

노인에서 뒤꿈치와 발목의 변형과 토즈

이산배변의 재활의학과

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영

순서

1. 노인 발모/뒤꿈치 통증 원인들
2. 치료 방법들
3. 노인 발모/뒤꿈치의 변형
4. 치료 방법들

Pain in hindfoot in the elderly

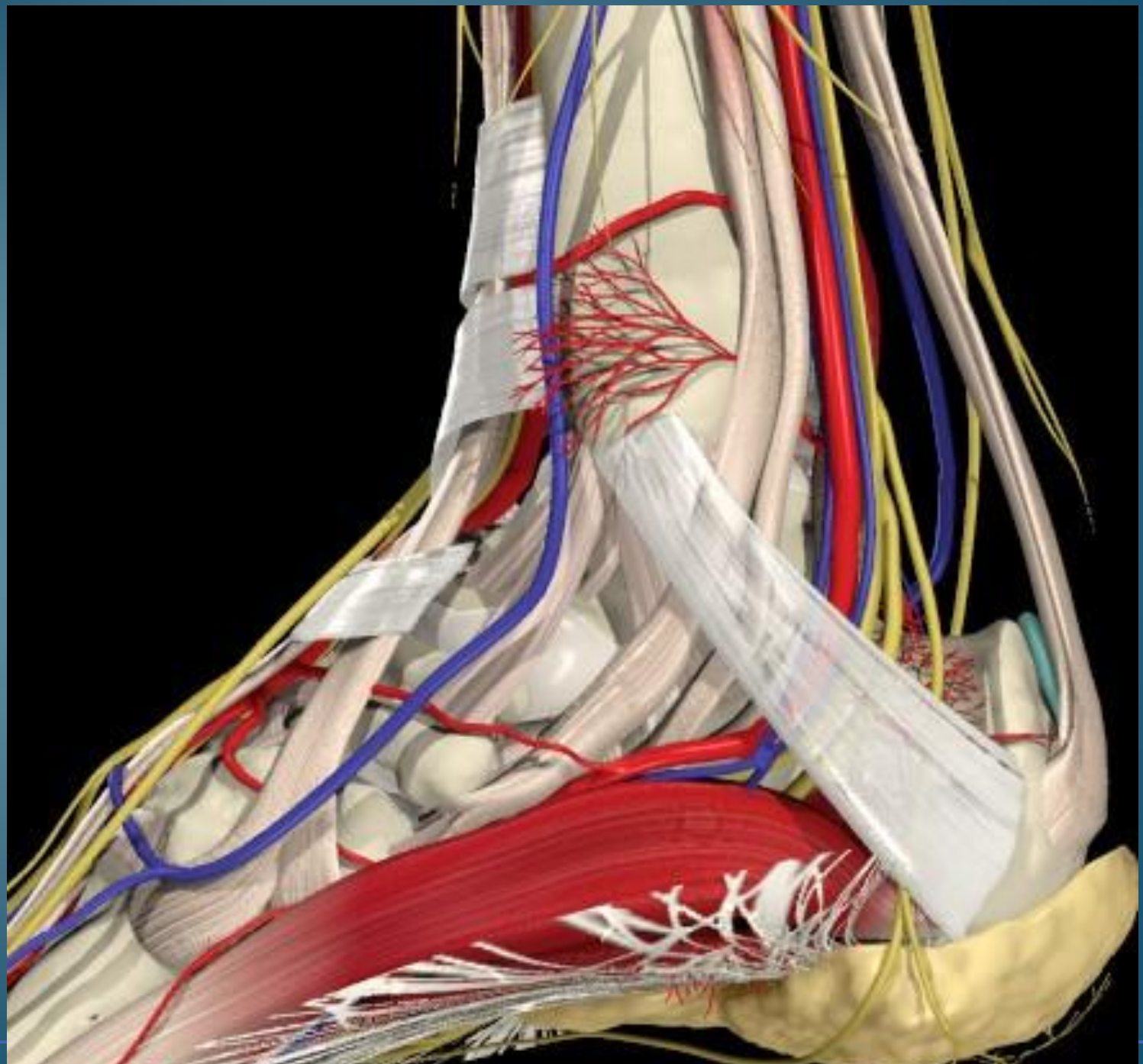
- **Lateral ankle pain**

- repetitive sprain & Anterolateral impingement
- Sinus tarsi SD
- Peroneal tendinopathy
- Talus Stress Fr



ATFL repitative
sprain
Anterolateral
impingement
Sinus tarsi SD

- **Medial ankle pain**
 - Tibialis posterior tendinopathy
 - Tarsal tunnel SD
 - FHL tendinopathy
 - FDL tendinopathy

