Step Lively with Healthy Feet

Rock Positano, DPM, MSC, MPH
Director, Non-surgical Foot and Ankle Service, Hospital for Special Surgery

Feet

They walked you into your first class at kindergarten and across the stage at your high school graduation. They may take you up a wedding aisle or through the park when you walk your dog. They’re the first part of your body to touch the floor in the morning and the last to leave the earth before you go to bed.

So when your feet aren’t at their best, you aren’t either. From bunions to flat feet to aches and pains and pinches, foot disorders can keep you from getting you where you want to go comfortably. Here are some of the most common foot disorders, and what you can do to treat them so you can get back to doing the activities you enjoy.

FLAT FEET

We all had flat feet at some time in our early lives. Most of us outgrow them, but in some people, the arch never fully forms. Flat feet most often occur because certain tendons in the feet are loose. For the vast majority of people, flat feet don’t cause any problems, and therefore don’t need any treatment. But some people with flat feet walk with their feet rolling inward, putting stress on the ankles or knees. In fact, many people who see a doctor for knee, hip, or back pain actually have flat feet. Your arches act as shock absorbers — and when they’re flat, that shock can be taken up in other joints.

If your flat feet are causing you discomfort, there are steps you can take to relieve it. Orthotic inserts for your shoes can support your feet, keep them from rolling inward, and take stress off of your other joints. Some inserts are available over the counter, while custom-made orthotics can be prescribed by

“ The human foot is a masterpiece of engineering and a work of art.”
— Leonardo da Vinci
Step Lively with Healthy Feet (continued)

a doctor. You can try over-the-counter brands first, but if you still experience discomfort, getting prescription orthotics will provide you with a shoe insert that is custom-made for your foot shape.

BUNIONS
A bunion — from the Latin “bunio,” meaning enlargement — is a bump at the joint of the base of the big toe. It forms when the bone or tissue in that joint moves out of its proper place. As a result, your big toe bends inward toward the other toes, causing a painful lump at the base of the big toe, on the inside of your foot. Some bunions can be very painful, red, and swollen.

What causes bunions? You may have inherited a certain foot type or way of walking that predisposes you to bunions. Or you may get them from wearing improper shoes; high heels are a common culprit because they shift most of your weight to the front of your foot. Ballet dancers are also prone to developing bunions, since most of their weight is over the big toe joint when they are up on pointe shoes.

If you have bunions, you may find it helpful to wear shoes with a wide toe box, and avoid high heels over two inches tall if you’re going to be walking a long distance. If your bunions aren’t causing you any discomfort, there’s nothing you need to do. But if you have discomfort, it may be time to see a doctor, who may try:

- Orthotics, which can redistribute the pressure that is aggravating your bunions.
- Anti-inflammatory drugs and/or cortisone injections to relieve inflammation. It’s best to get injections guided by ultrasound to make sure the cortisone is going directly to the problem area.
- Physical therapy, such as ultrasound to relieve swelling and pain.
- When all else fails, surgery may be performed to remove the bony growth and, in more complex cases, realign the joint.

PLANTAR FASCIITIS
The plantar fascia is the tough band of tissue in the sole of your foot connecting your heel with your toes. Plantar fasciitis is inflammation of this tissue and feels like you’re stepping on a stone under your heel. The disorder causes pain in your heel that is often at its worst when you get out of bed in the morning. Plantar fasciitis may be caused by an Achilles tendon that is too tight, which often happens in women who wear high heels. It can also develop as a result of overuse, such as too much running. You can reduce your chance of developing plantar fasciitis by stretching your Achilles tendons regularly (see the exercises on page 9) and avoiding high heels.

If you have pain in your heel that has lasted for many months, however, don’t automatically assume that it’s plantar fasciitis. It may be caused by a tear in the plantar fascia or by a fatty growth called a fibroma. That’s why it’s important to see a doctor for an accurate diagnosis, because these different disorders are treated in different ways. Ultrasound can distinguish plantar fasciitis from a plantar fascia tear or fibroma.

If your doctor tells you that you do indeed have plantar fasciitis, there are several treatments that may bring you relief. These include:

- Wearing a special splint (called a “dorsiflexion” splint) that keeps your ankle flexed while you sleep.
- Rolling the arch of your foot over a tennis ball, golf ball, or frozen water bottle.
- Physical therapy using shock wave therapy to stimulate healing, or ultrasound therapy to improve blood flow to the area.
- Orthotics for your shoes.

