MICHAEL J. BAKER, D.P.M.
JASON D. GRAY, D.P.M.
GREGORY W. BOAKE, D.P.M
JESSICA R TAULMAN, D.P.M

BFS BUSINESS OFFICE
P O BOX 330.
Fortville, IN 46040-0330
Tel 317.863.2556
Fax 317.203.0420

COMMUNITY FOOT & ANKLE CENTER
1221 Medical Arts Blvd.
Anderson, IN 46011
Tel 765.641.0001
Fax 765.641.0003

EAST FOOT & ANKLE CENTER
161B Washington Point Dr.
Indianapolis, IN 46229
Tel 317.898.6624
Fax 317.898.6636

FOOT & ANKLE AT WESTVIEW HOSPITAL
3520 Guion Rd., Ste 102
Indianapolis, IN 46222
Tel 317.920.3240
Fax 317.920.3243

MARION FOOT CENTER
330 N. Wabash Ave, Ste 460A
Marion, IN 46952
Tel 765.664.1413
Fax 765.965.6530

BAKER FOOT SOLUTIONS SATILLITE FOOT CLINICS

BROWNSBURG
Tel 317.920.3240
Fax 317.920.3243

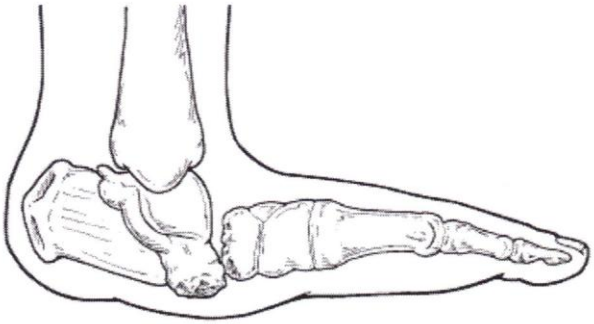
GEIST FAMILY PRACTICE
Tel 317.898.6624
Fax 317.898.6636

NEW CASTLE
Tel 765.664.1413
Fax 765.965.6530

SPEEDWAY
Tel 317.920.3240
Fax 317.920.3243

Charcot Foot

Charcot foot is a sudden softening of the bones in the foot that can occur in people who have significant nerve damage (neuropathy). The bones are weakened enough to fracture, and with continued walking the foot eventually changes shape. As the disorder progresses, the arch collapses and the foot takes on a convex shape, giving it a rocker-bottom appearance, making it very difficult to walk. Charcot foot is a very serious condition that can lead to severe deformity, disability and even amputation.



Charcot Foot

What Causes Charcot Foot? Charcot foot develops as a result of neuropathy, which decreases sensation and the ability to feel temperature, pain or trauma. When neuropathy is severe, there is a total lack of feeling in the feet. Because of neuropathy, the pain of an injury goes unnoticed and the patient continues to walk—making the injury worse. People with neuropathy (especially those who have had it for a long time) are at risk for developing Charcot foot. In addition, neuropathic patients with a tight Achilles tendon have been shown to have a tendency to develop Charcot foot.

Treatment – Following the surgeon's treatment plan for Charcot foot is extremely important. Failure to do so can lead to the loss of a toe, foot, leg or life.

Immobilization. Because the foot and ankle are so fragile during the early stage of Charcot, they must be protected so the soft bones can repair themselves. Complete non-weightbearing is necessary to keep the foot from further collapsing. The patient will not be able to walk on the affected foot until the surgeon determines it is safe to do so. During this period, the patient may be fitted with a cast, removable boot or brace, and may be required to use crutches or a wheelchair. It may take the bones several months to heal, although it can take considerably longer in some patients.

Custom shoes and bracing. Shoes with special inserts may be needed after the bones have healed, to enable the patient to return to daily activities—as well as help prevent recurrence of Charcot foot, development of ulcers and possibly amputation. Bracing is required in cases with significant deformity.

Activity modification. A modification in activity level may be needed to avoid repetitive trauma to both feet. A patient with Charcot in one foot is more likely to develop it in the other foot, so measures must be taken to protect both feet.

Surgery. In some cases, surgery may be required. The doctor will determine the surgical procedure best suited for the patient based on the severity of the deformity and the patient's physical condition.