

# **Medical Presentations for Podiatric Conditions**

**From the AAPPm Resource Center**



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# Medical Presentations for Podiatric Conditions

## Heel Pain Etiology/Initial Treatment Discussion

Our feet have a thick dense ligament known as the plantar fascia ligament that connects the ball of the foot to the heel bone. Due to a mechanical instability in your foot (not much different than what can effect our eyes), this ligament pulls and tears on its connection to the heel bone. This causes the ligament to become inflamed and will eventually lead to changes in the heel bone (the spur). Any questions so far?

The treatment is two-phased. First we need to get rid of the current inflammation in your heel. We do this by (either NSAID or injx). Then we need to control the instability in your foot, just like we would if it were your eyes. I will be fabricating what's known as an orthotic to be placed in your shoes and sneakers. They work as eyeglasses work for weak eyes.

## Bunion Etiology Discussion

Our feet are very mechanical in nature. This bunion was not caused by anything that you did, but rather, it's caused by a genetic mechanical weakness in your foot. If you look within your family, you will probably find other people with the same condition, either worse or not as bad as yours. *(That statement often generates lots of referrals!)*

The bunion is caused by a gradual shifting of a metatarsal bone *(demonstrate the area of the metatarsal either on X-ray or on their foot)* due to the genetic weakness. This shifting of the bone causes this painful bump that you see.

## Bunion Treatment Via SX

These long bones within the foot are the metatarsal bones *(demonstrated on X-ray)*. Notice how the first metatarsal bone is not parallel any longer with the second one. This drifting of the bone was caused by that mechanical weakness that we talked about. To correct this, we need to re-align the metatarsal by creating a surgical fracture across this area *(point to neck or base)*. The fracture is then fixated with (screw/pin, etc) and it heals in this position.

Once you are all healed, it will still be important to address the weakness that you have in your feet. (Go to orthotic discussion)

## General Discussion for Orthotics

Our feet are a very mechanical part of our body. Just like our eyes, we may inherit a weakness that slowly leads to a variety of foot pain such as yours. This weakness is accommodated for by the use of orthotics, which are removable inserts that are placed in your shoes and sneakers. They work similar to eyeglasses. They do not correct the weakness; they simply control its effect.

## Ingrown Toenail/P&A Discussion

Ingrown toenails are caused by a variety of conditions (give some reasons). Once a nail becomes ingrown and the piece is removed, it often grows back the same way in time. *(You may elect to just do a partial nail avulsion but you should still "plant this seed".)* When it does, what we do is a one-time procedure to remove the abnormal nail border permanently. This is done under a local anesthetic and the nail border is removed straight back. I then apply a chemical under the cuticle where the nail root is. This will stunt the growth of that piece of nail, while the rest of your nail will grow as is.

## Corn/Hammer Toe Discussion

Corns are caused by friction of the shoe against an abnormal prominence of bone. Notice how your toe curls. This is known as a hammertoe. *(Patients unfamiliar with this term are often puzzled by its name so I occasionally will explain that it received its name due to the piano cord hammer and not the tool.)*

This hammertoe was caused by a genetic weakness that you probably have in your feet, which caused the joint to slowly buckle over time. (*I simultaneously demonstrate this on my fingers for visualization*). Now the joint rubs inside your shoe and the corn is created.

## Hammer Toe Correction Discussion

Since this corn seems to come back frequently, you should think about having a procedure done which would most likely correct the problem for good. Remember that we talked about the hammertoe (*refresh that discussion*). What we do to correct this hammertoe is realign the joint again. (*Again, I use my fingers or the X-ray for visualization*). This is done through a small incision under a local anesthetic. The dislocated area of bone is remodeled and this will allow the toe to lie flat again.

## Fungal nail conditions

Fungus is a normal contaminant of our feet. This condition has nothing to do with poor hygiene. Some people are just more vulnerable to getting this fungus under the nail. When this happens, it causes the nail to thicken and lose its clear luster.

## Administrative Presentations

### Patient Without a Referral

(In empathetic voice) I am sorry Mrs. Jones, but we are not allowed to see you without a referral. If we do, the insurance company may hold **you** responsible for the visit and we don't want to see that happen to you.

### Doctor Running Late

I know that your time is valuable to you so I just want to apologize for the delay today. The doctor had an unexpected delay with a patient that required some additional care.

## Words To Avoid

### Medical/Surgery Discussion

"Cut"

"Break"

"Knife"

Any technical term unless absolutely necessary and followed by laymen's explanation

Remember that a patient has a limited capacity for facts during a brief medical encounter. Be "verbally efficient" and discuss only what is required for them to make an informed decision. Discussing too much actually confuses the real issues and the patient has a tendency to become **less** informed.

### Administration

"Owe" (use "balance" instead)

"Waiting room" (use "reception area" instead)

"Overdue" (use "outstanding" instead)