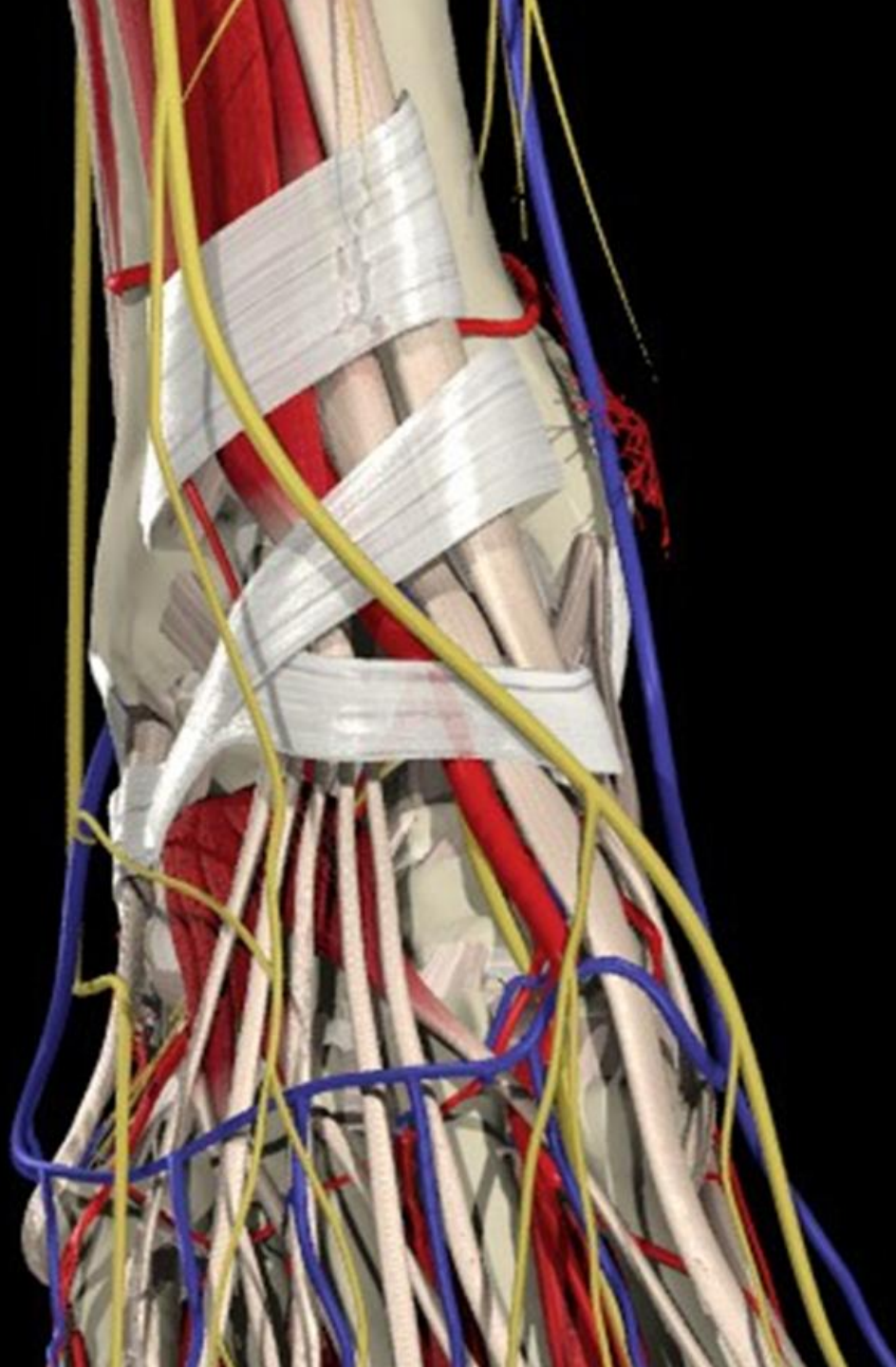


- **Posterior ankle pain**
 - Insertional achilles tendinopathy
 - Retrocalcaneal bursitis
 - Haglund's deformity (disease)
- Posterior ankle impingement SD



- **Anterior ankle pain**

- Ankle jt arthritis :OA, inflammatory arthritis
- Traumatic synovitis after sprain
- Osteochondral lesion on talar dome
- Syndesmosis sprain
- Anterior impingement
- Charcot joint
- Tendinosynovitis: Tibialis anterior, EDL, . . .



- **Heel plantar pain**

- Plantar fasciitis

- Heel pad contusion, atrophy

- Baxter's nerve impingement

- S1 radiculopathy, foraminal stenosis

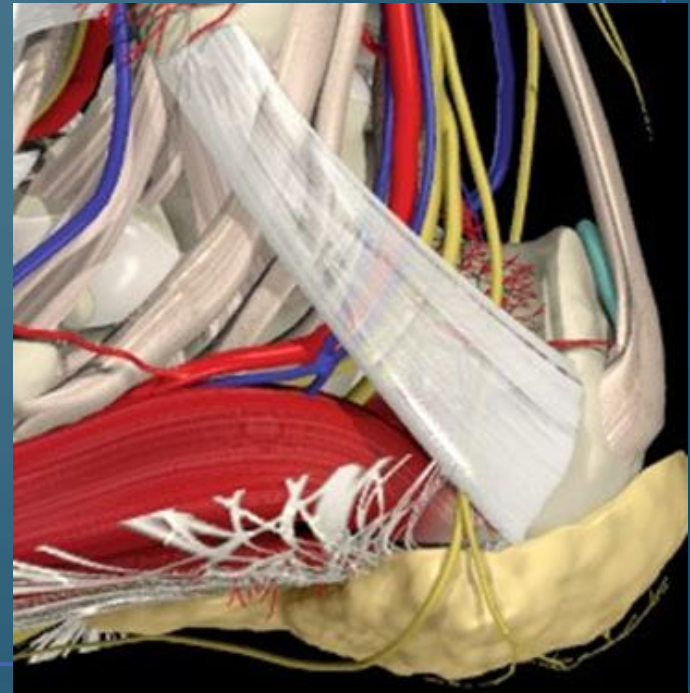
- Hidden calcaneal Fracture



Common disorders

Heel pad atrophy

- Heel pad
 - Columns of Adipose tissues
 - Separated by fibrous septae
 - Shock absorbing



Heel pad atrophy

- Sx
 - Diffuse pain
 - Painful at most of the Wt-bearing portion of the calcaneus
 - Not to radiate anteriorly
 - Regardless of toe DF (fascia tension)
- P/Ex
 - Td on midpoint of heel pad
 - Thin heel fat pad
- 호발 : eldly, obese patients, overuse in sports man, Hx of steroid inj on heel pad

- Tx
 - Heel silicon pad
 - Foot orthosis with enough cushion (poron...) and deep heel cup
 - Shoes with enough cushion