If these methods don’t work, cortisone or platelet-rich plasma (PRP) injections may reduce inflammation. With PRP, some of your own blood that has been treated so it is high in platelets is injected into the inflamed area to promote healing.

In very rare cases when nothing else has worked, surgery may be done to release the tight plantar fascia.

It can take three to five months for plantar fasciitis to get better, so be patient. If you have a tear or fibroma in the plantar fascia, your doctor may give you a special boot to wear which immobilizes your foot while it heals, anti-inflammatory drugs, and shock wave or ultrasound therapy to speed healing.

Your feet contact the ground 10,000 to 15,000 times a day, so take good care of them. Foot problems are common, but they are also treatable. There’s no reason to suffer discomfort. If you have any concerns about your feet or are living with pain, see a foot and ankle doctor for help.
Baby Steps: Common Foot Disorders in Children

Leon Root, MD
Attending Orthopaedic Surgeon, Hospital for Special Surgery
Professor of Clinical Surgery (Orthopaedics), Weill Cornell Medical College

Every parent remembers their children’s first steps. The achievement marks a major milestone in every human being’s development. Walking turns into running, running to jumping, and before you know it, your child is ready for the playground, school, and sports.

Foot deformities are quite common in children. Sometimes they can get in the way of these milestones, though in most cases they do not. Here are some of the most common foot problems seen in children.

IN-TOEING

Many toddlers and young children walk with their toes turned slightly inward. In most children, however, in-toeing resolves on its own. Still, it’s important for a doctor to determine where the in-toeing is coming from and whether treatment is necessary — especially if it’s accompanied by pain, swelling, or a limp. In-toeing may be due to:

- **An inward twist in the forefoot (“metatarsus adductus”)**: If it does not go away on its own, your child may benefit from gentle stretching exercises or special shoes that encourage the feet to point forward. In more severe cases, corrective casting may be done, followed by the wearing of braces or special shoes until the child walks without toeing in.

- **An inward twist of the shinbone (“internal tibial torsion”) or femur (“femoral anteverision”)**: Most children with these disorders outgrow the problem. In the past, many of them were treated with methods such as tying the heels of their shoes together or wearing shoes connected by a bar while they slept at night, casting, and corrective shoes. Rarely, surgery to correct the abnormal bone rotation may be performed in severe cases that do not get better on their own.
FLAT FEET
Like in-toeing, flat feet are very common. Young children have soft foot tissues, and the arch does not fully form until about age five. In children whose feet remain flat after age five, they may have:

- **Flexible flatfoot:** In this case, there is no arch when the child’s foot is flat on the floor, but the arch appears as the child goes up on his tiptoes. Generally, no treatment is needed unless the flat feet are causing pain (shoe inserts such as arch supports can help) or the child’s Achilles tendon is very tight (stretching can help).

- **Rigid flatfoot:** In this case, the child’s flat feet may be due to a bone problem, such as inappropriate fusion of bones in the foot or ankle. Surgery may be recommended in some children with rigid flatfoot to correct the bone deformity if it is causing pain.

There’s an easy way you can check your child for flat feet. Have him or her walk across a dusty floor. Then check the feet to see where the dust has collected. If there is no dust on the arches, they do not have flat feet. If dust covers the whole sole of each foot, then they do. The vast majority of children with flat feet don’t require any treatment unless they are experiencing pain.

---

CLUBFOOT
Some children are born with this birth deformity in which there is an inward bend in the middle of the foot, with the toes approaching the ankle. Clubfoot is a foot deformity that should be treated as early as possible so the child will be able to walk normally. Treatment starts shortly after birth and, depending on the severity of the clubfoot, most children go on to lead normal, active lives.

Children with flexible clubfoot can have their feet manually straightened out with physical therapy. Many children with stiff clubfoot are successfully treated with an approach called the Ponseti method, which starts with gentle manipulation of the feet within the first weeks of life, along with casts that are changed weekly after each stretching session for up to two months. After that, children wear braces or splints until about age two or three. The Ponseti method has successfully spared many children with clubfoot from surgery. Surgery is reserved for the most complex cases of clubfoot that cannot be successfully treated with other therapies.

---

HABITUAL TOE WALKING
Some children like to walk on their toes all the time — a condition called “equinus.” Most are able to put their heels down and walk normally. But some have tight Achilles tendons that need to be stretched with physical therapy. Eventually they will be able to put their heels down while walking. In rare cases where the tendon is so tight it does not respond well to stretching, the child needs to have the tendon surgically lengthened.

