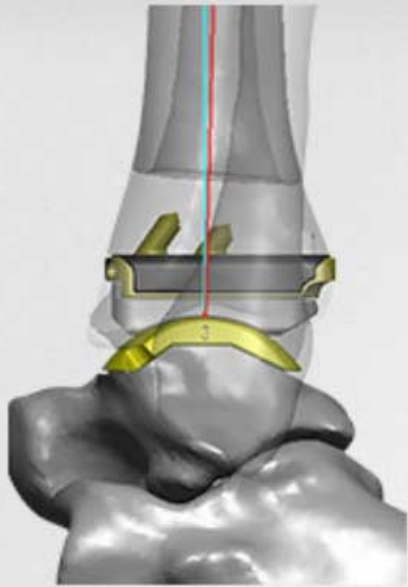


Surgical treatment: Total Ankle Replacement

- Prophecy Total Ankle replacement
- Patient specific instrumentation
- Based on CT scan
- Highly reproducible implantation
- 10 yr survival 85-90%



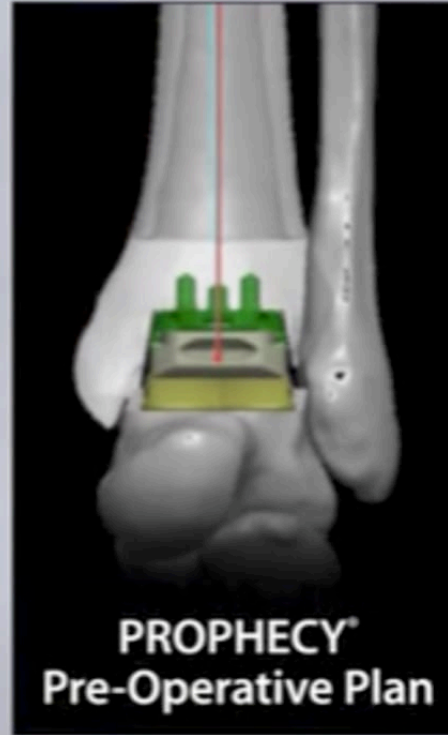
Total ankle replacement



PROPHECY®
Preoperative Plan



Postoperative
X-ray



PROPHECY®
Pre-Operative Plan



Post-Operative X-ray

Patient 4

- 55 Lady.
- High BMI
- Previously had Plantar Fasciitis a few years ago.
- Went out for a long walk on holiday, developed pain on inside of ankle
- Doesn't recall any injury.
- What do you see?

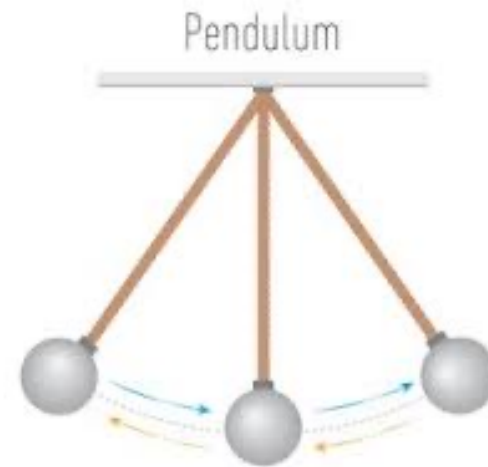
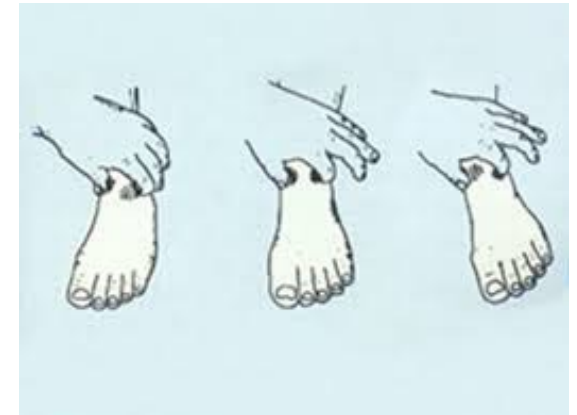
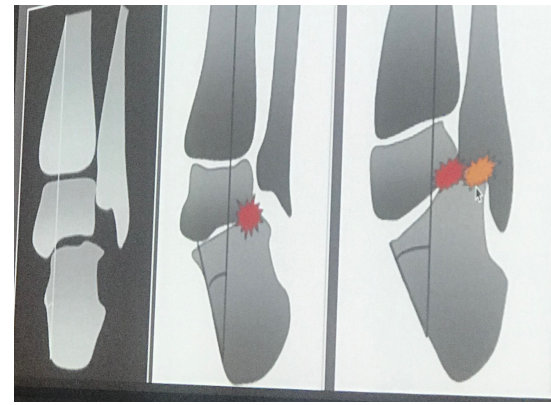
• Poll 7

- How is previous PF associated?



Key points on History and Examination

- Severity and Functional Impairment
- Treatment had so far.
- Site of pain -
- Flexibility – how to tell???. Affects treatment
- Achilles – how to tell. Affects treatment.



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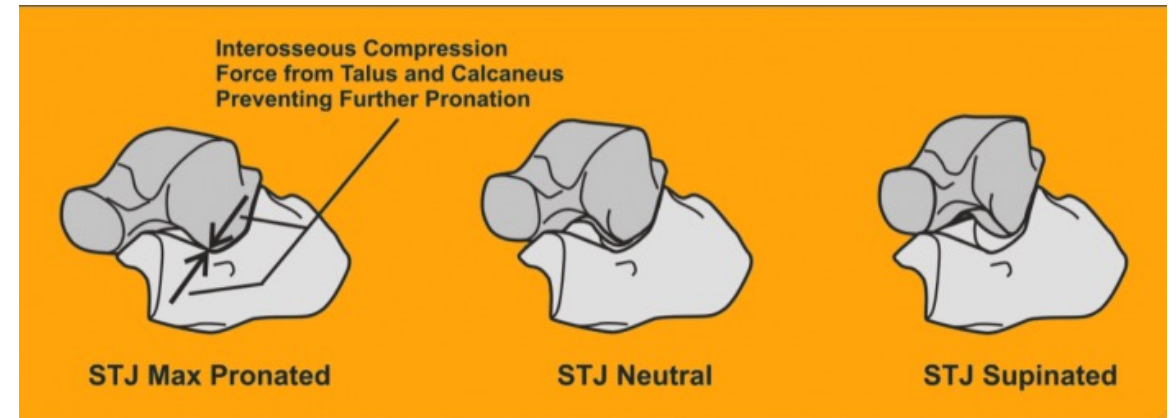
What can be done in Primary Care

- If severe can rest in boot for short time
- Insoles – OTC or Orthotist
- Only if flexible
- Physio Especially if tight achilles
- Activity Modification
- PTTD Brace
- When to refer
 - 6 months conservative treatment.
 - Rigid and painful.



What can be done in secondary care

- Injections
 - Sinus tarsi, (tib post)
- Flexible correction
 - Heel shift, tendon transfer, achilles, many other options
 - Recurrence reduced with AR...
 - 6 weeks in plaster NWB, then WB in boot 3 weeks
- Fixed correction
 - Triple fusion
 - 12 weeks I plaster. (4/4/4) then 3 weeks in boot.,



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