

DO YOU HAVE DIFFICULTY WALKING?

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Everywhere I go, I see people on the streets who are having difficulty walking; some people favor one foot, or a leg, or walk slowly and gingerly, winc-

ing in pain with every step.

It doesn't have to be this way! Help from a podiatrist can ease those pains, but everyone has to do a bit of self-assessment first.

If your walking is difficult, you have to determine where your problem is, and then the pathway to the solution will be clearer.

Most often, the problem will be in the foot, the knee, the calf, or hip.

Is Your Problem YOUR FOOT? Then a podiatrist's

office will be your first stop but before you go you should try to perform a bit of self-analysis.

WHERE IS THE PAIN?

▪ **In your heel?** Heel pain is one of the most common complaints that patients present to podiatrists. It is often caused by plantar fasciitis, the inflammation of a thick band of tissue that runs across the bottom of your foot and connects your heel bone to your toes, or a fracture, or arthritis. Podiatrists diagnose and treat these problems.

▪ **In the balls of your feet?** The problem could be thinning of the fat pad, a result of aging, or arthritis, or a painful wart or corn.

▪ **In the arch?** That again could be plantar fasciitis, or it could be caused by flat feet, which require shoe inserts or orthotics.

▪ **Any wound to your foot that does not heal** requires an immediate visit to a podiatrist. Ditto with painful numbness.

Is your problem: your knee? Then your **primary care physician's office** is your destination. Many

culprits can cause knee pain: arthritis, sports injuries, strains and sprains, among others. The doctor will determine which specialist you need to help you heal.

Is your problem: your calf? An immediate visit to your **primary care physician** is a must. Pain in the calf, which may cause intermittent limping, indicates a circulation problem, which in turn may indicate PAD (peripheral artery disease, a narrowing of the arteries to the legs). Time is of the essence here.

Please note that an issue that causes difficulty walking isn't a wait-and-see situation. Take care of it with the appropriate professional as soon as you can.

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Breast Reconstruction: Understanding the Women's Health and Cancer Rights Act

Plastic Surgeon Dr. Constance M Chen Provides Tips

New York, NY, April 2018 – A diagnosis of breast cancer profoundly impacts a woman's life. In addition to coping with overwhelming emotions, she must make important choices about treatment and all of its implications. One of those is the financial ramifications of her illness, particularly if she will need surgical treatment of her breast. She will need to learn all she can about her insurance coverage. Will the breast surgeon, the anesthesiologist, the hospital, the lab be covered? What about procedures on the healthy breast to ensure symmetry? And what if she elects to have breast reconstruction at a later date? Fortunately, all insurance companies in the United States are required



to cover breast reconstruction if mastectomy - which includes partial mastectomy (i.e., lumpectomy) - is also covered, so any woman undergoing surgical treatment of her breasts should be aware of her rights.

In 1998, Congress passed the Women's Health and Cancer Rights Act (WHCRA), a federal law that requires group health plans and individual health policies that cover mastectomy to also cover breast reconstruction in

connection with mastectomy. "Before the passage of the WHCRA, insurers could refuse coverage for reconstruction on the grounds that these were cosmetic procedures and not medically necessary," says Dr. Chen. "Women had to pay for reconstruction themselves or forgo it. Patients, survivors, healthcare workers, and their supporters worked hard to ensure that a woman would be legally guaranteed the option of reconstructive surgery following mastectomy."

The WHCRA has specific provisions for breast reconstruction in connection with mastectomy. Insurance benefits are required to include the following:

• All stages of reconstruction of the breast on

which the mastectomy or lumpectomy was performed;

• Surgery and reconstruction of the other breast to achieve symmetry and balance;

• Prosthesis, if needed, and treatment of any complications of surgery, including lymphedema;

• One home healthcare visit within 48 hours of hospital discharge;

• Outpatient or inpatient care in a healthcare facility based on generally accepted criteria.

Under the WHCRA, women are legally entitled to the breast reconstruction method of their choice - even if the woman's chosen plastic surgeon is outside the insurer's network. And while it is important to remember that patients

will be responsible for deductible and co-insurance payments as with any other care covered by their plans, it is also true that when insurance companies have denied claims or presented obstacles to coverage, challenging those decisions, up to the state's attorney general if necessary, can be successful with skilled patient advocates who fight for you.

"The WHCRA is of enormous value to women," says Dr. Chen. "It provides a crucial baseline benefit in helping women recover from breast cancer. The sponsors of the WHCRA in Congress understood that breast reconstruction was often pivotal for a woman's physical and emotional well-being. In my practice, we work hard to ensure that

women can focus their energies on getting well without the additional burden of financial pressure, so we do everything we can to relieve our patients of the anxiety and stress of managing the relationship with their insurers."

Constance M. Chen, MD, is a board-certified plastic surgeon in New York City with special expertise in the use of innovative natural techniques to optimize medical and cosmetic outcomes for women undergoing breast reconstruction. She is Clinical Assistant Professor of Surgery (Plastic Surgery) at Weill Cornell Medical College and Clinical Assistant Professor of Surgery (Plastic Surgery) at Tulane University School of Medicine. www.constance-chenmd.com