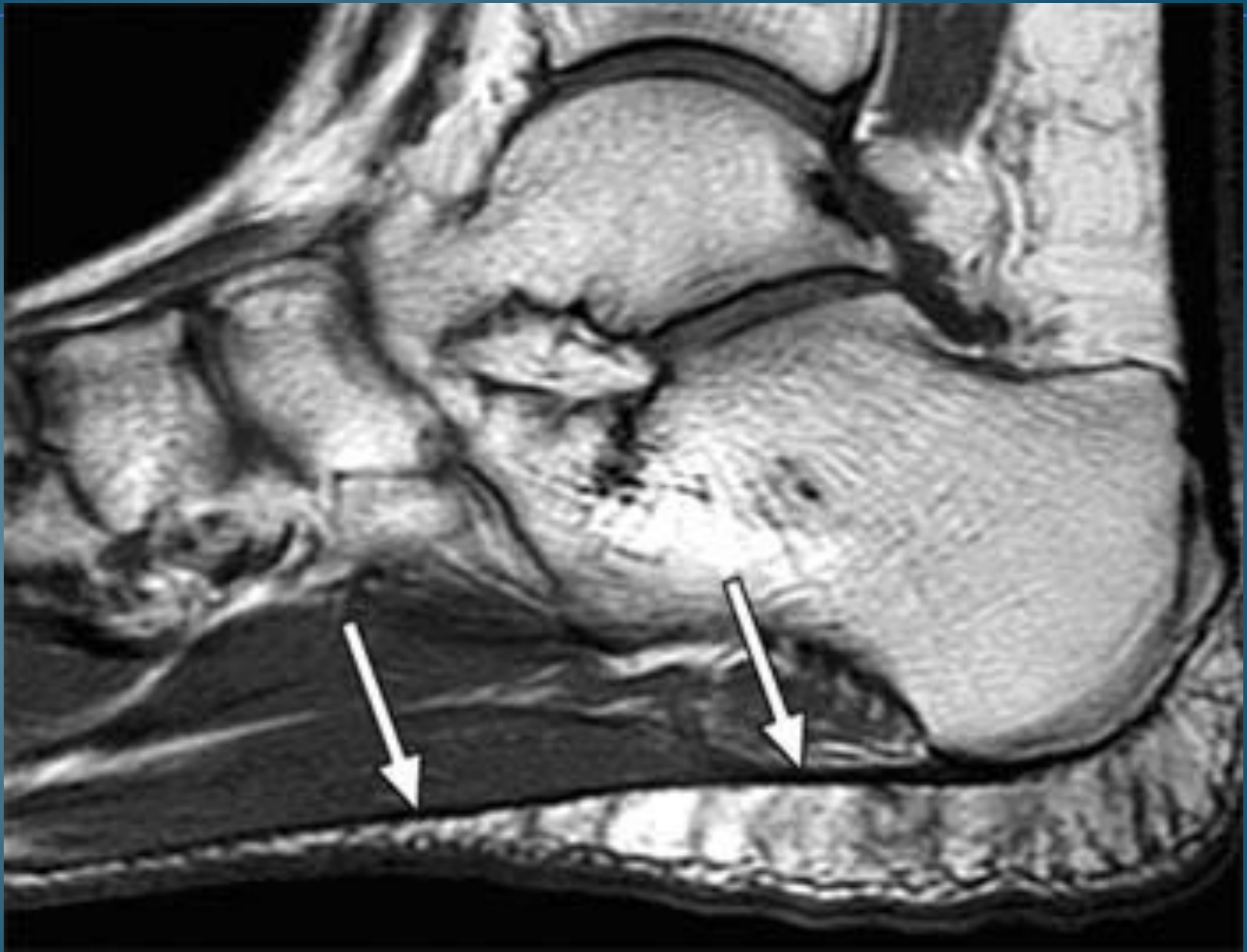


1. Heel pad c PORON
2. Dee heel cup tech

Plantar fasciitis

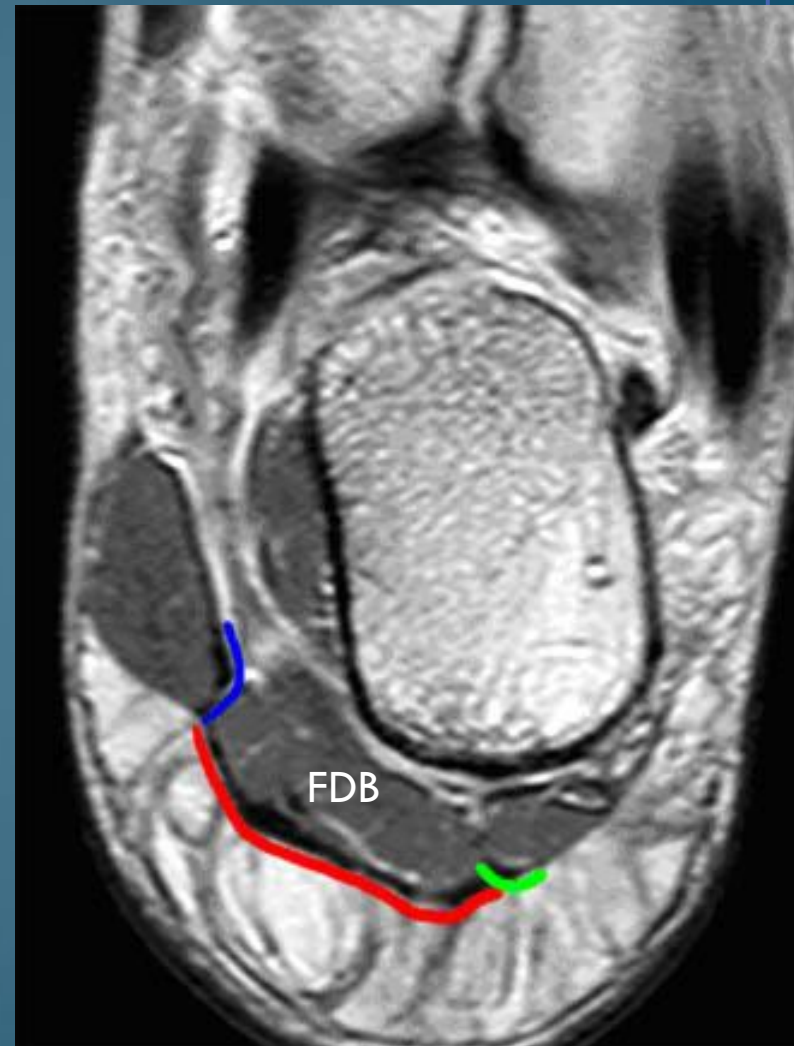
- Plantar fascia
 - A sheet of dense fibrous, collagenous connective tissue
 - Relatively non-elastic
 - Origin : plantar tuberosity of the calcaneus
 - Insertion : deep short transverse ligaments of MT heads





T1-weighted sagittal image in a patient without heel pain. The normal plantar fascia (arrows) is thin and demonstrates low signal intensity on all pulse sequences.

- 3 bands: central, medial, lateral
 - m/c affected in central band
- Thickness : 3-4mm
- Functions
 - Support for the longitudinal arch
 - Dynamic shock absorption



Plantar fasciitis

- Sx
 - Pain in first step
 - in the morning
 - After long time sitting
 - Dissipate after several minutes
 - In advanced cases, constant aching or throbbing pain
- 악화 : 맨발 보행, 아침 서포트 없는 신발 착용

- 악화 위험 인자

1. Flat foot : overstretched fascia during overpronation
2. Pes cavus : sudden stretching of fascia at the quick start to run in rigid cavus foot
3. LLD : 체중 부하를 많이 담당 하는 쪽
4. Femoral anterversion : → leg int rotation
→ more pronation of the foot

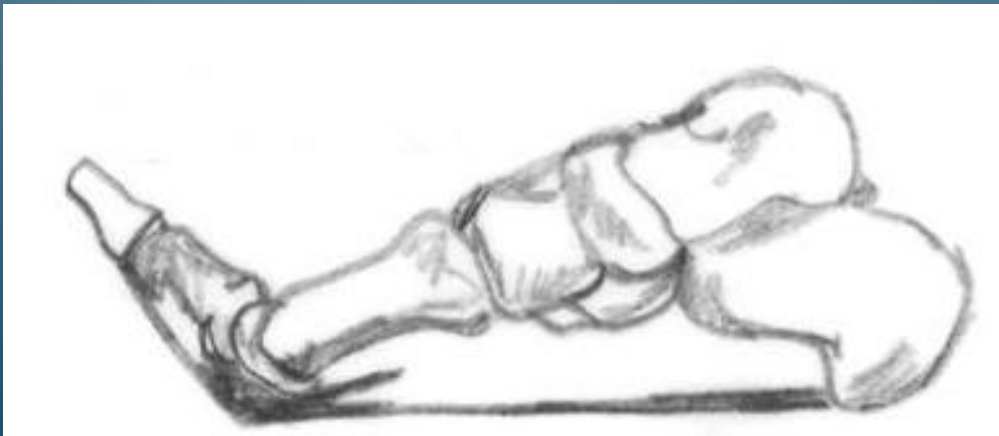
악화 위험 인자

5. Achilles tightness : Most important factor

- ① STJ overpronation
- ② early heel off → fascia tension 증가



- Physical findings
 - Td on medial tubercle of the calcaneus or Proximal fascia
 - Pain during Windlass test
 - By big toe passive DF
 - Esp, standing position