Foot disorders are a common part of childhood, and most children outgrow them. In rare cases, however, a foot disorder is a symptom of a more serious neuromuscular disorder, such as cerebral palsy or muscular dystrophy. So it’s always important to look at the whole child with a foot problem, not just the feet. If you have any concerns about your child’s feet or walking, speak with your pediatrician, who will let you know if your child should see a specialist.
Thinking on Your Feet: Treating and Preventing Common Sports Injuries

Mark C. Drakos, MD
Assistant Attending Orthopedic Surgeon, Hospital for Special Surgery
Instructor of Orthopaedic Surgery, Weill Cornell Medical College

“Achilles heel” may be a metaphor to describe someone’s weakness or vulnerability. But for thousands of people every year, Achilles tendonitis sidelines them from the activities they enjoy. How can you prevent this injury and other common afflictions that strike professional and recreational athletes alike? There are steps you can take to protect your feet and ankles while maintaining an active lifestyle.

ACHILLES TENDONITIS
What It Is: The Achilles tendon is the strong band of tissue that connects the muscles at the base of your calf to your heel. Inflammation of this band — Achilles tendonitis — most often develops when you don’t stretch or warm up enough before exercising. It may also develop if you ramp up to too much activity too soon, or if you wear inappropriate shoes without sufficient support.

Symptoms: Achilles tendonitis causes pain and swelling behind your ankle. It may be difficult to stand on your tiptoes.

Treatment: You may need to take a short break from working out. Gentle stretching of the tendon can provide relief. (See page 9 for exercises.) You may also find relief in 1/4-inch to 1/2-inch heel lifts for your shoes, which you can find in most drugstores; they take the pressure off the tendon while it heals by shifting your weight forward.

When to See a Doctor: If your discomfort continues and doesn’t seem to be getting better, or if it gets better and then comes back, see a doctor. Physical therapy with manual massage, ultrasound, or electrical stimulation can help calm the inflammation around the tendon.

Prevention: The best way to prevent Achilles tendonitis is to stretch the tendon and warm up sufficiently before exercising. Also be sure to drink plenty of water. If you feel pain while exercising, stop and rest. Choosing appropriate shoes can also help reduce your chance of developing Achilles tendonitis. (see page 10 to learn more about proper shoes for foot health.)

ANKLE SPRAIN
What It Is: A tearing of the ligaments in the ankle. Most ankle sprains occur when the ankle rolls outward, putting pressure on and tearing those ligaments. Sprains often result from running on an uneven surface, like rocks or pebbles; during sports with sudden turns and stops, like basketball or volleyball; and when landing inappropriately during jumping sports. If you’ve had prior ankle sprains, you’re more vulnerable to repeated sprains afterward.

Symptoms: Ankle sprains cause pain and swelling. You may not be able to put any weight on that ankle.

Treatment: Rest, ice, compression with an elastic bandage, and elevation (RICE) are best during the first 48 to 72 hours after the sprain. Nonsteroidal anti-inflammatory drugs (NSAIDs, like ibuprofen) can help relieve pain and swelling.
Thinking on Your Feet:
Treating and Preventing Common Sports Injuries (continued)

When to See a Doctor: You should see a doctor if you are unable to put weight on your injured ankle. Some people may need to wear a walking boot while others may need crutches, depending on the severity of the sprain. Once you begin recovering, physical therapy may sometimes be recommended to help you regain strength, including “proprioception” exercises that specifically target the small muscles stabilizing your ankle, which normally don’t get enough attention.

Prevention: Run on even surfaces. Watch how you move and land if you’re active in sports like basketball or volleyball, trying to land on the soles of both feet (not on the sides of your feet). If you’ve had prior sprains, consider wearing an ankle brace during activity to provide extra stability.

FOOT AND ANKLE FRACTURES
What It Is: Cracks or breaks in the bone. Fractures commonly occur when you roll over on the ankle or if someone rolls onto your ankle or foot, such as during contact sports like basketball and football.

Symptoms: A fracture will cause pain and swelling. It will be painful to put weight on the injured foot or ankle. Fractures are also more likely than sprains to cause bruising, and the pain may radiate throughout the foot and ankle.

