Hot weather is here! That means longer days of sunshine to enjoy your favorite activity whether that be golf, tennis, swimming or gardening to name a few! With activity sometimes brings on an unexpected injury to the foot, knee, ankle, shoulder, etc. When that happens, we hope you will remember us to take care of your orthopaedic needs. We want you to enjoy your summer and be injury free! But if an injury occurs, we want to help you get back to your active lifestyle as quickly as possible. Orthopaedic care has changed greatly over the last few years and we are constantly seeking new and less painful methods to help you recover in a timely manner. You can be assured we take the time to care for you with the best, most up to date methods available. All of our patients become part of the Franklin Orthopaedic family — Here you will find our staff friendly, compassionate and experienced. You will be able to get in and out quickly — we respect your time and know that you’d rather be out doing your favorite activity! We hope you will tell your friends and family about Franklin Orthopaedics should they need care! Have a great summer and stay safe!

Drs. Jeff and Greg Cook
Board-Certified Orthopaedic Surgeons

Oh my aching feet!

common foot problems and solutions

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>DESCRIPTION</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bunion</td>
<td>Painful bump at the outer edge of the big toe, where the toe joins the foot</td>
<td>Wear soft shoes with extra room in the toe box. In severe cases, surgery can correct the deformity. (See more information on next page)</td>
</tr>
<tr>
<td>Hammertoe</td>
<td>A bone deformity in which a toe bends to the side</td>
<td>A gel-filled pad can help but if finding a comfortable shoe becomes a problem, surgery may be necessary.</td>
</tr>
<tr>
<td>Morton's Neuroma</td>
<td>A growth in the ball of the foot that causes a sharp, burning pain between the third and fourth toes</td>
<td>Roomy shoes, an anti-inflammatory such as ibuprofen and arch supports may relieve the pain. If not, steroids can be injected into the area.</td>
</tr>
<tr>
<td>Plantar fasciitis</td>
<td>An inflammation of the connective tissue that causes severe stabbing pain in the heel</td>
<td>Cut back on running, use heel pads and an anti-inflammatory can help. Try night splints to flex the feet while you sleep.</td>
</tr>
<tr>
<td>Metatarsalgia</td>
<td>A sharp or shooting pain and inflammation in the ball of your foot</td>
<td>Avoid sports, ice several times a day, do toe lifts and stretches. Arch support &amp; shock-absorbing foam insoles may prevent future problems.</td>
</tr>
</tbody>
</table>
Is Bunion Surgery For You?
If non-surgical treatment fails, you may want to consider surgery. Studies have found that 85% to 90% of patients who undergo bunion surgery are satisfied with the results. Reasons that you may benefit from bunion surgery commonly include:

- Severe foot pain that limits your everyday activities, including walking and wearing shoes
- Chronic big toe inflammation and swelling that doesn’t improve with rest or medications
- Toe deformity—a drifting in of your big toe toward the small toes
- Toe stiffness—inability to bend and straighten your toe
- Failure to obtain pain relief from non-steroidal anti-inflammatory drugs - Their effectiveness in controlling toe pain varies greatly from person to person
- Failure to substantially improve with other treatments such as a changes in shoes and anti-inflammatory medication

What causes Bunions?
The most common cause of bunions is the prolonged wearing of poorly fitting shoes, usually shoes with a narrow, pointed toe box that squeezes the toes into an unnatural position.

They may also be caused by arthritis and heredity often plays a role in bunion formation. A study by the American Orthopaedic Foot and Ankle Society found that 88% of women in the US wear shoes that are too small and 55% have bunions. Not surprisingly, bunions are nine times more common in women than men.

Many bunion problems can be managed without surgery. In general, bunions that are not painful do not need surgical correction. With proper preventive care, bunions may never become a problem. We can discuss methods of preventive care and recommended treatments for you if you suffer from bunions.

PREVENTING HEELY INJURIES
The American Academy of Orthopaedic Surgeons (AAOS) stresses the importance of protective gear while engaging in a particularly new phenomenon….heeling. Also known as roller shoes or street gliders, heelys are shoes that have a wheel on the heel. These type of shoes carries warnings for their use including wearing protective gear, such as wrist guards and helmets to avoid injuries. Injuries can be avoided if safety precautions are remembered. Below are a few safety tips for those that take up wheeled-shoe sports:

- Learn the basic skills of the sport; particularly how to stop properly.
- Wear a helmet, wrist protectors and knee and elbow pads.
- Avoid rolling in traffic; stay to the right side of the sidewalk and do not weave in and out of crowds.
- Heel on smooth surfaces, away from the traffic.
- Do not let a young child heel unsupervised.
- Do not buy roller shoes that put too much pressure on any area of your foot. This can cause blisters.
- Choose the shoe size at the end of the day when feet will be their largest. Wear the same size sock that will be worn when heeling.
Female athletes are three to four times more likely to injure their knees when compared with male athletes—a problem orthopaedic research is committed to solving. When you twist your knee or fall on it, you can tear a stabilizing ligament inside the knee joint (anterior cruciate ligament or ACL) that connects the thighbone to the shinbone. Unless an injured ACL is accurately diagnosed and treated, the cushioning cartilage (the menisci) in the knee could be seriously damaged. Without this cushion, the thighbone and the shinbone would rub against each other, leading to further damage. An X-Ray or MRI can help us evaluate the ACL and determine a treatment plan for the patient. Both surgical and non-surgical measures are possible, and many factors are considered in arriving at the optimum treatment options.

