

footprints

An informational newsletter for patients of APMA member podiatrists

Spring 2010

Women's Common Foot Problems

Let's admit it, ladies. We abuse our feet. We put a lot of stress and strain on our lower extremities, and we don't take nearly as good care of them as we should. Based on our need to be fashionable, we often wear shoes that don't fit well or are just not designed for walking and standing for long periods of time. Even Oprah admits that she only wears her highest heels once she's seated during an interview. It's no wonder that those stilettos and peep-toes are causing us pain—they are designed for beauty, not comfort. Women have some of the same foot problems as men, but mostly, our feet have many more "issues."

Bunions are enlargements of the joint at the base of the big toe—the metatarsophalangeal (MTP) joint—that form when the bone or tissue at the big toe joint moves out of place. Bunions are a symptom of our foot's development due to the way we walk, our inherited foot type, our shoes, or for other reasons. Although bunions tend to run in families, it is the foot type that is passed down—not the bunion. Since the MTP joint carries much of the body's weight while walking, bunions can cause extreme pain if left untreated. Podiatric medical attention should be sought at the first indication of pain or discomfort.

Stress fractures are tiny or incomplete cracks in a bone often caused by overuse. Stress fractures occur most frequently in the foot and ankle and can be caused by a number of factors. An unusual increase in activity causing strain in the foot (fatigue fracture) is one of the most common causes, while weak bones (insufficiency fractures), are caused by medical conditions such as osteoporosis, can also be a factor. Medications such as steroids can lead to stress fractures, as can a sudden increase in activity levels. All of these causes can and should be evaluated by your podiatrist when you notice pain or swelling, which are the symptoms of a stress fracture.

A **neuroma**, also referred to as a "pinched nerve," is a painful condition involving irritation and/or thickening of the nerve tissue between the toes, most commonly the 3rd and 4th toes. The condition brings on pain, a burning sensation, tingling, or numbness between the toes and in the ball of the foot. Your podiatrist can offer a number of treatment options for a neuroma.



Ingrown nails are a common ailment seen by podiatric physicians. An ingrown nail is one



whose corners or sides dig painfully into the soft tissue of the toe, often leading to irritation, redness, and swelling. Usually, toenails grow out straight, but sometimes one or both corners or the sides will curve and grow into the flesh. The big toe is the most common site for this condition, but other toes can also become affected.

Ingrown toenails may be caused by any one or more of the following: improperly trimmed nails, shoes that are too tight, trauma, and activities with repeated pressure on the toe (such as running or kicking). There are other causes as well, but this painful condition can usually be eased with one or two visits to your podiatrist's office.

Women may also have a tendency to develop blisters, corns, calluses, and heel pain. All of these conditions can be treated by your podiatrist, and a number of treatment options are available. Once we all realize that our feet don't have to hurt, life will be that much more enjoyable, ladies. •

This Footprints newsletter is designed to allow each doctor to customize this section with name, address, phone number, and Web site information.

Use the "hand" tool to highlight this text and type in your own information.

For assistance, email questions to:
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New Technology in Foot Care

Podiatric medicine and surgery are changing rapidly, as is all of medicine. Doctors of podiatric medicine now use the latest technology both in their offices and in the hospitals to diagnose and treat foot and ankle problems. These technologies are changing the face of medicine, and your doctor can provide you with more information.

Ultrasound for diagnostics – While x-ray is still in use in most podiatric medical offices, ultrasound is another diagnostic technique available to your podiatrist. This non-invasive technology allows better visualization of soft tissue structures such as tendons and even allows evaluation of joints in motion.

Orthotic scanning – In the old days, your doctor may have taken a plaster cast mold of your feet to fashion orthotics specifically for you. While this is still done successfully in some offices, new technology allows your podiatrist to scan your foot with an electronic device that captures the necessary data to construct your custom foot orthotics. The electronic scan is then evaluated by the podiatrist and sent to an orthotics lab for processing. In just a few weeks, you've got a new pair of custom foot orthotics, molded and designed specifically to correct your particular condition.

ESWT – Non-invasive procedures like ESWT (Extracorporeal Shock Wave Therapy) are now available in the office or surgical center of your podiatric physician. Used to treat heel pain unresponsive to standard treatment options, ESWT can be used in several ways, and is usually administered with anesthesia. ESWT may be a treatment option to consider prior to proceeding with open surgery for chronic heel pain. ESWT has few complications



that can be considered minor compared to those of open heel surgery. Ask your DPM for more information.

Surgical Implants – Knee and hip replacements are now common in medicine for the treatment and care of arthritic and painful joints. Many people are unaware, however, that there are joint “replacements” for the foot and ankle. For patients with arthritis and those with joint damage secondary to trauma, both high-grade plastic and metallic implants are being used to replace joints in the foot and ankle. If you are dealing with the daily pain of an arthritic joint, ask your podiatrist about these implants.

What's next? Fungal toenails are very common and podiatrists treat this condition with an arsenal of weapons. However, currently under consideration by the FDA is a laser treatment that will resolve the fungus. Ask your podiatrist for more information on this promising new treatment. •



Fit Feet for Spring

With spring on the horizon, we are all looking forward to warming up our bodies for increased activity levels. To make sure that your feet are fit for spring, we offer the following suggestions.

- When starting a new exercise routine, or when ramping up your current one, make sure to ease into that new routine.

Stretching before exercising is one way to make sure you are warmed up and ready to go.

- Consider purchasing new shoes for your new level of activity. It's important to have your feet measured, and then choose an athletic shoe that fits your sport. Make sure to break in any new gear appropriately, and ask your podiatric physician for recommendations for your particular needs.
- Take care of your feet. Examine them daily for signs of blisters, corns, and ingrown nails. Take a few days off your new activity if you see signs of any of these problems.
- Visit your podiatrist periodically to discuss your foot and ankle concerns or just for a check-up before starting a new routine.
- Watch your sun exposure. As the weather improves and our feet are more exposed, it's important to remember sun-screen. The tops of feet are one of the most commonly sunburned areas.
- Seek immediate care for any foot or ankle problems.

Spring is a great time of year for renewal, but don't let your over-eagerness get the best of you. Take the time to enjoy and take care of those two very important assets—your feet. •

Doctors of podiatric medicine are podiatric physicians and surgeons, also known as podiatrists, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg.



This patient information newsletter is supported by an educational grant from Spenco, Inc.

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