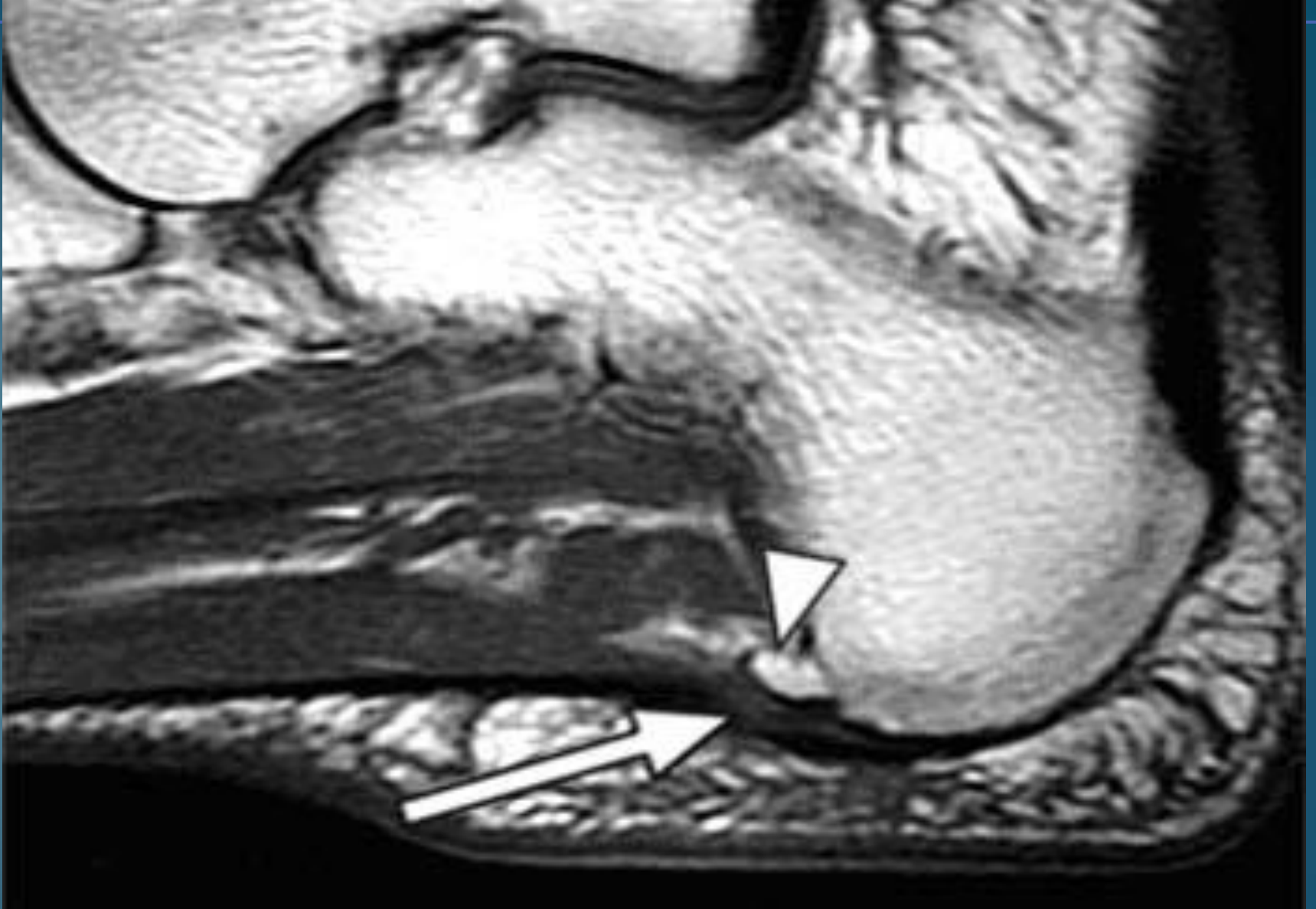
Diagnosis of Plantar fasciitis

- X ray :
 - Heel spur 여부와는 무관
 - Heel spur : 15-25% in general population
- US: fascia thickness $>4\sim 5\text{mm}$, decreased echogenicity, perifascial effusion, hypervascularity (in acute stage)

- MRI :

- T1 : thickening and increased signal intensity within the plantar aponeurosis at the calcaneal attachment
- *STIR : minimal edema is present deep to the calcaneal insertion*

- EMG for R/o S1 radiculopathy



T1-weighted sagittal image in a 50 year old female with mild, chronic heel pain **reveals thickening and increased signal intensity within the plantar aponeurosis at the calcaneal attachment (arrow)**. A prominent calcaneal spur (arrowhead) is present.

Treatment of Plantar fasciitis

- 1st step

- NASIDs and PTx
- Padding, silicon heel cup
- OTC arch support c heel pad,
 - 실내에서도 쿠션 슬리퍼 착용
- Stretching of calf muscle
- For 4-6 wks



• 2nd Step

- Medication + PTx + calf stretching
- Custom molded FO
 - Enough heel cushion with deep heel cup tech
 - Especially for overpronated foot
→ controlling overpronation
- Night splints
- For 4~6 wks

Arch support to control overpronation



1. Heel pad c PORON
2. Dee heel cup tech

- **3rd Step**

- continued 1st and 2nd step Tx

- **Corticosteroid Inj**

- 1 time Exact infiltration on the fascia under US guidance

- 1cc lidocaine + 10~20mg Triam
(or 1cc lido + 2mg limethason)

- Additional injection deep to fascia (b/w fascia and FDB tendon attachment site)

- Wait for 4~6 weeks



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MIC



- **4th Step**

- ESWT 3~5 times, every week,
- Fasciotomy, nerve release

- -----

- 새로 시도중인 치료법들

- Botulinum toxin injection
- Prolo Tx
- PRP

Case : M/45, Lt plantar heel pain

- Onset : 3 mon ago, aggravated 2 weeks ago
- Pain charac : first step pain, worse after walking
- Past Hx: 3 times steroid inj in local clinic under Dx of plantar fasciitis
- P/Ex :
 - direct td on med calc tubercle, windlass test [^] $\frac{\text{TTT}}{\text{oo}}(+)$
 - severe hyperkeratosis on heel
 - Td on med heel soft tissue when pinching







Blind Injection 의 문제점

1. 접근 방법
2. 주사 깊이

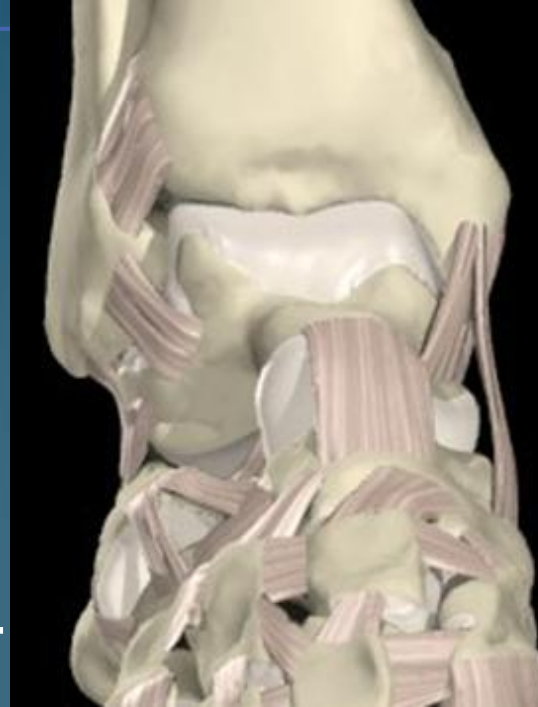
Ankle arthritis

- Ankle joint 특성

- 다위 면적당 받는 체중이 크다.
- 하지만, 다른 관절에 비해 관절염의 비율은 낮다
 - 1 / 9 of knee and hip arthritis

