


WATCH TOM KELLY MOVE NOW





Dr. Richard de Asla has many moves to relieve ankle/foot pain and dysfunction—and Tom is progressing after his ankle replacement procedure.

PHOTOGRAPHY BY ERIK KELLAR

Tom Kelly, 81, of Naples, is no shrinking violet. Years ago when he was working as a superintendent for a construction company in Illinois, he fell 10 feet through the air and landed on his feet, he says. He broke his right heel and left leg, and his left ankle had seven fractures in it.

When that all healed, he started running marathons. He continued that for 25 years and finally had to give that up when the pain became too intense.

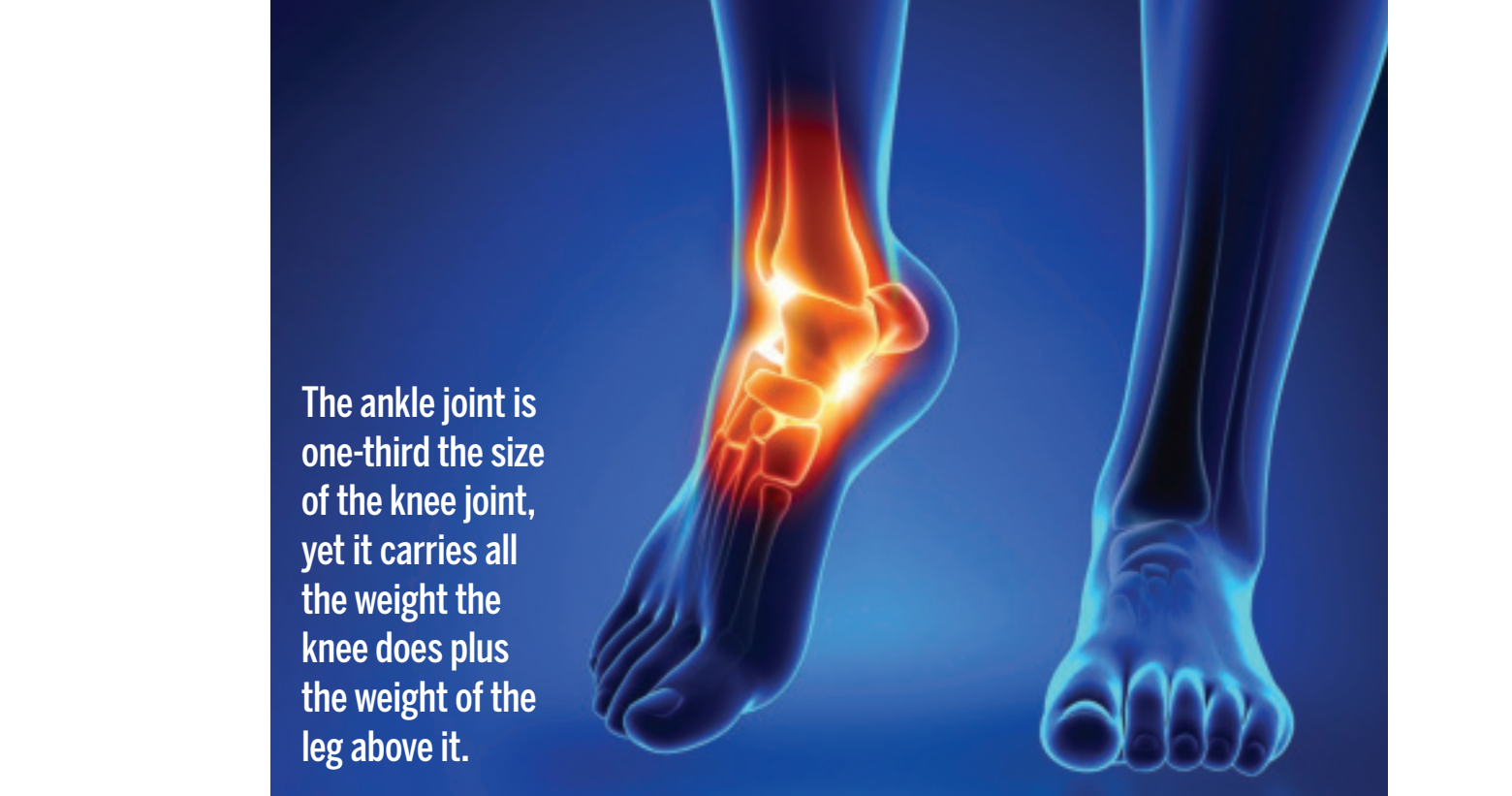
Eventually, he says, “the cartilage just left me.” That’s when the ankle pain started.

In the last three or four years, he says, the pain got so bad that he looked into getting an ankle replacement. And this is a man who can tolerate pain, so it must have been pretty bad.

He heard about Dr. Richard de Asla, an orthopedic surgeon who specializes in foot and ankle surgery. Dr. de Asla, who has been at NCH just over a year, has a sterling pedigree: He did his fellowship at the Hospital for Special Surgery in New York and was Director of Foot and Ankle Orthopedics at Massachusetts General Hospital. He is the first foot and ankle surgeon NCH has ever had on staff.

In addition to doing ankle replacements, Dr. de Asla can treat all sorts of foot-related maladies, like bunions and hammertoes, that people may think fall under a podiatrist’s purview. It may not be so.

