



### Foot and Ankle Arthroplasty

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#### Introduction

The foot and ankle are a part of the lower limbs in vertebrates which help in their locomotion. The foot part holds the entire weight of the body. The foot forms the main part as all the muscles from the lower limb is attached to foot. In nature, the foot is meant with two longitudinal arched, which is supported by a transverse arch that forms the form of the bone and therefore the ligaments. The various forces on these arches enable us in walking and running and other activities in additional economical ways with reference to the energy spent. Ankle is termed as talocrural joint and it is the meeting point of foot and leg. Foot, as it performs various activities and due to its functions it is liable to various kinds of infections and injuries like athletes foot and other various fungal and bacterial infections. This region is also prone to fractures easily.

Decision making regarding arthrodesis versus total ankle arthroplasty plays a crucial role within the treatment of end-stage ankle arthritis. Every patient's individual combination of criteria has got to be assessed and balanced thoroughly before surgery. The author's personal major and minor criteria for deciding between arthrodesis versus total ankle arthroplasty are listed in study. Major criteria have shown evidence within the literature and are considered of equal value without a ranking among one another. As the doubt arises, after balancing the major criteria, minor criteria should be analyzed. Although they appear reasonable, solid evidence for the minor criteria from studies comparing the impact of those criteria on the result is lacking within the literature. Balancing the standards for deciding isn't always easy and clear. In our

Study, for older and fewer demanding end-stage ankle arthritis patients, a total ankle arthroplasty is recommended. Whereas younger with a high activity level, no adjacent joint arthritis, and posttraumatic end-stage ankle arthritis, an arthrodesis is usually recommended. In a recent comparative study analyzing the impact of complications on arthrodesis and total ankle arthroplasty outcome, patients with total ankle arthroplasty were as satisfied and yielded scores as good as did the patients with arthrodesis despite having significantly more complications at a mean follow-up of 38 months. This finding was thought to be related to a far better postoperative function and a variety bias. If any ankle range of motion is retained, the patient's gait after total ankle arthroplasty is a smaller amount disturbed. Structural foot insufficiencies as a result of the consequences of RA mean that the foot will need to find various ways to catch up on these problems, in order that the body can still progress over the supporting limb. The results of this are often a foot that has got to work particularly hard to realize what the healthy foot can, and maybe take longer to realize it. Additionally, the compensations that the foot employs, including the consequences of active small joint synovitis, will inevitably produce to deformities over time, like hallux valgus and claw toes. Due to the various functions of the foot required for efficient gait, foot involvement in RA can have a negative effect on gait, and subsequently inhibit the patient's movement, physical activity levels, and general activities of daily living, leading to a poor quality of life. Foot orthotics, commonly known as insoles, are prescribed by podiatrists with the aim of improving joint and bone alignment thus, improving gait mechanics and indirectly influencing positively pain levels and quality of life. The precise mechanism with regards to how foot orthotics may affect pain is unknown. A number of potential theories are proposed, with foot orthoses resulting in a more realigned foot improving foot posture thus, allowing more normalized motion at joints; reduction and redistribution of plantar foot pressure; reduction in pressure time integral; altering muscle activity; and altering proprioceptive feedback. However, it is more likely that a combination of more than one theory is more likely which different theories may affect pain through quite one pathway.

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