- Rolling it 역할, 높은 하중에서 정합성 보임

- 외상도 흔히 발생



- 관절 연골두께 : 1~1.7mm 로 제일 얇음. 다른 관절에 비해 상대적으로 일정한 두께. Compressive modulus는 제일 높다.
- 관절의 정하성이 떨어지므로, 접촉 면적이 일부부분에 집중 → 퇴행성 ↑
- 발목관절 연골 tensile strength가 타 관절에 비해 높고, 경직성이 높아서 indentation 적다

Ankle arthritis

- 연골

- 외상: 관절 연골의 손상 정도, 관절면의 정확한 정보 여부가 크게 관여

- 비정상적인 발목의 생역학 → 퇴행성 변화

- 여즈서 질환, 허과저즈, 감염

- 신경병즈 관절즈

- 조약

Ankle arthritis

- Sx
 - Pain on Wt bearing or motion
 - 𐄂 anterior ankle pain
 - Swelling, morning stiffness of ankle
 - Warmth

Diagnosis of ankle arthritis

- Physical findings
- X ray
- CT and MRI

- X ray

- asymmetric cartilage space loss
- subchondral sclerosis and cyst
- Osteophytosis, intra-articular loose body



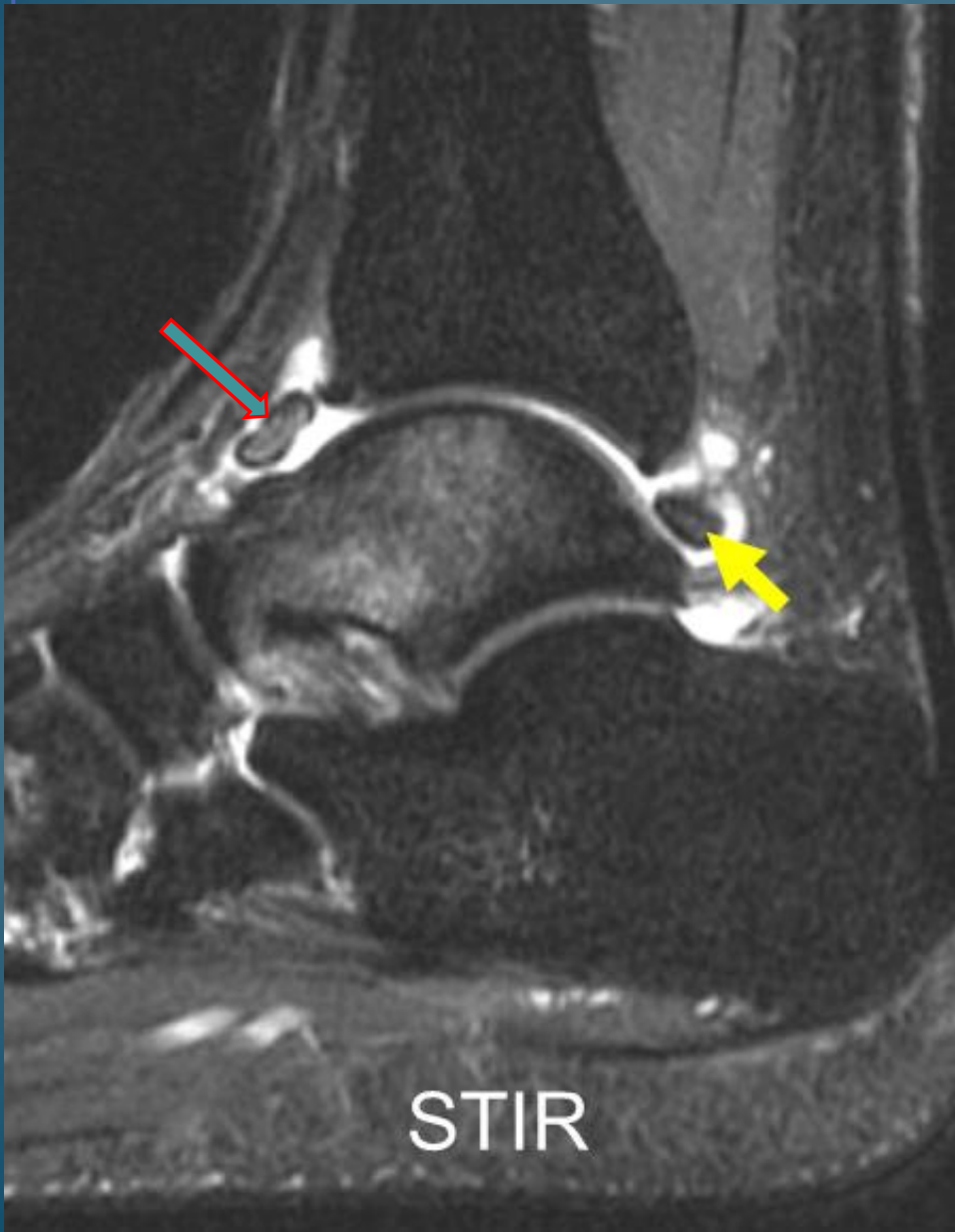
Osteochondral Fracture



- **MRI : early detection**

- Morphological changes of cartilage (thickness and signal)
- subchondal trabecular thickening, cyst
- subchondral BME, small osteophyte





Treatment

- Activity modification
- Wt control
- NSAIDs
- Corticosteroid injection
 - 2달 정도의 단기 효과
 - 3달 이상 간격 두고 주사
- Hyaluronic acid Intraarticular inj

- **Foot orthosis:** 후족부의 정력 회복, 특정 관절면의 자극을 감소

- **Shoe modifications**

- 발목과 후족부의 가동성을 줄임
 - High top shoe with stiff midsole (extended steel shank) and Rocker bottom sole
 - Proper wedge and SACH
-
- **AFO or lace-up ankle support**
 - T-strap double-metal upright AFO
 - PTB- AFO

Care for the mild ankle arthritis

- for realigning of ankle jt and Wt redistribution
- Extra depth shoe + Custom molded foot orthosis

