

# Monthly Newsletter

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**Contact Your Foot**

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## **Oh No!!**

*In Jan, we had 14 patients that failed to attend their appointment!*

## **Foot Pain in Rheumatoid Arthritis**

As many as 80-90% of people with rheumatoid arthritis will eventually experience problems with their foot joints. About 50-60% of patients have symptoms of foot and ankle pain within the first year of diagnosis.

Despite the high occurrence of foot problems in rheumatoid arthritis, unfortunately, they are often left unattended in patients with this condition.

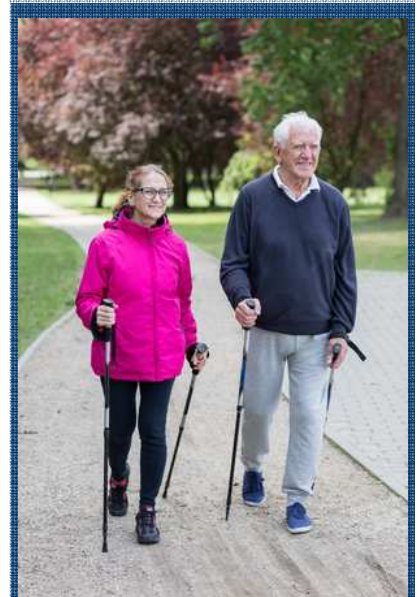
Rheumatoid arthritis is an autoimmune, inflammatory condition that targets the joints. Autoimmune refers to a person's own immune system forming antibodies that attacks the own bodily tissues. The triggers are often not known.

In the case of rheumatoid arthritis, antibodies are formed against the tissue lining each joint called the synovial tissue.

The joint lining becomes inflamed and swollen after prolonged antibody attacks. Eventually, the joint and its surrounding ligaments and tissues become destroyed.

Rheumatoid arthritis is a disease typically depicted as affecting the small joints of the hand such as the fingers, wrists and thumbs. Like the hand, the feet are built from many tiny bones (26 in fact!), with each bone connected to the next with tiny joints. It is no wonder that rheumatoid arthritis also has an inclination for attacking the foot.

Foot pain, for example in the ball of the foot, is the most common foot symptom experienced by patients with rheumatoid arthritis.



## Foot Pain in Rheumatoid Arthritis

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Corns and bunions may also develop. Bony deformities occur as the joints are affected by the disease, leading to claw toes or hammer toes. Weakened ligaments result in the bones of the foot shifting position as well as the arch of the foot collapsing, a condition known as flat feet.

As such, special shoes are necessary in patients with rheumatoid arthritis to ensure that foot deformities do not develop and to provide comfort in the case where the deformities are already present.

Custom prescribed orthotics can be helpful for those with foot pain and in the treatment of 'flat feet'. As such, regular footcare visits

should be part and parcel of managing rheumatoid arthritis.

In addition, having good control of the disease is a key factor in ensuring that these symptoms are minimized, as they are difficult to reverse once the damage has been done.

A rheumatologist will generally manage the overall disease. Among others, a group of medications called disease-modifying anti-rheumatic drugs (DMARD for short) are methods of treating rheumatoid arthritis. In addition, pain medication or steroid injections are effective in dealing with the debilitating pain associated with Rheumatoid Arthritis. ♦



## Latest Technology in Diabetic Wound Care

Diabetic wounds have the potential to cause tremendous decreases in quality of life. As such, the healthcare sector has been working hard to develop more advanced treatment methods to ease the burden of what it means to have a diabetic foot wound.

Skin ulcers in diabetic patients are notoriously difficult to heal. A major obstacle in diabetic

wounds is that diabetic patients intrinsically have a lesser capability of healing wounds compared to those that do not have diabetes.

The latest research is focused on methods that stimulate skin cell regrowth in diabetic foot ulcers.

## Latest Technology in Diabetic Wound Care

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An innovative study by researchers from the U.S. has shown for the first time, that it is possible to induce skin cells to regenerate by themselves to heal the wound. The team first extracted skin cells from the wounds of diabetic patients and genetically reprogrammed them to turn into the cells called induced pluripotent stem cells (iPSCs).

Just like how we grew from just a few cells to become complex organisms, iPSCs have

properties of early life cells and can grow and mature into different kinds of cells in the body depending on its cellular environment.

Other avenues of stimulating skin cell regrowth have also been explored. One example is dermal regeneration matrices (Omnigraft™). This plaster is made of shark cartilage, cow collagen and silicone. It serves dual functions as both a protective device and also to quicken healing when placed over the wound.



It was recently approved by the Food and Drug Administration of the United States early 2016 and hopefully will be more widely available in the coming years.

Scientists are also working on medications called growth factors that aim to promote healing in diabetic wounds. Amongst the substances that are currently being investigated are platelet-rich fibrin derived from the patient's own blood, recombinant human epidermal growth factor, vascular endothelial growth factor and many more.

Current standard of care of diabetic wounds encompass proper blood sugar control,

wound cleaning (debridement), adequate dressing and education on the prevention of diabetic wounds. Despite this, diabetics have a 34% chance of developing a second foot ulcer within a year of getting their first. Multiple ulcers lead to higher risk of complications such as infection and amputations.

Given the tremendous need for better forms of treatment, the wound management sector is set to skyrocket to a USD\$18.5 billion dollars market worldwide by 2021. We look forward to keeping our eye on emerging research. ♦

## The Footcare Centre

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If you would like a copy of this newsletter emailed to you every month, then please let reception know and they will ensure that your email address is added to our distribution list.

*The Care,  
Professionalism and  
Time that your feet  
deserve*



## Online booking now available for office visits

We are pleased to be able to advise that you can now book your office visits online via our website.

You will need to go to our website at [www.thefootcarecentre.ca](http://www.thefootcarecentre.ca) and click on the link at the top right hand corner of the page which says "Book Online".

Simply accept the terms and conditions, complete your details (first name, last name, date of birth, phone number and email address), select the type of appointment (Office Visit) and Practitioner.

You will then be offered all the appointment that are available for the next 60 days. Click on the appointment you would like to book and confirm the details and you are done!

The booking will appear in our system in minutes and we will then sent you and email confirming the booking.

If you have any questions on how this works, then please ask.



## Calendar of Events

The office will be closed from Wednesday 21<sup>st</sup> February to Wednesday 28<sup>th</sup> February inclusive as Stuart will be attending a course in Glasgow, Scotland.

There will be limited reception cover during the period.

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