Dr. Brent Young, DPM

Dr. David Gibbs, DPM

Dr. Scott Hollingsworth, DPM

Dr. Jason Lehr, DPM

Dr. Todd Schnoor, DPM

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EDMONTON
Main Clinic & Admin. Office
2309 - 96 St. (780) 444-FOOT (3668)
U of A Hospital Medical Centre

The Allen Clinic
10215 - 120 St. (780) 475-7070
Clareview Medical Centre
3504 - 137 Ave. (780) 434-7234

Calgary Trail Medicentre
*(780) 434-7234

600 Riverbend Sq.
Terwilliger Medicentre
15508 - 87Ave.

3504 - 137 Ave.
Clareview Medicentre
10155 - 120 St.

The Allin Clinic
Metabolic Centre
*(780) 444-FOOT (3668)

2308 - 96 St.
Main Clinic & Admin. Office

EDMONTON

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South / Central Alberta Clinic Directory

Beddington Medical Clinic
N.W.
30, 1120 Beddington Blvd. N.W. (403) 292-2224

Brentwood Family Medical Centre
515, 2605 Brentwood Blvd N.W. (403) 292-2224

Forest Lane Medical Centre
31A, 3012 - 17 Ave. S.E. (403) 242-2224

Heritage Family Medical Centre
BLK E 8330 Macleod Tr. S.E. (403) 242-2224

Northern Alberta Clinic Directory

Linlea Clinic
11706 - 117 Ave. (780) 444-3668

BOYNEVILLE LAKE
Bovine Health Centre
5010 Lakeview Dr. (780) 928-2224

DRAKE VALLEY
Towers Medical Clinic
5320 - 50 St. (780) 523-5230

EDSON
Edson Medical Centre
616 - 50 St. (780) 723-5231

LEDUCK
Medical Arts Clinic
4721-47 Ave. (780) 444-3668

FT. MCMURRAY
Thompson Heights Clinic
106 Waverley Dr. (780) 731-4547

FT. SASKATCHEWAN
Fort Saskatchewan Medical Clinic
9421 - 94 Ave. (780) 928-2224

GRANITE PRAIRIE
Prairie Medical Clinic
10309 - 98 St. (780) 539-4010

LEDUCK
Medical Arts Clinic
4721-47 Ave. (780) 444-3668

LLOYDMINSTER
Lloydminster Clinic
5125 - 49 St. (780) 875-2221

SHERWOOD PARK
Dr. Stan Kolber & Assoc.
50 Brentwood Blvd #100 Normal Center

SLAVE LAKE
Associate Clinic
212 - 3rd Ave. N.E. (780) 649-4155

SPRUCE GROVE
Grove Plaza Medical Centre
100 King St. (780) 962-FOOT (3668)

ST. ALBERT
Associate Medical Clinic
20, 9815-106 St. (780) 494-3341

WAINRIGHT
Brix Associates Clinic
203, 10036 - 108 St. (780) 349-3341

WESTLOCK
Associate Medical Clinic
203, 10036 - 108 St. (780) 349-3341

WETASKIWIN
Wetaskiwin Lung Clinic
10309 - 98 St. (780) 539-4010

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How the Foot Institute can Benefit Health Care Professionals in Private Practice

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The Foot Institute plans to continue Medical Aid Missions to Belize and other developing nations in the future. Already they have two orthopedic surgeons from the US who have volunteered their services for the next mission. Ideally, The Foot Institute would like to have orthopedic and other specialists from Alberta as part of the team and will work toward this objective for future missions.

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• Plantar Fasciitis............................P2
• Commonly Asked Questions.............P4
• Clinic Directory............................P4

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PLANTAR FASCIITIS - THE CAUSE AND THE CURE

One of the most common causes of foot pain is Plantar Fasciitis. The condition is often very painful and without medical attention, will often deteriorate and cause an increase in sick days, immobility and chronic symptoms.

Overview

In the foot, there are five ligament bands that form the plantar fascia. They originate on the calcaneus and insert on the metatarsal heads. Plantar Fasciitis is an injury to one or more of these bands. As individuals walk, run or perform other physical activities, they often accelerate from 0 to 2-10 miles per hour, which can exert a force up to 4 times their body weight through each foot. In an ideal situation, strain is distributed among all five fascial bands as people ambulate.

A large percentage of the population however have biomechanical problems. In these cases, when people walk, run or perform ambulatory activities, the propelling force is often concentrated on one band. By far the most common band to become inflamed or injured is the medial band, which connects the first metatarsal head to the medial tuberosity of the calcaneus. An injury or tear can occur anywhere along the band, but the majority of patients who injure this ligament tear it at the origin where it connects to the medial calcaneal tuberosity.

The Vicious Cycle

Generally, when a patient first injures or tears one of the fascial bands, they feel little or no pain given a decreased inervation of the plantar fascia. Accordingly, most people continue the activity which first caused the injury, thus exacerbating the situation.

