

C O N S U M E R ' S
A W A R E N E S S

GUIDE TO FOOT PAIN TREATMENT

DR. ANDREW GORECKI

LEARN HOW TO AVOID:

4 TREATMENT
RIP-OFFS

6 COSTLY
MISCONCEPTIONS ABOUT
FOOT PAIN TREATMENTS

6 MISTAKES WHEN
CHOOSING FOOT
PAIN TREATMENT

AND STEPS TO FOOT PAIN RELIEF

Consumer's Awareness Guide to Foot Pain Treatment

By **Dr. Andrew Gorecki**

Founder of Superior Physical Therapy

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Dear Foot Pain Sufferer,

Choosing foot pain treatment isn't easy. Why? You are bombarded with misleading advertising, confusing claims, and simply bad information from forced referrals to health system providers or surgeons, not to mention unqualified providers and their near worthless methods. How do you ever find a highly effective foot pain treatment? You start by reading this consumer's guide.

In this fact-filled booklet, you will discover

- how to avoid four foot pain treatment rip-offs,
- six costly misconceptions about foot pain treatment,
- six mistakes to avoid when choosing a foot pain treatment, and
- four steps to foot pain relief.

We wrote this guide to help you better understand foot pain treatments.

With this information, you can make an informed and intelligent decision. If you have any questions about foot pain treatment, you are invited to call us at **231.357.3930**. We have dedicated our business to educating consumers, and we will be happy to help you in any way we can.

Cordially,

Andrew Gorecki

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HOW TO AVOID **4** TREATMENT RIP-OFFS

1 HAZARDOUS IMAGES: WHY YOU DON'T NEED — OR WANT — AN MRI

Anywhere people fancy high technology—South Korea is a good example—MRI units are humming and surgery is booming. The most recent data available, published in JAMA Internal Medicine in 2013, assessed how often advanced imaging was ordered in nearly twenty-five thousand physician visits. The proportion of patients who left their doctors' appointments with orders for MRIs increased from 7.2 percent in 1999 to 11.3 percent in 2010. As a result of this increase in imaging, the percentage of patients who were directed to specialists for interventional procedures and surgery more than doubled, rising from 6.9 percent to 14 percent in the same period.

At the Mayo Clinic in 2014, researchers found, yet again, that disc degeneration was normal at all ages. It was present in more than a third of asymptomatic twenty-year-old subjects and in 96 percent of eighty-year-old subjects. "Black" discs, often employed as one of the indications for a diagnosis of degenerative disc disease, were found in more than half of normal subjects over forty and in nearly 90 percent of those over sixty. Those bone spurs I'd picked out on my scan were common in pain-free subjects as well. Mayo Clinic scientists concluded that such changes were not "part of a pathologic process requiring intervention."

However, orders were still creeping upward in 2015. A significant number of practitioners acknowledged that they ordered all those scans defensively, attempting to avoid malpractice liability.

This same story is represented in studies examining foot pain. For example, a study in the European Radiology Journal indicated that 50 percent of people who had no pain when given an MRI showed a plantar fascia tear. Another from the American Journal of Roentgenology showed that 43 percent of runners who had no pain when given an MRI showed a tibial stress fracture. Finally, a study in the Journal of Foot and Ankle Surgery indicated that 15 percent of individuals who were pain free when given an MRI showed osteochondral lesions in the talus. The bottom line is that an MRI or x-ray is most likely going to show something, and this too often leads to surgery.

2 ORTHODONTICS DON'T WORK FOR EVERYBODY

It seems that the first treatment option for someone struggling with foot pain is to get them orthotics. The thought seems to be that the foot is flattening out more than it should, and preventing the foot from flattening out will help relieve stress. Well, research disagrees. A systematic review in the British Journal of Sports Medicine in 2017 reviewed 1,660 participants struggling with pain in the heel or bottom of the foot who were given either an orthotic or a sham orthotic. The results indicate that there is very little evidence for both short-term and long-term pain relief and improved function.

This is also the main reason most insurance companies no longer pay for orthotics. Due to the low quality of evidence to support the effectiveness of orthotics, the payment responsibility has been placed on the consumer. This cost can run upwards of \$800 for one pair of orthotics.

