

Chronic cough associated with chronic's disease

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Human Anatomy Foot Deformities Introduction Foot deformities are disorders of the foot which can be congenital meaning you are born with that disorder, or acquired, such as in the case of those brought on by diabetic conditions. In occupational therapy it is especially important to be aware of any deformities an individual may have with their feet. The foot serves as the basis of support in many of our activities of daily living and in providing occupational therapy we will need to understand how the deformity may affect patients' abilities in these activities. Many times in the case of acquired foot deformity prevention is the best medicine. Diabetic patients especially will want to remember to care for their feet. Using the proper fitting shoes is one preventative measure that we have. Foot hygiene and the correct exercise are extremely important. Orthotic devices, prescription and non-prescription drugs may be called for if a problem begins to develop. Finally surgery to address the problem may be necessary.

Body

The foot has 26 bones, 33 joints and over 100 tendons, making it extremely complex (FDA Consumer, 2006, p16). Foot deformities can be congenital or acquired and can be defined as any disorder or abnormality of the foot, either affecting or not affecting the usual structure and or function of the foot. Congenital foot deformities are those we are born with such as clubfoot. Club foot occurs in about one in one thousand births and is the most common musculoskeletal defect (Exceptional Parent, 2007, p48). Half of these cases affect both feet. It is unknown exactly what causes clubfoot though a genetic or hereditary link is thought to play a part. Most of the time due to technology it is diagnosed during pregnancy and treatment can be planned at that time.

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Club foot causes adductus of the forefoot cavus (increased longitudinal arch), varus of the heel (heel is turned in), and equinus of the foot (foot is in plantar flexion) as well as a small calf muscle (Exceptional Parent, 2007, p49). A surgical procedure known as the Ponseti Method uses manipulations and castings, avoiding any traumatic surgery.

Club foot (<http://health.allrefer.com/pictures-images/club-foot-deformity.html>)

Forefoot adductus is also possible to a much smaller degree than clubfoot and treatment is the same, though much less extensive, sometimes requiring no treatment whatsoever. If casting is needed it will be done by an orthopedic specialist. Gentle stretching and recasting every week improves the position of the foot. Five to ten of these may be done before the final casting, which is left on for three weeks. The patient may then wear a brace for several months (Hosalkar HS) until they are only required to wear it at night up to age three. This treatment can also be used for the more advanced club foot.

Forefoot Adductus (<http://www.zadeh.co.uk/paediatricorthopaedics/paediatricorthopaedics.htm>)

Metatarsus adductus is another similar congenital foot deformity. The difference between Metatarsus Varus and adductus are very small and treatment options remain the same, though this may be known as skewfoot. Metatarsus adductus differs from a clubfoot in that the heel or hind foot is not in equinus. The incidence is estimated to be as high as 1 in 100 births in the United States (Orthopedic Nursing, 2005, p 314). Exercises are usually recommended for this though the condition corrects itself in 90% of cases. Some patients may use passive stretching for minor benefits and a Denis <https://assignbuster.com/chronic-cough-associated-with-chronics-disease/>

Browne Bar can be used. In cases where this is rigid and persistent casting may be used, ideally before age one, but ages one through five show effectiveness when casting also. Casts should extend above the knee and be changed biweekly, usually after two or three changes there is correction. If the deformity warrants surgery then tarsal metatarsal release or metatarsal osteotomies is often used.

Metatarsus adductus (<http://www.nlm.nih.gov/medlineplus/ency/imagepages/9052.htm>)

Metatarsus Varus (<http://www.consultantlive.com/display/article/10162/33387>)

Congenital vertical talus is a rare deformity that results in reversal of the normal longitudinal arch. This is an uncommon foot deformity and is the most severe and pathological flatfoot. The foot is stiff, with contractures of both the dorsi flexors and plantar flexors; it is unknown what causes this condition though it may be from muscle imbalance ((Orthopedic Nursing, 2005, p 319). Surgical correction between the ages of 6 months and 12 months is recommended. Casting can be used to gradually stretch the tissues but surgery is needed most often. A heel cord lengthening, poster lateral release, elevation of the plantar flexed talar head, and fixation with a single longitudinal transcutaneous K-wire is the common surgical intervention.