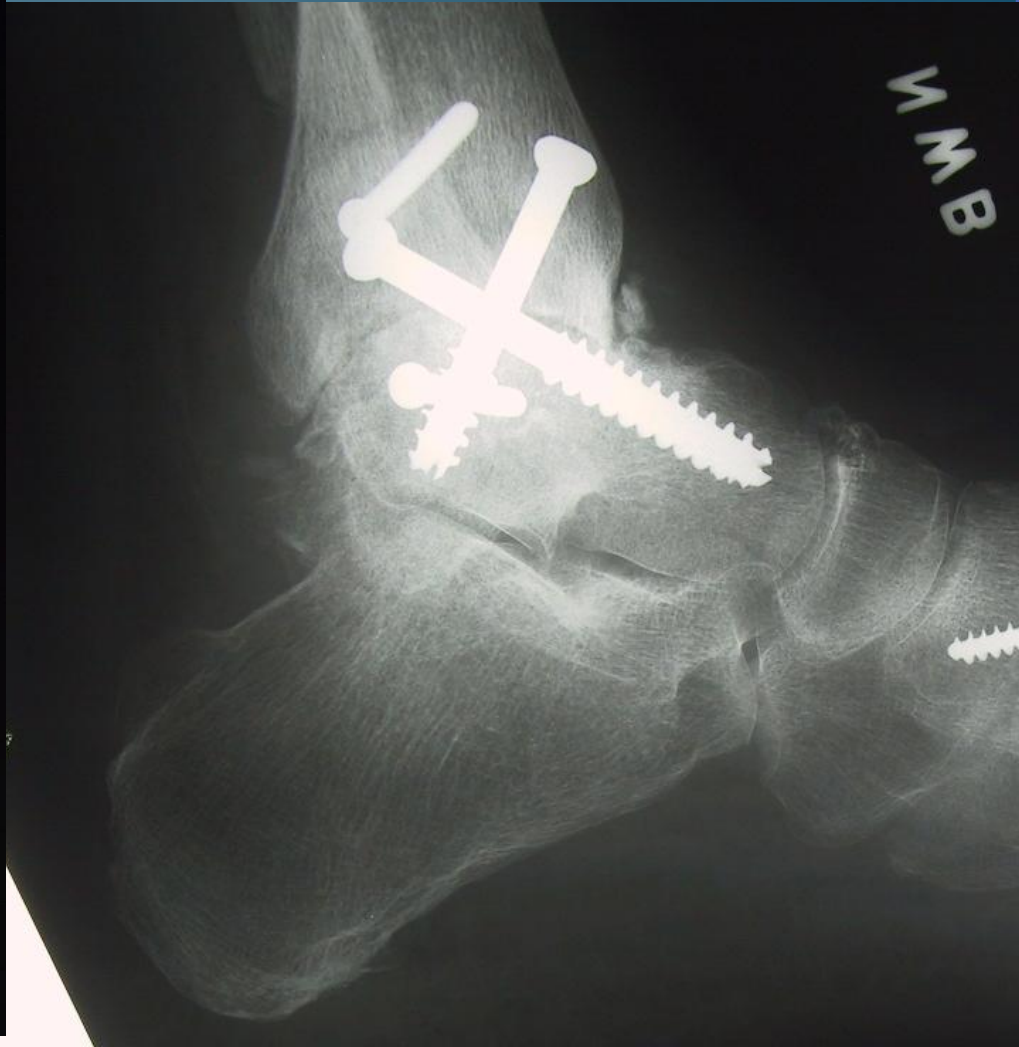
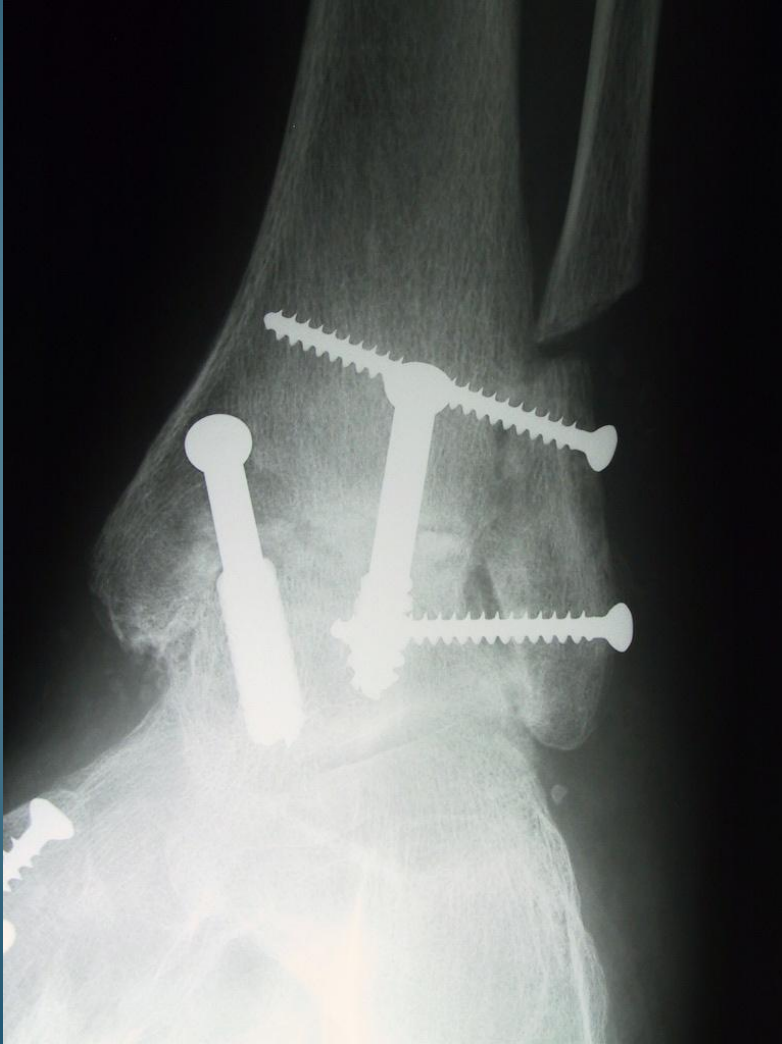