When to See a Doctor: If you are unable to put weight on your injured foot or ankle and you have the symptoms noted above, you should see a doctor. An x-ray can determine if you have a fractured bone.

Treatment: RICE as well as NSAIDs can help relieve symptoms the first few days. If you have a small crack or hairline fracture, you may be able to get by with a special boot that you can walk on; you would get this boot from your doctor. More severe fractures may require casting — and in serious cases, surgery — and you’ll need to use crutches for up to six weeks. You’ll need physical therapy to regain strength and flexibility in your injured leg (which will weaken while you are recovering) and will need to heal fully before you return to sports.

Prevention: Watch how you land and move during sports, making sure you land on both feet. If you have high arches in your feet, you may be prone to certain fractures. If high arches have caused problems for you before, such as discomfort or instability in your feet, consider getting orthotics (inserts for your shoes) to redistribute the weight in your shoes and increase your stability.

ARTHRITIS
What It Is: Inflammation of the joints. Many runners get arthritis in the big toe joint (hallux rigidus). Some people who had prior ankle injuries (such as repeated sprains) develop arthritis in the ankle.

Symptoms: Arthritis causes pain and stiffness in the affected joint during activity.

Treatment: Reducing your activity and taking NSAIDs can relieve your symptoms.

When to See a Doctor: If you have symptoms of arthritis and they are not relieved by NSAIDs or are prohibiting you from engaging in the activities you enjoy, see a doctor. Surgery may be recommended to stabilize the ankle in some people who have had many ankle sprains.

Prevention: Consider getting orthotics that support the affected joint and redistribute pressure on the joint. Also make sure you are wearing supportive shoes, especially athletic shoes.

Remember that an ounce of prevention is worth a pound of cure: warming up and stretching well before exercise, watching where and how you land, and taking care of your feet can help reduce your risk of sport-related injuries.
Love Exercise? Don’t Forget Your Feet!

Leigh-Ann Plack, PT, DPT
Physical Therapist

You just ran five miles. You follow your workout with several sets of light weightlifting and abdominal crunches, and complete it with some cool-down stretches.

But wait...what about your feet? What have you done for them today?

You’re on your feet all day, and they do even more for you when you engage in physical activity — especially high-impact activities like running, tennis, or sports that involve jumping. While working out your arms, legs, and abs is excellent, your feet deserve just as much attention. The tiny muscles around each foot and ankle promote balance, so exercising them can help improve your stability and reduce your risk of injuries like ankle sprains and plantar fasciitis (an inflammation of the fibrous tissue in the sole of the foot).

The following exercises can assist you in developing improved strength and flexibility for your toes, ankles, calves, achilles tendon, sole and top of the foot.
Here are some exercises you can do to strengthen your feet and keep them flexible.

**Toe Curls**

Strengthen the plantar flexor muscles in the soles of your feet, which you use to press your foot downward away from the body.

1. While sitting with both feet flat on the floor, place a towel or cloth under one foot.
2. Curl your toes and grab the center of the towel, curling it toward you.
3. Relax and repeat with the other foot.

**Toe Pointing**

Also known as plantar flexion, this exercise stretches the tops of your feet while strengthening your ankle muscles.

1. Sit with your legs straight in front of you.
2. Point each foot and then relax.
3. You can add extra resistance by using the rubber exercise band. Loop the band around the ball of your foot and hold the other end in your hand. Point your foot, extending the band. Repeat on the other side.

**Ankle Range of Motion**

Works the small muscles around the ankle.

1. Sit at the edge of your bed with your feet slightly off the edge.
2. Rotate each ankle several times clockwise and counterclockwise.
3. You can also trace the letters of the alphabet with your toes to increase your range of motion.

**Ankle Inversion**

These exercises strengthen the small muscles that move your foot inward.

1. While sitting in a chair, rest your right foot on your left knee, letting your right knee fall outward.
2. Press on the inside of your right foot while pressing your foot against your hand.
3. Repeat ten times and then switch legs.

**Ankle Dorsiflexion**

This exercise works the muscles at the top of the foot around the ankle. It is excellent for preventing shin splints.

1. Sit with your legs straight in front of you. Support your back against a wall if necessary.
2. Flex your right foot, bring your toes toward you ten times.
3. Repeat with your left foot.
4. You can also perform this exercise with extra resistance by using a looped rubber exercise band. Loop the band around the base of a chair or table leg and wrap the other end around the top of your foot. With the band extended, pull your foot toward you. Repeat on the other side.

