

Carlo A. Messina, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



Michael M. Cohen, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Board Certified: American Board of Podiatric Medicine
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Complex Limb Salvage; Foot, Ankle and Leg Fracture Surgery
- Specializing in Total Ankle Replacements and Running Injuries



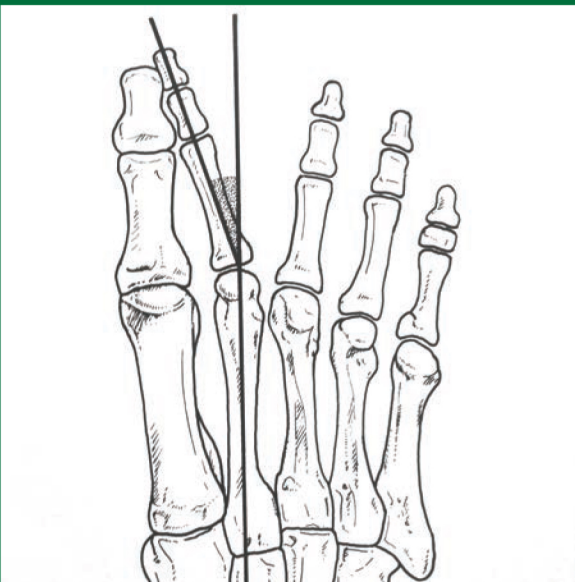
John D. Goodner, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma

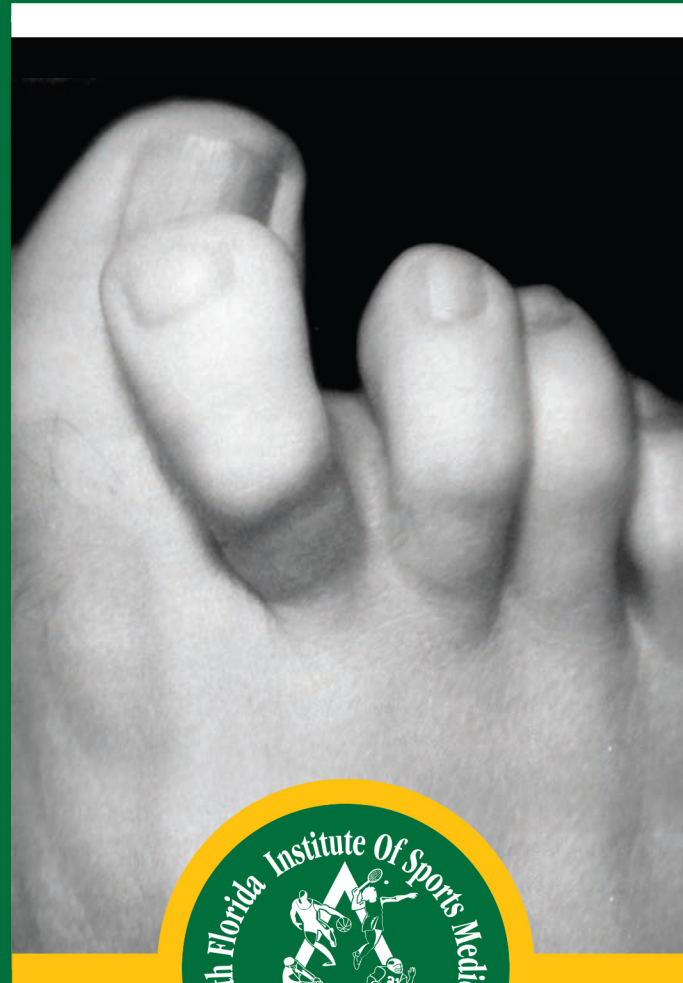


Warren Windram, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults



PREDISLOCATION SYNDROME (Synovitis)



Messina • Goodner • Cohen • Windram
Desimone • Moya • Bertot • Shenassa • Jones • Gonzalez

Foot, Ankle & Leg Specialists of South Florida

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Cigna (HMO, PPO, POS)
GHI
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Medicare
Memorial (HMO, PPO)
Micosukee
Multiplan
Network Blue (HMO, PPO)
Preferred Choice
Private Health Care System
Seminole Tribe
Tricare
United Health Care (HMO, PPO, POS)

PEDIATRIC

Better Health
Molina
Staywell
Sunshine State
Wellcare

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LOCATIONS

WESTON

1600 Town Center Blvd. • 954-389-5900

PEMBROKE PINES

17842 NW 2nd St. • 954-430-9901

PLANTATION

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

www.SouthFloridaSportsMedicine.org

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PREDISLOCATION SYNDROME (Synovitis)

By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

PROBLEM:

Drifting of the second toe towards the big toe, causing pain, deformity and early development of an overlapping second toe over the big toe. The second toe begins to curl as well.

CAUSE:

- Trauma to the second toe joint causing inflammation to that region.
- Inflammation of the nerves on the ball of the foot (neuroma), weakening the joint.
- Long second toe or second metatarsal, causing a hammertoe and excess stress on the ball of the foot.
- Weakness or tearing of the outer joint ligaments holding the second toe straight.
- Stretching or tearing of the ligament on the ball of the foot called the "plantar plate"
- Pressure on the second toe from a bunion deformity causing the toe to drift.
- Pressure on the second toe due to a crooked big toe (hallux deformity).

SIGNS & SYMPTOMS:

- Visible space between second and third toe while weightbearing. The third toe may also drift inward.
- Pain to the second toe joint (both top and bottom) that increases with walking.
- Difficulty walking barefoot and unable to wear heels.
- Drifting of the second toe towards or over the first toe (overlapping toe).

- Hammertoe of the second toe.
- Neuritis (inflamed nerve causing numbness, burning and tingling).
- Associated with bunion deformity and/or crooked big toe.
- Swelling of the second toe and/or ball of the foot.
- Callus (hard skin) on the ball of the foot because of metatarsal overload.

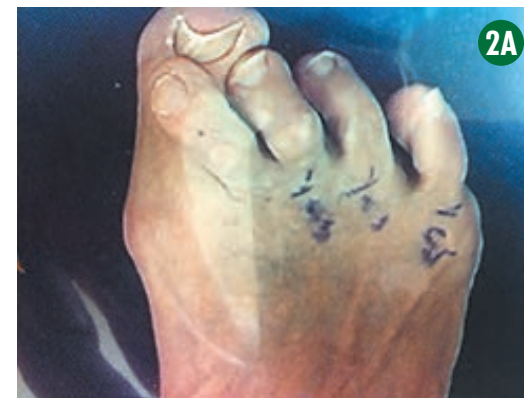
TREATMENT:

- Anti-inflammatories to decrease inflammation
- Stiff-sole shoes to prevent toe bending.
- Avoid heels
- When there is difficulty walking, temporarily immobilization in a boot quickly eliminates the pain.
- Taping of the toes to lessen the pain and deformity.
- If pain is severe a small cortisone injection carefully placed may help. A boot is necessary with it.
- Surgery to realign the joint and help achieve a full recovery. Surgery may include; ligament repair, shortening the metatarsal (Weil osteotomy), fusion of the second toe, removal of inflamed tissue (synovectomy). A pin may be necessary in the toe for up to six weeks. It would be necessary to walk in a boot. (Correction of bunion at the same time may be necessary as it can be the underlying cause of the deformity.)

PROGNOSIS:

Excellent with regard to eliminating the pain and lessening the deformity. The earlier the treatment, the better the long-term prognosis.

Crossover Digits (PreOp)



Crossover Digits (PostOp)