- Surgery

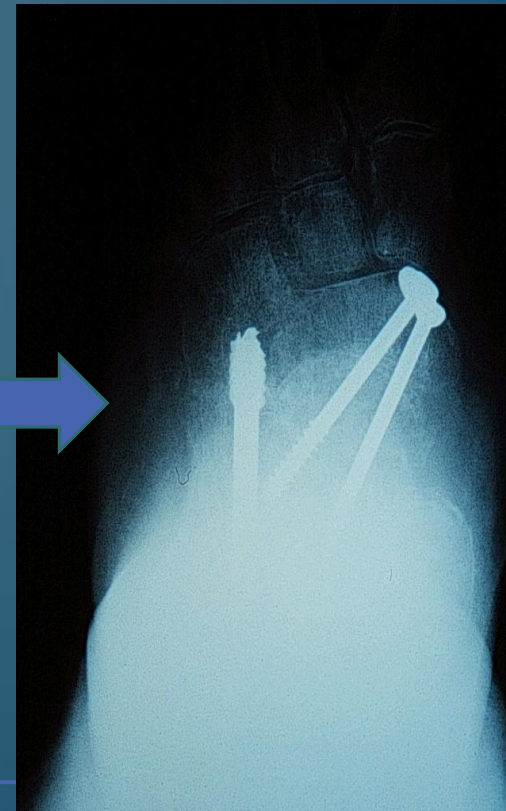
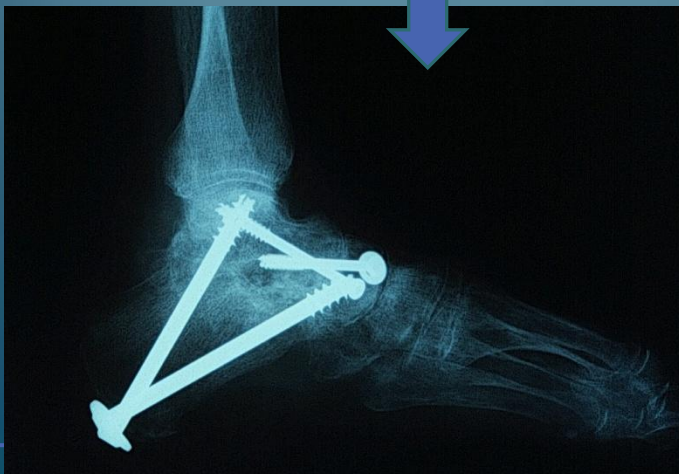
- Debridement and Distraction arthroplasty
- Corrective osteotomy
- Arthrodesis
- Arthroplasty
- Total ankle replacement

족관절 유합술



삼중 관절 유합술

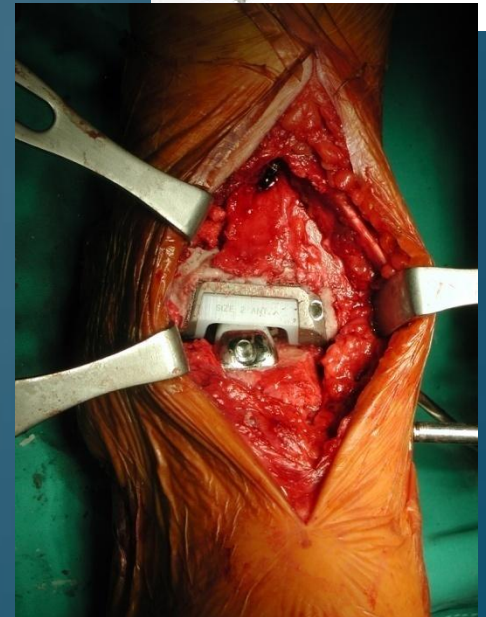
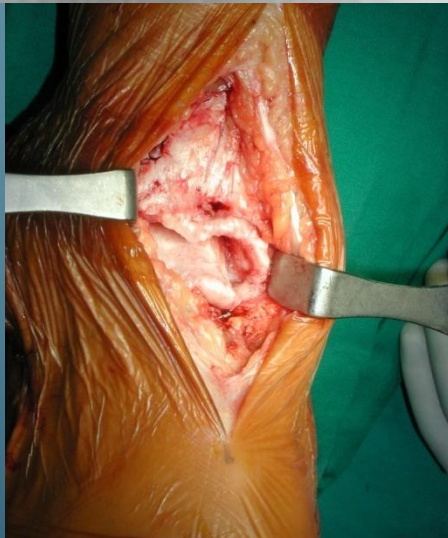
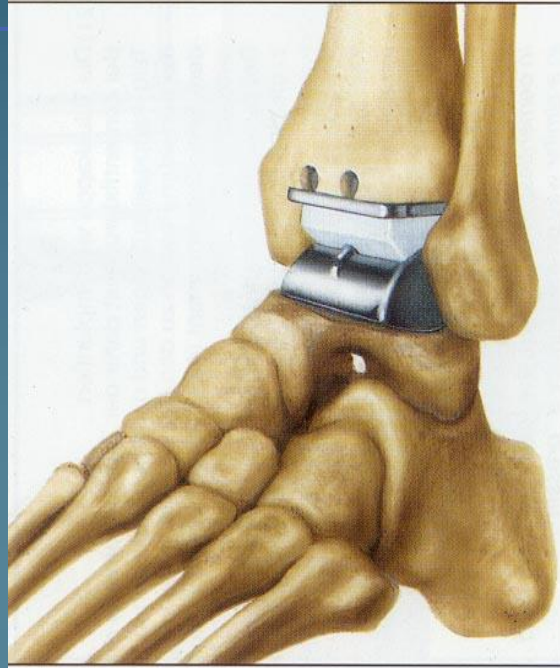
A **triple arthrodesis** consists of the surgical fusion of the talocalcaneal (TC), talonavicular (TN), and calcaneocuboid (CC) joints in the foot