**Calf Raises**

These exercises strengthen your calves as well as your feet.

1. Stand while holding a chair or table lightly for balance.
2. Rise up on your tiptoes.
3. Lower your heels to the floor.
4. Repeat ten times.
5. You can do this exercise with both feet at the same time, or for extra strengthening you can lift one foot off the floor while doing calf raises on the other side. Then switch legs.
Love Exercise? Don’t Forget Your Feet! (continued)

**Achilles Tendon Stretch**

Stretches the tendon that connects the base of your calf muscles to your heel. This exercise reduces the risk of Achilles tendonitis and plantar fasciitis.

1. Stand with your hands against a wall and your feet flat.
2. Stretch one leg straight behind you, keeping both feet flat on the floor. Bend the knee of your front leg slightly.
3. Lean toward the wall, pressing your back heel down. You’ll feel a stretch in your back calf and behind your ankle. Hold for 30 seconds.
4. If you bend your back leg slightly and lean back into it, you’ll feel even more stretch in the Achilles tendon.
5. Switch legs and repeat on the other side.

**Ball Roll**

Stretches the plantar fascia on the sole of the feet, relieving and preventing plantar fasciitis.

1. Sit in a chair with both feet on the floor.
2. Place a golf ball or tennis ball under the foot.
3. Roll your foot back and forth over the ball for about two minutes, allowing it to massage the arch of your foot.
4. Repeat with the other foot.
5. You can also roll your foot over a frozen water bottle. The cold feels especially good if you have plantar fasciitis.

**Top of Foot Stretch**

This exercise extends the muscles along the top of your foot, which are often neglected and can become tight.

1. While kneeling, sit back on your heels with your feet tucked under you and your toes pointing behind you.
2. Support yourself with your hands pressing into the floor if your knees are uncomfortable.
3. You should feel the stretch along the tops of your feet.

---

**Should you exercise if your feet hurt?**

It depends on what’s causing your discomfort. If your feet are tired, exercise is safe to do, but you can take it easy. If you have arthritis in your feet or ankles, you may feel some pain at first, but exercise will warm up the joints and make you feel better. If you’re feeling pain due to an injury like a twisted ankle or inflammation such as plantar fasciitis or Achilles tendonitis, you should take a break and see a foot specialist to learn what you should do and when you can exercise again.

**Finally, don’t discount the power of the right footwear.** Choosing shoes that cushion and support will go a long way to making sure you keep your feet comfortable and healthy.
Proper Shoes Can Get You Off on the Right Foot

Scott Ellis, MD
Associate Attending Orthopaedic Surgeon, Hospital for Special Surgery
Associate Professor of Orthopaedic Surgery, Weill Cornell Medical College

Soris Tribino
BOC Orthotist, BT Orthotic Labs, Inc.

The freedom of the flip-flop. The simplicity of the ballet flat. The allure of stiletto heels. It’s easy to fill your closet with a wide variety of fashionable footwear. And while you might like the way you look, your feet might not like the way you feel.

Just as there are many different types of shoes on the market, there are many different types of feet. Some people have flat feet, while others have high arches. Some feet are wide, while others are narrow. How do you know which shoes are best for your feet? Here are some tips.

GOT FLAT FEET?
If your feet are flat — also known as having “fallen arches” — look for a shoe that provides all-around support so your feet don’t roll in.

- The shoe should have a firm heel counter (the part of the shoe behind your heel) and be firm on the sides to support your feet.
- Shoes that lace up offer excellent support, as do boots, high-tops, and any other shoes that are deeper rather than shallow.
- Some people benefit from a shoe or orthotic insert that provides good arch support.
- If you’ve just got to have some ballet flats, find flats that are robust — not flimsy — so your feet are supported.

HIGH ARCHES?
Many people with high arches walk on the outsides of their feet. This can put them at risk of a twisted ankle and ankle instability.

- Look for a wide, higher-cut shoe that offers stability, a firm heel counter, and a broad sole.
- Lace-up shoes and high-cut loafers are excellent choices.
- If you have high arches and you’re not putting equal pressure on both sides of your feet, orthotic inserts can help stabilize your feet so they don’t roll in or out.

BUNIONS?
Some people live with foot deformities like hammer toes (abnormal bending of certain toes), toes that overlap each other, or bunions. If you suffer from one of these disorders, look for shoes with a high toe box and sufficient width. It’s best to go to a store that specializes in comfort shoes, where you can be professionally fitted and find shoes that are most appropriate for your feet.

