

FOOTPRINTS

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Q&A

QUESTION & ANSWER
WITH DR. DEHEER & DR. KOR

As fall begins, so does an increase in injuries due to sports activity kicking into high gear. From students to pros, athletes often struggle with Achilles tendon injuries. With that in mind, *Footprints* spoke to American Podiatric Medical Association members Patrick DeHeer, DPM, and Alex Kor, DPM, to learn more about how these injuries happen and how your podiatrist can treat them.

Dr. DeHeer and Dr. Kor are seasoned veterans of sports medicine. Dr. DeHeer is the team podiatrist for the Indiana Fever and Indiana Pacers. Dr. Kor is a former president of the American Academy of Podiatric Sports Medicine. He has served as team podiatrist at the NCAA Division I level (University of Evansville in Evansville, IN); the NCAA Division II level (Bowie State University in Bowie, MD); and at the NCAA Division III level (Knox College in Galesburg, IL).



DR. DEHEER



DR. KOR

FOOTPRINTS: What is the Achilles tendon, and why is it so vital to foot and ankle function?

DR. DEHEER: The Achilles is the largest tendon in the body. A tendon is a band of tissue that connects muscle to bone. The Achilles tendon attaches muscles in the calf to the heel bone. It is the primary flexor of the foot and helps us push off when we take a step, supplying power for propulsion.

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FOOTPRINTS: If the Achilles is the thickest tendon in the human body, why is it so susceptible to injury?

DR. DEHEER: The Achilles tendon is subject to tremendous direct and indirect forces during each step. Most adults have tightness of the Achilles tendon. This tightness is the underlying cause of most lower-extremity tendon discomfort. One study showed that 96.5 percent of patients with a biomechanically related foot or ankle condition had tightness of the Achilles tendon.

DR. KOR: This is a great question. There is no doubt that the Achilles tendon is not only the thickest but also the strongest tendon in the body. Conventional wisdom and research suggest that men are five times more likely to rupture (tear) their Achilles tendons. Men tend to have larger tendons but are generally less flexible than women. The lack of flexibility puts them at greater risk.

FOOTPRINTS: There is a general perception that Achilles injuries are most common in athletes. Kobe Bryant, David Beckham, Terrell Suggs, DeMarcus Cousins, and Richard Sherman are just a few well-known athletes to suffer partial or full ruptures. Are athletes at higher risk than the general public?

DR. DEHEER: Like most people, athletes also can have tightness of the Achilles tendon. In running-related sports, the three primary injuries are Achilles injuries, heel pain, and shin splints. The primary risk factor for all three of these injuries is tightness of the Achilles tendon. With Achilles tendon ruptures, the tightness combined with a high-level activity leads to increased stress on the tendon, which can weaken it over time and ultimately lead to a rupture. A recent study showed that 30 percent of professional athletes suffering a rupture never return to play, and those who do return take two full years to get back to prior playing levels. It is a devastating injury.

FOOTPRINTS: What are common mistakes people make that put their Achilles at risk?

DR. DEHEER: Not stretching the calf muscle. Too often, podiatrists are left treating the result of the tight Achilles, when the result could have been prevented with simple stretching.

DR. KOR: This list could be lengthy, but the most common mistakes include improper shoes for the chosen sport, workout, or leisure activity; stretching improperly and not under proper guidance; ignoring the body and continuing to push through pain; and not seeking podiatric care soon enough.

FOOTPRINTS: What are the symptoms of an Achilles tear? When should a patient see a podiatrist?

DR. KOR: An injury to the Achilles tendon is one of the most common injuries that presents to a podiatrist's office, urgent care facility, or emergency room. A podiatrist would suspect a rupture or tear if you have sudden, severe pain above your heel or along the course of the Achilles tendon from a specific event, but an injury can also present as chronic (long-term) pain. Initial evaluation of pain in the Achilles tendon needs to focus on whether the Achilles tendon is torn.

FOOTPRINTS: How will a podiatrist diagnose and treat an Achilles injury?

DR. KOR: A podiatrist will assess the tendon, and if we believe the tendon may be torn, we'll recommend you keep weight off the injured tendon. Other initial treatments would include ice, compression, elevation, discontinuation of any athletic activity, and possibly imaging. We assess all patients as individuals, taking into consideration age, activities, severity of the injury, and other factors. Some individuals are good candidates to have the tendon surgically repaired, while others may benefit most from nonsurgical treatment.

TALK TO YOUR PODIATRIST TODAY ABOUT ACHILLES TENDON INJURIES AND PREVENTION, OR VISIT WWW.APMA.ORG TO LEARN MORE.

Disclosure: Patrick DeHeer, DPM, is the inventor of The Equinus Brace® and owner of iQ Medical.