

A Case Study of Rehabilitation -- The Story of Mr. Walker

By Robert Reiss, Publisher



Dr. Michael Szczepanski, an orthopedic doctor at Kingsbrook Jewish Medical Center, first met Mr. Walker via General Folk- a military doctor who was also a surgeon at Kingsbrook. Rumor had it that he was the fight doctor for the Ali-Frazier fight in 1971. During this initial meeting Dr. Szczepanski gath-

ered with the three 3 generals, a colonel and Mr. Walker and talked mostly about their favorite game of choice-golf! The running joke was describing when one actually stopped golfing--When it is raining so hard that the ball has a tail ! (water/coming off the ball rolling in the fairway!)

It was a few years later when Dr. Szczepanski saw Mr. Walker again. He was running in between patients to get a cup of coffee and Mr. Walker at a distance, walking very slowly down the hospital corridor. They recognized each other immediately, although it had been years and they quickly caught up on life and all that was new in their lives. Eventually Mr. Walker said, "Doc, my foot is in trouble." Dr. Szczepanski forgot the coffee and took Mr. Walker back to his office. Years prior, the chief surgical resident, Dr. Szczepanski assisted on the surgery for Mr. Walker's right foot, where he had developed a deep abscess (infection) that eventually healed. However, he still had a long- 7cm curvilinear (s-shaped) scar on the bottom of his right foot. His big toe was amputated due to gangrene, and the bone leading to it in the foot (1st metatarsal) was sticking right out of his foot and the bandage.

Concerned about the condition of his foot, Dr. Szczepanski cleaned the site, dressed the wound and immediately sprung to action. Vascular (circulation) tests, x-rays, blood work, etc.. were ordered. With a case such as this, IV antibiotics are also necessary- so he was also admitted to the hospital.

The infection was mostly cleared up, but once the bone had been exposed to infection Dr. Szczepanski knew it would be very difficult to completely cure. The vascular surgeons at Kingsbrook performed a bypass procedure to increase blood flow to the foot, but many suggested that a below-knee-amputation would heal better. Mr. Walker refused- saying "I would rather die than have them cut my leg off." And with this he refused to consent to such a surgical procedure.

The options at that point were limited-clean up the foot and infection and save as much of the limb as possible. There was localized gangrene in the foot- the place where the big toe was amputated and also the toes. The planned procedure was a trans-metatarsal amputation- which would leave half of the foot- minus the toes. Dr. Szczepanski decided they would use as much of the skin as possible to cover the remaining foot. He also had to hope that the circulation was good enough to heal the remaining foot. So on 10/3/06 we performed the TMA with skin graft- the viable skin was limited so a little more bone was removed.

The healing was slow, but progressive. Daily dressing changes with all of the latest wound care technology had to be employed. In November skin grafts were applied and hyperbaric oxygen was administered in order to encourage increased healing. Physical therapy to learn to walk without the toes was long and painful.

In order to encourage Mr. Walker, Dr. Szczepanski and his team had to set a date- for some event...what about GOLF??? It was how they met, and it had been more than 2 years since he was on a golf course. So July was the goal. Get out on the course and hit some balls. There we a few minor setbacks along the way, including a few spots that are still not completely healed. An additional skin grafts were applied in January. A special walking boot and bracing allowed an increase in walking, and has increased the daily activities.

In July Mr. Walker was able to attend the KJMC golf outing as a special guest. His foot is not quite healed enough to fit into a conventional golf shoe. Dr. Szczepanski and his team continued to use daily wound care to get closer and closer to a full day on the links. So he was able to ride with our four-some and provide support (and coaching). And even with the walking brace, he still hit his tee shot long and straight down the middle of the fairway.