JUST SAY NO TO HIGH HEELS!
We know they’re pretty. We know they’re stylish. We know you like the way they make your legs look. But high-heeled shoes do a real number on the body. The pressure they put on the forefoot can cause or aggravate bunions, hammer toes, and toe arthritis. High heels can also cause back pain by making your pelvis tilt forward and straining your lower back. So think twice before you slip into those stilettos.

A WORD ABOUT ORTHOTICS
Orthotic inserts placed inside your shoe can provide comfort and support to your feet. You can buy them over the counter or have them custom made. If you feel you may benefit from orthotics, try a high-quality over-the-counter brand first — one that features different orthotics for different foot types.

If you are still experiencing discomfort, see a foot specialist to see if custom orthotics might be right for you. An orthotist will make a mold of your feet that will be sent to a lab where your personalized orthotics will be crafted. Orthotics can be expensive, ranging from $450 to $650, and are not covered by many insurance plans. So consider all of your options before you go that route.
Proper Shoes Can Get You Off on the Right Foot (continued)

People who are recovering from a traumatic injury or sports injury to the feet or ankles may benefit from orthotics while they heal, while those with chronic deformities and conditions like rheumatoid arthritis may find that orthotics provide life-changing comfort.

Avoid customized orthotics sold online that rely on impressions you make in your own home and send to the company. It’s difficult for anyone to make a quality orthotic if the fitter hasn’t actually seen your feet in person.

WHEN IT’S TIME FOR NEW ATHLETIC SHOES
Many people wonder how to tell if they need new athletic shoes. A general rule of thumb is to change your running shoes every 400 miles. Today’s newer shoes are made of more durable, shock-absorbing materials and can last the average recreational athlete about a year.

Not sure how many miles are on your shoes? See if the sole is worn unevenly, if it’s cracked or contains holes, or if any air bubbles in the shoe have popped. When it’s time for new running shoes, go to a store that will perform a personal assessment and match you with the brands and models that are most appropriate for your feet and running style.

Finally, take your feet seriously. If you’re experiencing any pain or discomfort that isn’t getting better, visit a doctor who specializes in foot and ankle care. Seeing a specialist before things get worse will keep you on your toes!

Making Sure the Shoe Fits
Here are some tips for matching the right shoes to your feet:

- Get your feet measured periodically. Even as adults, our feet can change in size and shape as we get older.
- Buy shoes that are wide enough to feel comfortable while providing support. Avoid shoes that are too narrow.
- Try on new shoes later in the day. Your feet swell naturally as the day goes on, so buying shoes in the afternoon or evening will ensure that they are comfortable any time of day.
- Consider rubber soles if you do a lot of walking, such as people who live in a city. They provide stability and can reduce your chance of slipping.
- Avoid purchasing shoes that do not suit your foot shape...even if they are adorable.
- Generally, the more the shoe covers your foot, the more support you’ll have. Lace-up shoes, high-cut loafers, and boots provide the most support.
- Avoid buying shoes that aren’t comfortable. While some shoes may eventually become “broken in,” others may not. Buy what feels good to you in the store.
Programs and Resources

Hospital for Special Surgery offers a variety of wellness exercise classes designed to help you gain endurance, strength and flexibility. Meditation, relaxation and general wellness programs are also offered.

Better Balance for Older Adults
Unique exercises selected for individuals who would like to increase their balance control and decrease the risk of falls.

Therapeutic Yoga
The slow, controlled physical movement of yoga can provide pain relief, relax stiff muscles, ease sore joints and help build strength.

Pilates
A series of specific movements designed to strengthen the powerhouse muscles of the abdomen, back and waist.

Yogalates
A popular form of exercise that blends the best of yoga and Pilates.

T’ai Chi Chih®
Simple, rhythmic movements that provide benefits such as improved balance, strength, flexibility and maintenance of bone mass.

Dance for Fitness and Fun
Studies have shown that dance maintains cardiovascular fitness, enhances emotional well-being, strengthens weight-bearing bones and slows loss of bone mass.

For more information on the schedule, location and cost of these classes, visit www.hss.edu/pped or call 212.606.1613. Additional programs and offerings can be found by visiting www.hss.edu/pped.