관절경 시술 관절경 시스템



인공 관절



Less common disorders

Anterior impingement SD

- Exostosis: Tibial spur & talar beak
→ impingement



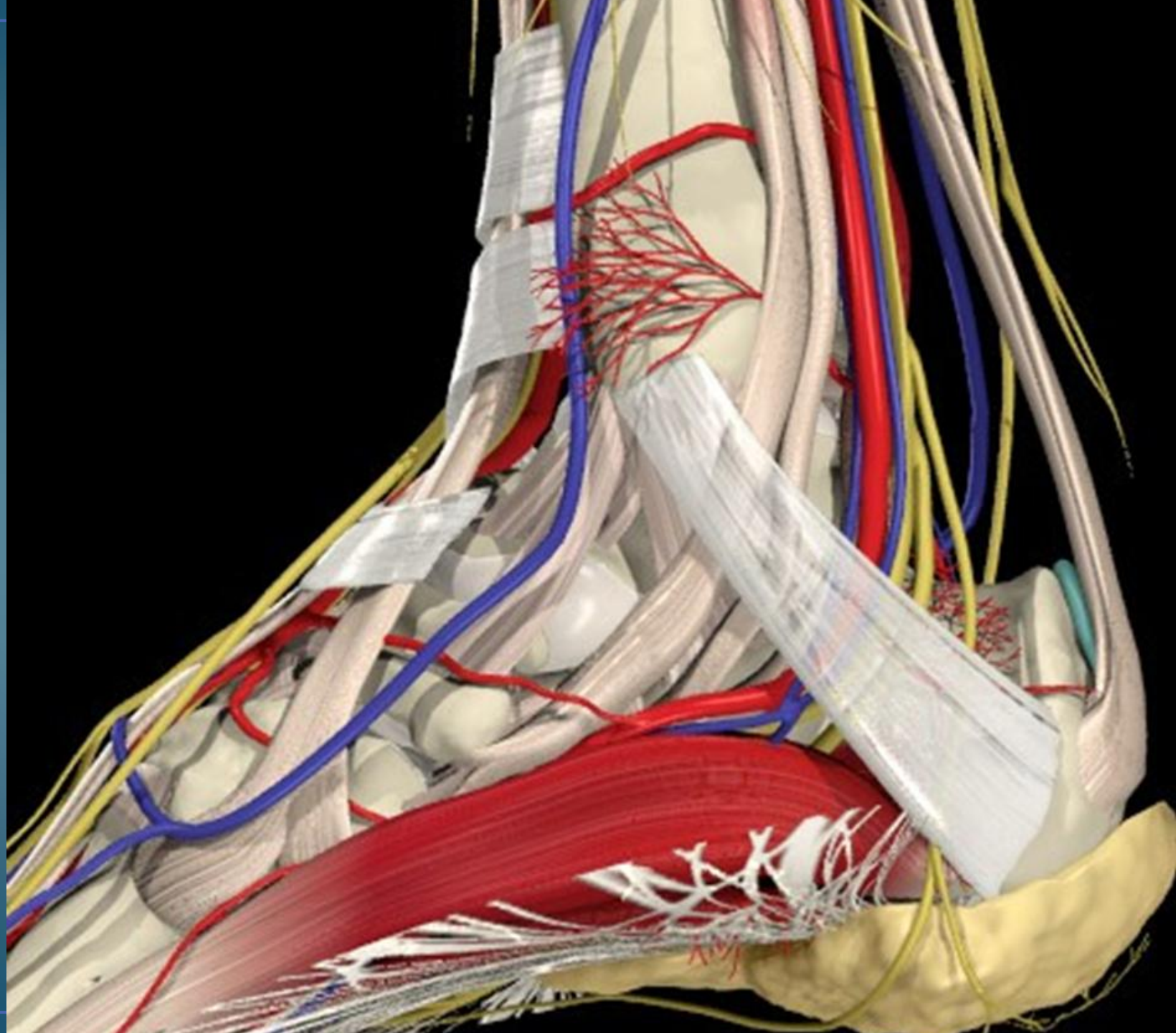
Tarsal tunnel SD

- Tarsal tunnel

- b/w med Malleolus and post tubercle of talus, med aspect of calcaneus
- Covered by flexor retinaculum

- 지나가는 구조물: Posterior tibial nerve, artery, vein, Tendon of TP, FHL, FDL,

- 이 터널내에서 PT nerve가 내,외측 가지로 분지



Tarsal tunnel SD

- Def.

- TP nerve가 족관내에서 눌려서 나타나는 여러 가지 증세들

- 원인

- 신경 내부의 원인: 말초 신경염, 말초 혈관 질환, 당뇨병성 신경병증, 신경종, 신경초종

- 신경 외부의 원인: 결절종, 지방종, 외상, 정맥류, tarsal coalition

- Unknown origin

- Dx of TTS

- P/Ex : tinel sign?, mass ?, distribution of abnormal sensory area ?

- X ray: 뼈의 이상 유무- coalition, bony spur, non union.....

- MRI : 기은 곳까지 잘 보임.
골관절염

- US : mass, ganglion

- EMG: NCV of med and lat plantar nerve, needling on foot muscles

- Tx

- Conservative

- 대부분의 치료 방법

- Medication

- Steroid injection

- Anti depressants

- PT modalities

- Surgery

- 시준을 기해야 함.

- Mass 가 확실히 시준을 누르는 경우에만

Traumatic synovitis-1

- Any ankle injury와 동반 가능
- 증세: ankle jt pain and swelling, LOM
- 원인:
 - 충분한 휴식과 치료 없이 다시 운동 복귀
 - 초기에 과도한 체중 부하

A photograph of a person lying on their back, wearing a grey t-shirt with the word "GUESS" printed on it. The person's mouth is wide open in a grimace, showing their teeth, indicating severe pain. A dark, rectangular object is partially visible on the left side of the person's face. The background is a plain, light-colored surface.

CRPS (Complex Regional Pain Syndrome)

복합부위통증증후군

Deformities of hindfoot

Charcot-Marie-Tooth Disease (CMT)

- 1886년 Charcot & Marie와 영국의 Tooth 에 의해 처음으로 기술
- 일차적으로 운동 신경을 침범, 원위에서 근위부로 올라오는 운동 기능 장애 유발
- 진행성
- 발병율: 일년에 1/2500명
- 미국에서 가장 흔한 inherited neuropathy





Charcot-Marie-Tooth Disease (CMT)

- Hereditary motor sensory neuropathy (HMSN)
- Inherited degenerative disorder in central and peripheral nervous system
 - Muscle atrophy
 - Loss of proprioception
- 발끝 가장 먼저 침범, 가장 심하게 침범

Cause of CMT Dz

- Pathology : Myelination 이상
- Unknown : Gene mutation....

Classification of HMSN

- By Dyck et al., based on electrophysiologic properties and histopathology
- Type I ~ V
- Two main type
 - HMSN 1 : primary peripheral demyelinating neuropathy
 - HMSN 2 : primary peripheral axonal neuropathy





PTTD

(posterior
tibialis tendon
dysfunction)



PTTD

- Stage 1: 건염, 건초염 증세, no planovalgus deformity
- Stage 2: 건염, 건초염 증세, planovalgus deformity (+), flexible
- Stage 3: planovalgus deformity (+), fixed
- Stage 4: fixed planovalgus deformity + valgus tilt of talus

PTTD에 대한 비수술적 치료

- PTTD stage 1

- 4-6주간 단하지 석고 붕대나 보조 신발 그리고, 이후에 재활 운동
- NSAIDs : 염증 반응과 통증 감소
- Foot orthosis

- Stage 2
 - controlling longitudinal arch and heel valgus
 - Foot orthosis
 - AFO, Supramalleolar orthosis
 - Shoe modification:
extended medial counter or
medial heel wedge
 - For acute pain : immobilization



- Stage 3
 - AFO, hinged
 - Supramalleolar brace
- Fixed heel valgus 심하면 보조기 치료에 반응이 적다

- Stage 4
 - Non-hinged AFO

PTTD 수술적 치료

- 비수술적 치료로 반응이 없을 때 수술을 고려

- Stage 1 : 활액막 절제술, 거 막 압박술

- Stage 2 :

- 활액막 절제술, 거 막 압박술 및 일차 봉합

- 필요시 거이저술

- 변형이 있으면 절골술과 관절유합술 고려

- 천공이 동반 시, 후방 그 그립 여자술

- Stage 3

- 보통, 과절 유합술 시행
 • Single, triple
- 천공에 대해 후방 그 그립 연장술

- stage 4

- Ankle Mortise 내에 talus valgus deformity 있으므로
 talocrural jt를 포함한 수술
- talar valgus without talocrural jt degenerative
 change — 내측 삼각 인대 봉합술, 내측 전위 종골 절골술
- talar valgus with talocrural jt Degenerative
 change — 전거골 과절 유합술 시행. 추가로 전 종골 과절 치환술이나
 과상 절골술을 삼중 과절 유합술과 연계.

Take Home Messages

- Hindfoot Common disorders in the elderly
 - Degenerative Dz : Ankle arthritis
 - P. fasciitis, heel pad atrophy
- Post-traumatic synovitis
- Deformities : CMT, PTTD

Thank you for listening carefully !!!