3 INJECTIONS ONLY MASK SYMPTOMS

Injections to help with foot pain are targeted at reducing the inflammation response in the painful area by injecting a corticosteroid. This approach has two problems. First, treating inflammation can delay the healing process, as inflammation is actually the second step in the four-step healing process. Inflammation is triggered as a response to tissue damage. Treating only inflammation does not address what has caused the damage in the first place, which is a biomechanical or movement problem in the body.

The second issue with injecting anti-inflammatory medication into the painful site is that studies indicate the corticosteroids can weaken and damage tendons and ligaments and erode cartilage in healthy joints, which can lead to more problems down the road.

4 THE WALKING BOOT

A common treatment for pain on the bottom of the foot or back of the heel is to immobilize the painful foot. The thought process here is that immobilizing the foot reduces or eliminates the movement that occurs in the foot and will, therefore, reduce the stress in the damaged tissues and allow for healing to take place. This kind of makes sense, but the main problem with this approach is that immobilization creates stiffness in several parts of your body, including your ankle joint and hip joint. This often actually creates a bigger biomechanical problem that can increase the stress in the foot and also increase the stress in other parts of the body, essentially compounding the problem.

6

COSTLY MISCONCEPTIONS ABOUT FOOT PAIN TREATMENTS

1

YOUR DOCTOR IS THE EXPERT

When it comes to foot pain, the typical pathway to find a solution starts with visiting your primary care physician. Most primary care providers have little or no training in musculoskeletal (foot pain) management beyond prescribing medications to treat symptoms, ordering expensive and too often unnecessary tests, and referring to orthopedic surgeons or podiatrists when only 10 percent of the exams are surgical. The problem is compounding by a projected shortage of 20,000-30,000 primary care physicians by 2025. Ineffective treatment is the standard of care nationally for musculoskeletal disorders, and related opioid addiction is an emergent crisis.

A recent study in the Journal of BMC Musculoskeletal Disorders indicated that experienced physical therapists had higher levels of knowledge about managing musculoskeletal conditions (foot pain) than medical students, physician interns, residents, and all physician specialists. Most people go to their primary care physician, nurse practitioner, or physician assistant for foot pain care, even though these providers received only one to three hours of education on the management of musculoskeletal disorders. Don't avoid speaking with your physician about your foot pain; however, discuss seeing a qualified physical therapist for relief.

2

OPIOIDS ARE A GOOD OPTION

A common treatment for foot pain relief is pain medication. This is not a good idea and can often lead to addiction. For a long while, it was understood that opioid addiction was the outcome of misuse or abuse and was unrelated to doctors' prescribing habits. "The reality is that the vast majority of people who are given these medications by doctors will not become addicted," Russell Purdue told those assembled for a media gathering at a D.C. press conference. Repeatedly, Purdue described a "bright line" between the state of addiction and that of physical dependence in the treatment of chronic pain. For patients who needed pain control, Purdue said, access to chronic opioid therapy was really no different from providing insulin to a diabetic.

Some regarded that comparison as outrageous. Andrew Kolodny, at the time an addiction psychiatrist at Maimonides Medical Center in New York City, had founded a group called Physicians for Responsible Opioid Prescribing (PROP). (Subsequently, he would be chief medical officer at Phoenix House before accepting the position of co-director of opioid policy research at Brandeis University.) In 2011, Kolodny explained that physicians who overprescribed to patients with non-cancer chronic pain were largely responsible for having created the epidemic of addiction, not only to prescribed opioids but also to heroin. "The reason we have a severe epidemic of opioid addiction," Kolodny said, "is that we have overexposed the U.S. population to opioid pain medicine. The people who are using heroin are out there using heroin because they were first addicted to opioid pain medicines." In 2010, enough painkiller prescriptions were written and filled to medicate every American adult around the clock for a month.

The sad statistic is that it is projected that over 70,000 Americans will accidentally overdose from the use of opioids in 2018. That is more than we lost in the entire Vietnam war.

3 THE COST IS THE SAME REGARDLESS OF WHERE I GO

A new report comparing some common tests, procedures, and treatments has found that hospital outpatient departments (HOPDs) consistently charge and are reimbursed more than community-based settings for the same services. For physical therapy, HOPDs charged on average 50 percent more than freestanding clinics.

