



FOOT NOTES

From the office of Carlisle Foot & Ankle Specialist



DROPTFOOT

Your patient has encountered loss of strength of their foot resulting in a drop foot. What are the treatment options for these patients? The first line of treatment is identifying the etiology of the drop foot: Stroke, radiculopathy, common peroneal nerve entrapment, trauma (tendon rupture), neuromuscular disease, etc. Often times physical therapy and muscle re-training are sufficient to restore function. If function is not restored, and bracing is not providing an adequate quality of life, what are the options? If a nerve compression is identified, a common peroneal neurolysis may be indicated. For more progressive and serious deformities a good option is creating a rectus foot to the leg. This can be accomplished in different ways. If the patient has lack of dorsiflexion secondary to weak extensors but the flexor tendons are functional, then a posterior tibial tendon transfer to the dorsum of the foot may provide a good result. If the deformity is more rigid or secondary to a neuromuscular disease then a tibio-talar arthrodesis may be the best option. With a tibio-talar arthrodesis the patient may become independent of bracing and other supportive measures. Patient satisfaction is usually high and risks of falls are significantly decreased. Your foot and ankle surgeon can identify the best treatment options for your patients.



For more information or to refer your patient with a drop foot for an appointment feel free to contact our office:

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