

Why be treated by a Podiatrist/D.P.M.?

Historically podiatric surgeons have driven the research and treatment of Morton's Neuroma which is a serious problem that falls between the cracks of medical specialties. For example, very often patients or their referring physician approach dermatologists (skin doctors) or orthopedic surgeons (bone doctors) for diagnosis of foot problems. Nerves don't fit either category.

This dilemma offers an opportunity to illustrate the comprehensive significance of modern podiatric medicine and surgery. Podiatrists are the only type of licensed physician that specializes in all aspects of the medical and surgical treatment of foot and ankle. Like dentists who specialize in teeth and gums, podiatric doctors specialize in the medical and surgical treatment of skin, bones, circulation, nerves, ligaments, and nails of the foot and ankle.

Next time you have a foot-related problem, think twice, then consult a foot specialist with the initials D.P.M. after his or her name (Doctor of Podiatric Medicine).



Dr. Brian J. Zinsmeister

Dr. Zinsmeister received a B.A. in Biology at Franklin and Marshall College, Lancaster, PA and a Doctor of Podiatric Medicine degree from Pennsylvania College of Podiatric Medicine in Philadelphia. He completed his podiatric residency at Highlands Center Hospital in Denver, Colorado.

After accruing the required years of surgical experience and passing a rigid qualifying examination, he became Board certified in foot and ankle surgery through the American Board of Podiatric Surgery. Approximately only 30% of the podiatric profession nationally is certified through the highly respected American Board of Podiatric Surgery.

In 1985, he set up private practice in Andover and Quincy, Mass, later moving to Lexington. He is married and the father of two daughters. He resides in Andover.

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NEUROMAS

**PINCHED OR TRAPPED
NERVES IN THE FOREFOOT**



*Foot Pain Relief
for Adults and Children*

Dr. Brian J. Zinsmeister

Board Certified in Foot & Ankle Surgery by the
American Board of Podiatric Surgery

The ball of your foot is painful. You experience a burning or tingling sensation. Maybe there is numbness in your toes. Does it help to remove your shoes, rest and massage your foot?

Neuroma is a pinched nerve

Persons of all ages commonly experience Morton's Neuromas, also referred to as an entrapped or pinched nerve. Discomfort is not usually present in the morning, but becomes apparent after periods of prolonged standing or walking. Pain can often become so severe as to disable you from walking or until you remove the shoe and massage the painful foot.

What causes Neuromas?

The cause or causes of Morton's Neuroma are varied and include biomechanical and/or genetic origins. Apparently the most common explanation is that of tight shoes and/or high heeled shoes, which compress the metatarsal heads together (where your toes bend at the ball of your foot) and cause repeated abnormal trauma to the nerves in between the toes. This can happen in both men and women, but women have a higher incidence of neuromas due to the types of shoes that they wear.

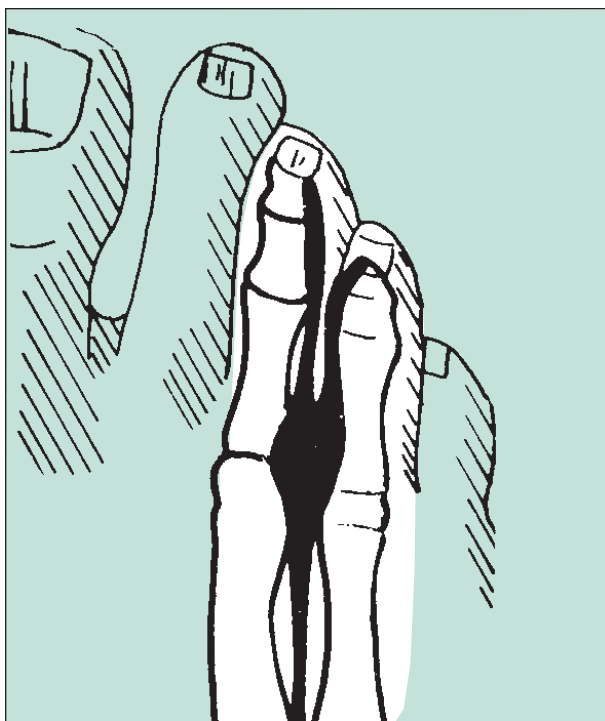
Other causes include arthritis and repeated injury from stresses incurred in occupational and recreational activities. Any condition that constricts or irritates the nerve can lead to the formation of a neuroma.

The nerve covering (myelin) is like the insulation on an electric cord. Through repetitive trauma, the

myelin becomes thickened like the insulation on an electric cord becomes frayed. This makes the nerve thicker and painful. Often, you can feel a painful, movable mass in the forefoot area. A neuroma is not a tumor, simply an enlargement of the nerve.

Early injections can help

If caught in the initial stages, one to three injections of steroid with a local anesthetic and vitamin B-12 have been shown to provide success and cure



Most Neuromas occur between the third and fourth toes (metatarsal heads).

in about 40-60 per cent of cases. The medication reduces inflammation and heals the nerve.

If this does not work, injections with alcohol can also be curative. The treatment is effective when

coupled with a change in shoe gear habits.

When the treatment is not successful, it is usually because the patient has not come for treatment until he or she has already experienced the symptoms for some time. By then most patients are unable to undertake the drastic modification of shoe gear that would be necessary to reverse the problem with conservative treatments.

Surgical correction most effective

Surgery to remove a section of the thickened nerve has a high success rate in preventing neuroma pain and eliminating symptoms. The traditional surgical approach involves an incision on top or bottom of the foot in between the toes.

After surgery there is some partial numbness of the involved toes, but this rarely causes any problems. The patient otherwise has complete movement and function of the toes.

"I can't believe how good my foot feels after my neuroma surgery. It's wonderful."

--Patient