The study, conducted by the former Center for Studying Health System Change and published by the National Institute for Health Care Reform, used private insurance claims data from 2011 for about 590,000 active and retired nonelderly autoworkers and their dependents to track charges for magnetic resonance imaging (MRI) of the knee, colonoscopies, common laboratory tests, and physical therapy. What researchers found was that where the service was provided made a big difference in how much was charged.

In looking at physical therapy, the study's authors limited investigations to therapeutic exercise and manual therapy—"2 common physical therapy services" that, according to the report, accounted for \$25.9 million of the \$38 million spent on physical therapy among the claims analyzed. Their findings: In looking at 136,000 services provided, "average prices were **41 percent and 64 percent higher** in HOPDs for therapeutic exercises and manual therapy, respectively, than in community settings."

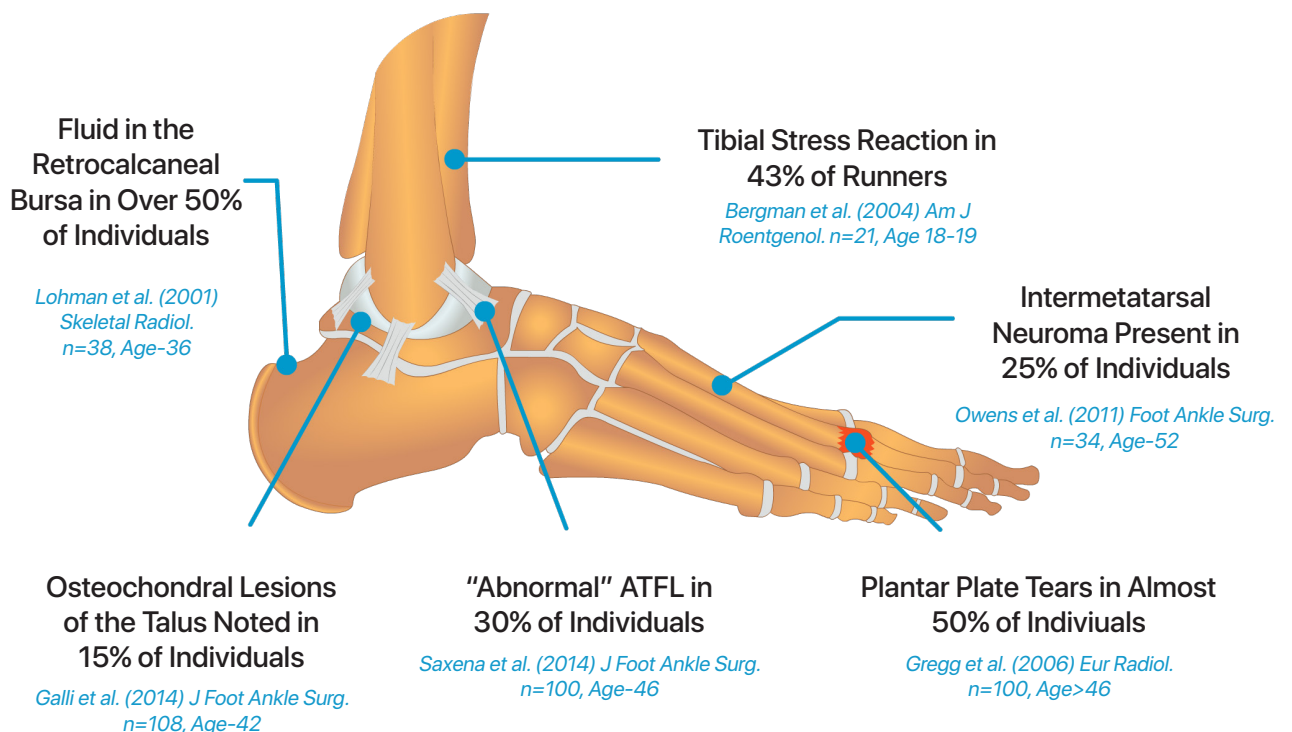
This highlights a much bigger problem. The reason that health insurance is skyrocketing in price is because the cost of healthcare is growing out of control. Health systems with the “we fix everybody” approach are driving up the costs to provide the service, and the burden, in turn, is placed on the patient, not the insurance companies.

