

PodiEtry News

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Waikato Podiatry Clinic

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Greetings

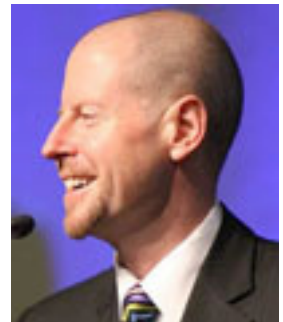
Summer is finally here! What a difference it makes having some sunshine around to dry out the soggy ground and to see some spring growth in the grass and trees, keeping everyone happy.

It has been a busy few months at Waikato Podiatry Clinic, we welcome Teresa to our team, she is handling the front desk administration role. It will be Teresa's cheery voice you will most often hear answering the phone.

Podiatry NZ Conference

Since our last PodiEtry Newsletter we have had the National Podiatry NZ conference in Wellington at Te Papa. This was a great event that was shared by around 180 Podiatrists from throughout New Zealand and a handful of Australian podiatrists.

The main guest speaker was Dr David Armstrong, an American Professor of Surgery. The distinction between NZ Podiatry and American trained Doctors of Podiatric Medicine are that the DPM's (as they are known) have to go through an extended training period, thereby being qualified medical doctors and doing a Post-Graduate Podiatry qualification. Dr Armstrong heads the SALSA team which is the Southern Arizona Limb Salvage Alliance. He has published over 300 peer review research articles and chapters in 20 books around the diabetic foot.



Dr Armstrong began his talk on diabetic foot complications with the statistic of "a lower limb being lost to amputation somewhere in the world every 30 seconds", as a direct complication of diabetes. He then proceeded to show us the power of "embracing technology", in that he was able to do a clinical round of his post-operative patients via his iPhone and Skype with one of his registrars back in America (only in America?).

It was a very interesting talk and recaps on some important literature based around the diabetic foot and the huge impact that timely podiatry intervention can have. While the scope of practice of DPM's is larger than NZ trained Podiatrists, the impact that a Podiatrist can have on this condition is common throughout the world.

Heel Pain



An article of interest was a review of the diagnostic imaging of chronic plantar heel pain, a systematic review and meta-analysis. (For those of our less academic readers, meta analysis is a combination of high grade studies so the findings of these are at the top of the evidence based tree).

Chronic plantar heel pain (CPHP) is now the generally accepted term used to describe a range of undifferentiated conditions affecting the plantar heel. Currently "Plantar Fasciitis" is reported as being the most common complaint, this is further substantiated in this paper.

The plantar fascial thickening measured from ultrasound was the most widely reported imaging feature, the meta-analysis revealed that the plantar fascial thickness was 2mm thicker in the central portion than the control population. Also people suffering from chronic plantar heel pain are more likely to have a plantar fascial thickness totalling above 4mms (8g sagittal).

Cont....

Heel Spur

An area of debate around chronic plantar heel pain has also been the involvement of the bony spur underneath the heel. A high Heel Spur prevalence has been confirmed in the meta-analysis with a sub-calcaneal spur formation being strongly associated with the pain beneath the heel. How the pain is caused is a topic of debate, and is probably NOT due to pulling of the plantar ligament.

While these findings are not necessarily new it is nice to have some high grade literature review that supports popular opinion. This does not make this condition any easier to treat in some cases. We do however have some new treatment modalities available.

Strausburg Sock

At Waikato Podiatry we have started to use the "Strausburg sock" which is now readily available in NZ and we have had some good results. Rigid plantar fascial night splints work well for heel pain but are poorly tolerated by the wearers, as they are uncomfortable. The "Strausburg sock" is flexible, more tolerable and comfortable for the patient.

A retrospective "Strausburg sock" study, (although this was not a large sample size of 89), compared the "Strausburg sock" to a standing stretch group and found that the mean recovery with the "Strausburg sock" was 18 days whereas the standing stretch group alone was 58 days, a reduction of 40 days!

The total interventions in the "Strausburg sock" group were 1.8, the standing stretch group was 3.07 interventions. Please contact us if you would like more information on the "Strausburg sock".



Summer Footwear



While we were at the conference we were pleased to see the Vasyli range of sandals and jandals which incorporate some degree of arch support, heel cushioning and 1st ray cut-outs. Summer treatment of young people in particular, has long been a challenge for us and so the application of these sandals to some individuals provides a good adjunct to supportive sports shoes. We are now stocking these Vasyli jandals and hope to have the sandals in the next month or two. (A great school option).

While we do not abdicate the wholesale prescription of jandals for long periods through the summer, we realise that a large number of people are going to wear jandals anyway. If we can use something that is going to be more conducive to their treatment all the better for this.

Please contact us also if you require further information about these.

Thanks to Asics and Smiths Sports Shoes Hamilton for their continued support of PodiEtry News.

Kind regards,

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