**Your Orthopaedic Story**

We would love to hear from you! Write and tell us your injury and recovery story and we’ll publish it in our next newsletter for our waiting room and on our website! Email our marketing director at: [pjlacey@comcast.net](mailto:pjlacey@comcast.net)

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**Cool Summer Ginger Tea**

3 heaping tbsp. instant tea (plain, no sugar or lemon)  
1 1/2 cups sugar  
6 cups warm water  
2 cups diluted orange juice  
6 oz. can frozen limeade, undiluted  
6 liters ginger ale (or enough to make one gallon)

Combine instant tea, sugar and water; stir well to ensure the sugar is dissolved. Add the orange juice and limeade. Refrigerate until ready to serve. Just before serving, add ginger ale. Enjoy!

*Share your favorite recipe with us and we’ll place it in our next newsletter and on our website! Email: pjlacey@comcast.net*
About 25,000 ankle sprains occur in the US everyday. The ligaments on the outside of the ankle are most commonly injured when the foot is turned inward (inverted).

**WHAT ARE THE SYMPTOMS OF AN ANKLE SPRAIN?**
- Tender & Swollen ankle on outside, below, and just in front of the ankle bone
- Usually bone is not as tender as the area above and in front of it
- May be mild, causing only modest pain, or severe enough to prevent weight bearing

**WHAT SHOULD I DO IF I SPRAIN MY ANKLE?**
- R.I.C.E. - (Rest, Ice, Compression & Elevation)
- Use ice for 20 to 30 minutes each hour.
- Do not put ice directly on skin (this can cause frostbite)
- Wrap ice in wet towel or cloth to protect skin
- Avoid weight bearing if it is painful
- Visit us as soon as possible for an evaluation to rule out a more serious injury

**HOW SHOULD I REHABILITATE MY ANKLE?**
- Should begin a few days after injury when swelling starts to go down

**There Are 5 Goals To Aim For In Rehabilitation:**
1. Restore motion and flexibility
2. Restore strength
3. Restore balance
4. Restore stability
5. Restore proprioception (feedback to your brain regarding the position of your ankle)

*After the first week you may want to warm the ankle before doing these exercises by soaking it in warm water. Warmed tissue is more flexible and less prone to injury. Use ice when finished with the exercises to minimize any irritation to the tissue caused by the exercise.*

### Building Your Bone Bank

Adolescence comes with a one-time window for building strong bones — bones that will stay stronger into adulthood and beyond. That’s why it’s so important for young teens to “build their bone banks” with weight-bearing exercise and a diet rich in calcium.

At least 3 cups of low fat or fat free milk plus other calcium-rich foods each day is a good rule. *(see chart to the right)*

If you have children 11-15, make sure they take advantage of this critical time frame!

<table>
<thead>
<tr>
<th>Non-Dairy Sources of Calcium</th>
<th>Amount</th>
<th>Calcium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium-fortified soymilk</td>
<td>1 cup</td>
<td>350</td>
</tr>
<tr>
<td>Calcium-fortified orange juice</td>
<td>1 cup</td>
<td>350</td>
</tr>
<tr>
<td>Oatmeal made with milk</td>
<td>1 cup</td>
<td>300</td>
</tr>
<tr>
<td>Sardines with bones (no salt)</td>
<td>3 oz.</td>
<td>325</td>
</tr>
<tr>
<td>Calcium-fortified dry cereal</td>
<td>1 oz.</td>
<td>200-300</td>
</tr>
<tr>
<td>Spinach</td>
<td>1 cup</td>
<td>291</td>
</tr>
<tr>
<td>Salmon with bones (no salt)</td>
<td>3 oz.</td>
<td>180</td>
</tr>
<tr>
<td>Turnip greens, cooked</td>
<td>½ cup</td>
<td>124</td>
</tr>
<tr>
<td>Ocean perch</td>
<td>3 oz.</td>
<td>116</td>
</tr>
<tr>
<td>Almonds</td>
<td>1 oz.</td>
<td>72</td>
</tr>
<tr>
<td>Broccoli, cooked</td>
<td>1 cup</td>
<td>71</td>
</tr>
<tr>
<td>Shrimp</td>
<td>3 oz.</td>
<td>45</td>
</tr>
<tr>
<td>Other veggies and most fruit</td>
<td>1 cup</td>
<td>10-60</td>
</tr>
</tbody>
</table>