The bottom line is that you have a choice of where you go for treatment, and your referral is good at any location anywhere in the state. Without making an educated choice, you risk being ripped off.

4 I NEED AN MRI TO FIGURE OUT WHAT'S CAUSING MY FOOT PAIN

According to a systematic literature review from the Journal of Foot and Ankle Surgery, the majority of people walking around on earth without pain have some form of foot abnormality on an MRI or x-ray. Below is a nice depiction of that phenomenon.

IMAGING OF THE ASYMPTOMATIC FOOT AND ANKLE



5 PAIN RELIEF SHOULD BE THE FOCUS

The three most common treatments for foot pain are orthotics, anti-inflammatory medications, and injections. All of these only alter the pain that your brain feels and do not provide a solution to the foot pain.

6 REFERRALS ARE IN YOUR BEST INTEREST

Ask specific questions about why you are being referred to a particular practitioner or facility. Ask if there is any financial reason for your doctor to send you there. Ask if there is a financial arrangement between the doctor and the treatment provider. Do not go somewhere simply because your doctor makes more money from the referral. That's not a good idea.

6

MISTAKES TO AVOID WHEN CHOOSING FOOT PAIN TREATMENT

1

CARE FROM THE WRONG PERSON

A recent study in the Journal of BMC Musculoskeletal Disorders indicated that experienced physical therapists had higher levels of knowledge about managing musculoskeletal conditions (foot pain) than medical students, physician interns, residents, and all physician specialists. Most people go to their primary care physician, nurse practitioner, or physician assistant for foot pain care, even though these providers received only one to three hours of education on the management of musculoskeletal disorders. Don't avoid speaking with your physician about your foot pain; however, discuss seeing a qualified physical therapist for relief. If it hurts when you move, then you should see the movement experts, physical therapists.

2

MASKING SYMPTOMS

Masking symptoms with medications, creams, devices, or activity avoidance only compounds the problem that is causing your foot pain. Most foot pain is due to a biomechanical problem that is creating cumulative trauma over time to your foot. You must first identify what that problem is and then fix the mechanical problem.

3

DEMANDING AN MRI

MRIs cost, on average, \$2,600 in the U.S., and studies indicate they will most likely show some sort of foot abnormality, regardless of whether or not you are in pain. MRIs that show foot abnormalities often lead to a referral to a foot surgeon. This then too often leads to surgery without first attempting other conservative approaches.

4 RESTING AND HOPING IT WILL GO AWAY

Resting or not moving is not the answer. This only causes muscle to atrophy, joints to stiffen, and the biomechanical problem that is causing your foot pain to increase. If you don't feel comfortable moving on your own because of the pain, find a movement expert (physical therapist) to help you understand what movements to do. In fact, call us at Superior Physical Therapy at 231.357.3930. We can help.

5 NOT RESEARCHING YOUR OPTIONS

Not all healthcare providers are qualified to treat foot pain. In fact, studies indicate that not all physical therapists are qualified to treat foot pain. Do your research. I would recommend looking at company websites, online peer reviews, and credentials to find the best provider available. Superior Physical Therapy has several foot pain specialists. Call 231.421.3930.

6 IGNORING THE PROBLEM

Foot pain is considered a cumulative trauma injury. This means that the trauma cumulates over time and will get worse the longer you wait. Get help as soon as possible. Call us at 231.357.3930, and we will get you set up with a one-on-one consultation with a foot-pain specialist.

The Importance of **Value** and **Choice**

Value is defined as considering (someone or something) to be important or beneficial; having a high opinion of. Physical therapy should be considered of high value to you if you want foot pain relief. If it's not, let me explain why it should be.

Musculoskeletal disorders (foot pain) are the highest health cost category in the country at 75 percent more than heart disease and 75 percent more than cancer, affecting more people than both combined. Musculoskeletal disorders are the leading cause of disability and impairment globally. Fifty-four percent of adults report recurrent or chronic musculoskeletal disorders, and the cost of musculoskeletal disorders to the patient doubles over the age of forty-five.

