

Western PA Guide to Good Health

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Arthritis of the Foot and Ankle a Common Problem Says Dr. David Welker of Southwestern Pennsylvania Orthopedic Associates

By John Fries

Walking is great form of exercise and a healthy form of transportation. It's also something that's easy to take for granted. But for people who suffer from arthritis in their feet or ankles, just taking a step at a time can be a painful struggle.

Just ask David Welker, M.D. An orthopedic surgeon at Southwestern Pennsylvania Orthopedic Associates and medical staff member at Washington, Canonsburg and St. Clair hospitals, he sees patients with foot and ankle arthritis on a regular basis. For the most part, he says, patients come from such areas as Pittsburgh south suburbs, Washington, Morgantown, the northern West Virginia panhandle.

“Most tend to between 50 and 60 years of age, although we do get some younger adults who are experiencing arthritis after a fracture or other trauma has healed.”

In older adults, osteoarthritis starts to set in when the thin cartilage that covers the ends of their bones becomes worn and frayed, resulting in inflammation, swelling, and pain in the ankle joint. In many younger adults, injury to a joint can cause osteoarthritis to develop further down the line. Post-traumatic arthritis, as it is called, may not develop until months or even years later.

Why does arthritis develop?

“Your foot contains 28 bones and over 30 joints,” says Welker. “These are held in place by tough bands of tissue, called ligaments. If arthritis develops in one or more of these joints, it could affect your balance and walk.”

Welker notes that the foot joints most commonly affected by arthritis are the ankle; the three joints of the hindfoot (near the heel bone); the joint near the inner midfoot bone; the joint where the heel bone connects to the outer midfoot bone; in the midfoot, where one of the forefoot bones connects to the smaller midfoot bones; and the big toe joint.

Arthritis symptoms can vary, depending on which joint is affected; however, common symptoms include pain or tenderness, stiffness or reduced motion, and swelling. It may also be painful or difficult to walk.

Providing pain relief

Welker says that, depending on the type, location and severity of the arthritis, there are several distinct treatment approaches. “The first includes a number of non-surgical possibilities. For example, we might put a brace on the joint, prescribe orthotics or arch supports, inject steroid medication into the joint, or recommending that the patient use a cane when walking.”

If surgery is needed, the least invasive method is arthroscopy. This involves creating a very small opening, then using a small tool to “clean out the joint,” says Welker.

The second, more complex surgical method is to perform ankle-joint fusion, which is exactly what it sounds like—the surgeon removes the ankle and fuses the bones together. This does eliminate movement in the ankle joint, but Welker says that’s generally not an issue. “Most patients come in with little ankle mobility,” he says. “So, we’re essentially helping the patient trade motion capability for no pain.”

A third option is completely replacing the ankle joint, a procedure that’s similar to a hip replacement, in which a stainless steel and polyethylene ankle is implanted. According to Welker, the procedure can improve the longevity of the ankle joint, but it’s not necessarily a reliable option.

Getting back on your feet

After surgery, patients are generally given pain relievers and are directed to temporarily restrict their activities—also, told to keep their foot elevated about the level of their heart—to give their feet and ankle adequate time to heal. They may also be fitted with a cast or provided with crutches, a walker, or a wheelchair. In four to six weeks, they should feel better. Welker says that post-surgery therapy isn’t usually necessary.

John Fries

2637 Brighton Road

Pittsburgh, PA 15212

Phone: 412-760-2299

E-Mail: johnfries@comcast.net

Web: www.johnfries.com