“We treat any athletic injury, trauma or deformity,” he says of his practice. “Just because I’m an orthopedic surgeon doesn’t mean that if you’re coming to see me, you’re going to get surgery. In fact, most patients who see me don’t



The ankle joint is one-third the size of the knee joint, yet it carries all the weight the knee does plus the weight of the leg above it.

require surgery at all. Most conditions of the foot and ankle can be treated non-operatively.”

Ankle replacements are one of his specialties, though, which is how Tom Kelly got to him. “I heard about Dr. de Asla from a friend who was a physician at Mass General. They didn’t know each other,” he says, but his friend’s assessment gave him a good deal of confidence in the surgeon. And rightly so—Dr. de Asla was the surgeon who, in 2010, performed Mass General’s first-ever ankle replacement surgery.

HOW IT WORKS

You may be familiar with hip and knee replacement surgery, but what exactly is ankle replacement surgery? It’s actually a resurfacing operation, says Dr. de Asla. After an accident, or simply from aging, we lose our cartilage in the ankle, just as we do in other parts of the body. And as Kelly noted, things can get quite painful without cartilage.

“We can’t replace the cartilage,” says Dr. de Asla, “so we resurface the joint with metal and plastic. Its very similar to what happens in a knee or hip replacement.” The talus bone is the small bone in your foot that allows your ankle to rock up and down—it articulates with the heel bone and the tibia, or shin bone. The resurfacing will take place on the top of the talus bone and the bottom of the tibia.

This procedure has some challenges that a hip or knee replacement doesn’t, though, says Dr. de Asla.

For one thing, the bones are much smaller—the ankle joint is one-third the size of the knee joint, yet it carries all the weight the knee does plus the weight of the leg above it. So the joint is subject to more wear and tear. In addition, there is no muscle covering the ankle, as there is on the hip. In fact there is very little soft tissue in that area at all.

After an ankle replacement and a recovery period, patients should be able to perform most activities of an active life, with the exception of impact-loading exercises like running.

People who come to Dr. de Asla and are considering an ankle replacement are doing so because they, like Tom Kelly, are in a great deal of pain. They sometimes will also have diminished range of motion in the ankle. Candidates are generally in their 60s or older, says Dr. de Asla, because the implant has a limited lifespan. Patients who are younger may be better candidates for what’s called an ankle fusion.

In an ankle fusion, the ankle is held together with surgically placed metal hardware. This allows the bones to heal together. Ankle fusion usually limits the range of motion in the ankle, particularly the up-and-down motion. This ankle won’t function as a regular ankle did before the fusion, but if successful, it will reduce or eliminate pain and, after recovery, still allow the patient to perform most activities of an active life (again with the exception of load-bearing exercise like running).

There are less radical options for some causes

of ankle pain, too. The most conservative is to take non-steroidal anti-inflammatories and modify your activities (laying off the ones that cause you pain). Another option is to wear a brace on the ankle for support. Injectables are another strategy that some people try. These can include cortisone injections, which offer relief to many people. A newer field involves injecting stem cell solutions into joints, with which some patients have reported good success but lacks scientific evidence and is not covered by insurance.

So how do you know which option is for you? “That is really the patient’s decision,” Dr. de Asla says. “We can see on an X-ray whether you have arthritis, but it comes down to how much pain you have, and how it affects your quality of life. It is completely subjective,” he says.



RICHARD J. DE ASLA, M.D.
Dr. de Asla is a board-certified orthopedic surgeon with subspecialty fellowship training in foot and ankle surgery.

before—with the exception of the marathoning, that is. “I’m almost shocked by this,” he says. “I didn’t expect it to work this well.”

UP AND AROUND

As for Tom Kelly, he has no regrets. “I would do it again,” he says. I wasn’t too sure about it when I had my knees done. But I am really happy about this.”

About 2 months after his surgery, he says he is feeling surprisingly good. He felt very little pain post-op, he says, until he started walking again and felt some pain. But he was moving really smoothly. “I’m walking with no limp, no brace,” he says. “I can’t believe how well I’m walking. Even the therapist is surprised at how well I’m doing.”

He is confident that he’ll be fully healed soon, and back to everything he could do

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FOOT FACTS

- **Osteoarthritis is the most common type of arthritis**, affecting an estimated 20.7 million adults in the United States, mostly after the age of 45.
- A human foot and ankle is a strong, mechanical structure that **contains 26 bones; 33 joints; and more than 100 muscles, tendons and ligaments.**
- **Twenty-five percent of all the bones in the human body are down in your feet.** When these bones are out of alignment, so is the rest of your body.
- **Ankle sprains are one of the most common injuries in sports.** Because the inner ankle is more



stable than the outer ankle, the foot is likely to turn inward from a fall (ankle inversion), which results in an ankle sprain.

- The pressure on the feet when running can be **as much as four times the runner's body weight.**
- **The average woman walks 3 miles more per day** than the average male.
- **Women experience foot problems four times more often** than men.
- **Walking is the best exercise for your feet.** It contributes to your general health by improving circulation and weight control.
- **Standing in one spot is far more tiring than walking** because the demands are being made on the same few muscles for a longer length of time. **NH**

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