INTEGRATIVE CARE CENTER (ICC)
The ICC, located in mid-Manhattan and affiliated with Hospital for Special Surgery, offers alternative care services including Pilates, acupuncture, massage therapy, chiropractic medicine and pain management. Please visit www.hss.edu/icc for more information or call 212.224.7900.

Community Benefit Report Invested in Our Community – 2014 Report
The HSS Community Benefit Report provides information about the Hospital's contributions to the community in the areas of community programs and services, research and health professionals education. Visit www.hss.edu/community for more information and to download a copy of the 2014 Community Benefit Report and the 2014-16 HSS Community Service plan or the Community Health Needs Assessment.

Other Resources
- The American Academy of Podiatric Sport Medicine: www.aapsm.org
- National Bone Health Alliance: www.nbha.org
- POSNA: The Pediatric Orthopaedic Society of North America: www.posna.org
- Children – American Academy of Orthopaedics (AAOS): orthoinfo.aaos.org/menus/children.cfm
- U.S. Centers for Disease Control and Prevention: www.cdc.gov/physicalactivity/index.html

Online Webinars
Check out our free HSS webinars at www.hss.edu/pped-webinars. All webinars can also be accessed as podcasts at www.hss.edu/podcasts. Topics include:
- 4th Annual Bone Health Education Seminar. Healthy Bones: Build Them for Life
- Runner’s Health and Marathon Training Programs
- Honoring Lupus Heroes
- Lupus Care: The Past, the Present and the Future
- Advances in Lupus Research: Spotlight on Treatment
- Family Caregivers and Health Care Team: A Challenging Partnership
- Today’s Options for Osteoarthritis Management
- Living with Osteoarthritis Seminar

A short video excerpt on “Meditation for Pain Management” is also available for patients via our YouTube playlist, Education for Public and Patients.

HealthConnection FastFacts
This recurring publication is a convenient one-page online health education newsletter designed to provide the public with fast, current, accurate musculoskeletal and general health information.
Visit the latest edition of this online health education newsletter about tendonitis, available at www.hss.edu/ppedfastfacts.
For more information, visit www.hss.edu.

To make an appointment, call our Physician Referral Service at 800.796.0486.

Most major insurance plans are accepted.

Public and Patient Education Department
212.606.1057
www.hss.edu/pped

Research Division
212.774.7123
www.hss.edu/research
www.hss.edu/clinical-trials

Locations

Hospital for Special Surgery
535 East 70th Street
New York, NY 10021

HSS Long Island Outpatient Center
333 Earle Ovington Boulevard,
Suite 106
Uniondale, NY 11553

HSS Paramus Outpatient Center
140 East Ridgewood Avenue
Paramus, NJ 07652

HSS Queens Outpatient Center
176-60 Union Turnpike, Suite 190
Fresh Meadows, NY 11360

HSS Stamford Outpatient Center
1 Blachley Road
Stamford, CT 06902

HSS Spine & Sport
600 Heritage Drive, Suite 110
Jupiter, FL 33458

HSS Sports Rehabilitation
at IMG Academy
5500 34th Street West
Bradenton, FL 34210

Integrative Care Center
635 Madison Avenue, 5th Floor
New York, NY 10022

The Public and Patient Education Department of Education & Academic Affairs provides information to the general public and patients through a variety of health education programs. Professionals provide practical information to help prevent or manage orthopedic and rheumatological conditions. Programs are held at the hospital as well as in the community. The department is dedicated to providing education today, so that everyone can have a healthier tomorrow.

Laura Robbins, DSW
Senior Vice President
Education & Academic Affairs
Associate Scientist, Research Division
Designated Institutional Officer, GME

Edward C. Jones, MD, MA
Assistant Attending Orthopedic Surgeon
Medical Editor

Vilma Briones, MA
Senior Program Coordinator

Marcia Ennis
Director, Education Publications and Communications

Sandra Goldsmith, MA, MS, RD
Senior Director, Education and Academic Affairs

Rosie Foster, MA
Contributing Writer

Randy Hawke
Design, Associate Director, Education Publications and Communications

2012 National Health Information Bronze Award
HealthConnection Newsletters
2011 Osteoarthritis Prevention and Management issues

2013 National Health Information Merit Award
HealthConnection Newsletter
December 2012 Bone Health issue

2014 National Health Information Bronze Award
HealthConnection Newsletter
Winter 2014 Aging Well issue

Sign up for our HSS.edu e-Newsletter at www.hss.edu/registration