In response to the injury or tear, inflammation frequently occurs which is often the first noticeable sign of a problem. Most often the inflammation will occur as we sit, lie down or sleep since the weight of the body is not on the feet. This allows swelling to accumulate. Seldom will inflammation occur while a patient is on their feet since the ligaments under the feet are under tremendous pressure - thus reducing the ability of swelling to accumulate.

Most patients report that the first significant and noticeable sign of pain occurs after a period of rest. As a patient stands up, their body weight produces hydrostatic pressure (i.e. fluid is being squeezed outside the ligaments to better-innervated areas of the foot) with its symptomatic pain.

As a result of this pain, people often compensate or adjust their weight to the opposite or lateral aspect of the foot. Generally this compensation is done subconsciously or without cognitive realization. After the patient becomes active and starts to walk, the weight of the body tends to cause the fluid to distribute which decreases the pressure and the pain.

As soon as the pain is reduced the patient feels or senses that everything is fine and begin to walk in their ‘normal’ fashion. If a person is pronating, this will often cause excessive strain on the plantar fascia and the injury can easily reoccur with the same cycle of inflammation, hydrostatic pressure and corresponding pain.

Frequently, patients will adopt a routine where they compensate (change the way they walk to a less painful position) such that they can go for a period of time without experiencing pain. However, as soon as the pain is reduced and they relax, they again begin to walk in a "normal" often pronating fashion thus stressing the medial band and the injury easily reoccurs. The cycle will result in "good days" and "bad days" depending on the individual, the activity and the extent of the injury. Sometimes these cycles can be days or even weeks apart but the patient will rarely experience any long-term resolution to their problem without medical intervention.

Doctors at the Foot Institute see patients where this cycle has been on going for many years, since the ligaments need to be isolated and free from excess stress for approximately 8 weeks in order to completely heal.

The most effective way to accomplish this is through the use of prescription functional orthotics. These orthotics differ greatly from accommodative or cushioning orthotics which generally do not correct biomechanical dysfunction, or prevent excess tension on the plantar fascia during the critical healing phase.

Other Alternative Treatments - Surgery

Of the thousands of patients that have been treated at the Foot Institute for this condition, approximately 80% see a complete resolution of their symptoms within an 8-10 week period through the use prescription functional orthotics. Only approximately 20% will continue to have symptoms after 8 weeks. These symptoms generally continue because the injury to the ligament was so severe that the weakened ligaments are unable to withstand even part of the load. For these individuals, we recommend a method of taping the foot which keeps the first metatarsal head lowered such that the medial band of the plantar fascia is in its shortest position. After a period of 3 weeks, the fascial band is generally sufficiently healed to withstand more strain and functional orthotics are usually enough to allow the healing process to continue.

A small minority of patients will have caused such injury to the plantar fascia that the only remaining option is a surgical procedure known as a plantar fascial release. Surgeons at the Foot Institute recommend this procedure only after all conservative measures have proven unsuccessful.

This surgical procedure is effective in approximately 80% of patients who are unresponsive to conservative therapy. The procedure is done at a Surgical Center with few patients experiencing any significant discomfort. The fasciotomy procedure will be explained in detail in a later addition of the Physicians Foot Update.

Hints for the Busy Family Doctor

We estimate that over 90% of the people with plantar fasciitis are afflicted as a result of a biomechanical problem. We recommend that patients be examined by a foot specialist to determine if and what the underlying problem is. Generally patients will benefit from orthotic therapy assuming the orthotics are properly prescribed. If a patient has orthotics which are not from a Podiatrist (e.g. the patient received their orthotics from a physical therapist, chiropractor, shoe store, etc.) then it is unlikely they are prescription functional orthotics and may not best correct the biomechanical dysfunction.

Podiatric Physicians take extensive courses in biomechanics, gait analysis, lower limb anatomy, orthotic design and treatment, etc. during their ten years of education and are best able to diagnose, correct and treat these types of difficulties. Podiatrists utilize non-weightbearing casting techniques which although difficult to master, allow the foot to be captured in its proper position. This results in an orthotic device which is best able to control the foot for optimal patient outcomes.

The Cure – Proper Orthotics

Although NSAIDS, stretching, exercise or cushioning in shoes may help this condition, often the fascial ligaments need to be isolated and free from excess stress for approximately 8 weeks in order to completely heal.

Physicians Foot Update.

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Ask Your Podiatrist:

Q: How common is Plantar Fasciitis?

A: With the aging of our population and the abundance of hard surfaces that we walk, run and perform other activities on, I believe we are seeing more patients with this painful condition. In our practice, it is a very common problem. The good news however is that with advances in orthotic function and design, we can usually treat this condition very effectively. As Plantar Fasciitis is usually related to improper foot biomechanics, we first focus our attention and efforts in identifying and treating the underlying problem before turning to medication or surgery.

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2300 - 95 St.
(780) 844-FOOT (3668)
U of A Hospital
Metabolic Centre

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* Please book appointments directly with clinic.

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8302, 11200 Beddington Blvd. N.W.
(780) 934-5911

Brentwood Family Medical Centre
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