Most primary care providers have little or no training in musculoskeletal (foot pain) management beyond prescribing medications to treat symptoms, ordering expensive and too often unnecessary tests, and referring to orthopedic surgeons when only 10 percent of the exams are surgical. The problem is compounding by a projected shortage of 20,000-30,000 primary care physicians by 2025. Ineffective treatment is the standard of care nationally for musculoskeletal disorders, and related opioid addiction is an emergent crisis.

The US center for Disease Control reports that six preventable health conditions account for 86 percent of all US healthcare spending. They are musculoskeletal disorders, cardio-vascular disease, cancer, diabetes, depression, and obesity. Prescriptive movement is proven to benefit each of these six conditions. However, the biggest barrier to exercise is that it "hurts when I move."

Studies indicate that, by seeing a physical therapist to initiate care for any musculoskeletal disorder, you will save on average 50 percent of the money that you would normally spend on expensive images, medications, injections, and surgeries.

The bottom line is that seeing a physical therapist when it hurts to move will get you in the hands of an expert who can offer you a natural solution to your pain and save you a ton of money at the same time, which is the definition of high value.

Choice is also a very important element to consider when deciding which foot pain treatment to choose.

In normal purchasing situations, such as car mechanics, hair stylists, etc., normal buying behavior includes combining several key pieces of information in order to make an informed decision. These pieces of information usually include recommendations or reviews from your friends and family and the general public. Other important pieces of information that matter to us are the cost, location, authority, expertise, credibility, and reputation of the company we are choosing to do business with. In healthcare, the choice for the healthcare consumer is being eroded by large health systems that are monopolizing communities by purchasing, owning, and controlling once privately owned medical facilities and then forcing referrals from physicians who stay in house in order to increase the revenue of the health system. These scenarios put you as the consumer at risk because they present situations where you feel like you don't have a choice.

The bottom line is that you do legally have a choice of where you go for treatment. No matter how the scenario is presented to you, you always have a choice. I encourage you to make the best choice possible because your health is on the line.

4 STEPS TO FOOT PAIN RELIEF

1 STOP IGNORING OR ALTERING THE PROBLEM

The single biggest mistake foot pain sufferers make is ignoring the problem. Often, this is in hopes that the problem will simply go away as time goes on. The problem with this thought process is that foot pain is classified as a gradual onset or cumulative trauma injury. These types of injuries only get worse over time if the problem that is causing the trauma is not identified and fixed.

In addition to ignoring the problem, the most common treatments given for foot pain are symptom-altering medications, such as pain medication or anti-inflammatories. Again, these strategies only mask the symptom of pain and do not resolve the underlying biomechanical problem that is causing the trauma.

2 FIND AN EXPERT

There is nobody in the healthcare system with more knowledge about managing foot pain than physical therapists. This is proven by many studies. The more advanced the degree of the physical therapist, the more knowledge they have about managing back pain. Look for a doctor| trained physical therapist who specializes in any type of functional exercise. At Superior Physical Therapy, all of our doctors of physical therapy specialize in foot pain.

3 IDENTIFY THE CAUSE

The first step in finding a solution to any problem is to identify the cause of the problem. Most providers are focused on finding the type of foot pain. This is the diagnosis, such as plantar fasciitis, achilles tendonitis, etc. The problem is that the type of foot pain does not identify the cause. The cause of most foot pain is improper movement in the areas above and below the foot, most often in the hips, ankle, and upper torso. You must identify the cause before you can fix the problem. Otherwise you are just guessing.

4 COMMIT TO THE PLAN

Once the cause is identified, stick to the plan. It takes time to make a change in the way the body moves to allow for the healing process. You should stick to one treatment plan for at least three months before you make any decisions about the effectiveness of the treatment.

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My hope is that, by reading this *Consumer's Awareness Guide to Foot Pain*, you are now better prepared to select the most qualified provider for your specific problem. I believe that you will make the right choice. If you are still not sure about where to go, I would like to offer you an opportunity to get a taste of what we have to offer. If you call now, I will reserve a spot for you to receive a Free Foot Pain Relief Consultation with one of our doctors of physical therapy who specializes in foot pain. This offer is only for people who receive this guide. In order to receive this opportunity, you need to call **231.357.3930** and mention this Consumer's Awareness Guide to Foot Pain.

I look forward to meeting you.

Andrew Gorecki

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