Congenital vertical talus (<http://www.stlouischildrens.org/content/medservices/verticaltalus.htm>)

Acquired foot deformities are those we get later on in life caused by an outside physiological or pathological reason. The number one contributing factor to acquired foot deformities is Diabetes. Pes cavus is the opposite of <https://assignbuster.com/chronic-cough-associated-with-chronics-disease/>

flat foot, and presents with the arch of the foot raised more than normal, called a high arch. They are less common than flat foot and more likely to be caused by orthopedic or nerve conditions (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002241/>). It is most commonly attributed to nerve, congenital or traumatic causes. Fitting into shoes and walking properly may be difficult and some individuals may face disability over this disorder. Corrective shoes and surgery may be needed to flatten the foot. A nerve specialist may need to also be consulted. Physical therapy to stretch tight muscles may give some relief to the patient. Extra depth shoes may offload any bony prominences and prevent rubbing of the toes which can help with symptoms. If the plantar fascia is contracted and surgery is needed a release is usually combined with a tendon transfer, an osteotomy, or both.

Pes cavus (<http://www.podiatrytoday.com/current-concepts-in-orthotic-therapy-for-pes-cavus>)

Lateral deviation of the great toe is known as hallux valgus. This is often the result of an untreated bunion. A bunion is when the big toe points toward the second toe and causes a large bump. Bunions are one of the most common causes that people see podiatrists for. Conservative options are prescription medications and shoes modifications. Some benefit may be had from stretching or lace up shoes with a wide toe box. In severe cases, ankle equinus may require concurrent correction via a gastric recession or Achilles tendon lengthening (<http://www.podiatrytoday.com/article/4436>). This is to realign the toe and remove the bump.

Bunion (<http://www.joint-pain-expert.net/bunion.html>)

Hallux Valgus is a more serious condition. This is a progressive foot deformity characterized by a lateral deviation of the hallux with

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corresponding medial deviation of the first metatarsal. Numerous reasons have been suggested, environmental, genetic, and anatomical predispositions, though the exact cause is still unknown (Physical therapy, 2010, p110). Initially wider shoes may slow the deformity and toe spacers can be tried. Irreversible, this condition is similar to a bunion though surgical intervention is usually needed, similar to that done for a bunion. There are many different surgical procedures to treat this, and in mild cases usually a bunionectomy is used.

Hallux Valgus (<http://www.georgelianmd.com/cms/ConditionsITreat/BunionsandHalluxValgus/tabid/105/Default.aspx>)

Hammertoe is a deformity where the toe is bent in a downward motion. It is usually the second toe and this may predispose one to develop a bunion.

Causes are thought to be poor fitted shoes or may be congenital. It is treated with the right size shoe, splinting and foot manipulation. Gentle stretching exercises such as picking up a towel with the foot can help these muscles.

Severe cases needing surgery will have the joint straightened by cutting and moving some ligaments and tendons.

Hammer toe (<http://www.thetoedoctor.com/hammer-toe-causes-symptoms-and-treatment/>)

A claw toe is a toe that is contracted at the PIP and DIP joints (middle and end joints in the toe) (http://foot.com/info/cond_clawtoes.jsp). They can occur anywhere except for the big toe. They are both flexible and rigid, obviously with one having the ability to move and the other does not. Muscle imbalances cause the tendons and ligaments unnaturally tight, causing the toe to curl downward. Footwear changes and splints are the usual treatment for this condition. Stretching is extremely important in claw toe so that the

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ligaments do not tighten any further as surgery could become necessary to cut them.

Multiple claw toe (<http://emedicine.medscape.com/article/1232559-overview>)

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