



DO YOUR FEET HURT?



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### *Podiatric Medicine*

Podiatric Medicine is the profession that strives to improve the overall health and well-being of patients by focusing on preventing, diagnosing, and treating conditions associated with the foot and ankle.

### *What is a Podiatrist?*

Doctors of Podiatric Medicine (DPMs) are physicians and surgeons who practice on the lower extremities, primarily on feet and ankles. The preparatory education of most DPMs includes four years of undergraduate work, followed by four years in an accredited podiatric medical school, followed by a hospital-based residency. DPMs are licensed in all 50 states, the District of Columbia, and Puerto Rico to diagnose and treat the foot and its related or governing structures by medical, surgical, or other means. Indiana and the vast majority of other states also include ankle care as part of the podiatric physician's scope of practice.

In addition to private practice, podiatrists serve on the staffs of hospitals and long-term care facilities, on the faculties of schools of medicine, as commissioned officers in the Armed Forces and the US Public Health Service, in the Department of Veterans Affairs, and in municipal health departments. Many podiatrists today are also members of group medical practices.

The skills of podiatric physicians are in increasing demand because disorders of the foot and ankle are among the most widespread and neglected health problems.

### ***FOOT & ANKLE CONDITIONS***

#### *Athlete's Foot*

Athlete's foot is a skin disease caused by a fungus, usually occurring between the toes. The warmth and dampness of areas around



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swimming pools, showers, and locker rooms are breeding grounds for fungi. Shoes create a warm, dark, and humid environment which encourages fungus growth. Symptoms are dry skin, itching, scaling, inflammation and blisters. If an apparent fungus condition does not respond to proper foot hygiene and self care, and there is no improvement within two weeks, consult your podiatrists. A treatment plan may include prescription of antifungal medication and/or antibiotics.

### *Bunions*

A bunion is an enlargement of the joint at the base of the big toe that forms when the bone or tissue at the big toe joint moves out of place. This forces the toe to bend toward the others causing an often painful limp of bone on the foot. Symptoms include development of a firm bump on the outside edge of the foot at the base of the big toe; redness, swelling or pain at or near the base of the big toe; corns or other irritations caused by the overlap of the first and second toes; and restricted or painful motion of the big toe. Treatment options vary with the type and severity of each bunion. Podiatric medical attention should be sought at the first indication of pain or discomfort because if left untreated bunions tend to get larger and more painful, making nonsurgical treatment less of an option. Several surgical procedures are available to the podiatric physician. The surgery will remove the bony enlargement, restore the normal alignment of the toe joint, and relieve pain.



### *Diabetes & Diabetic Wound Care*

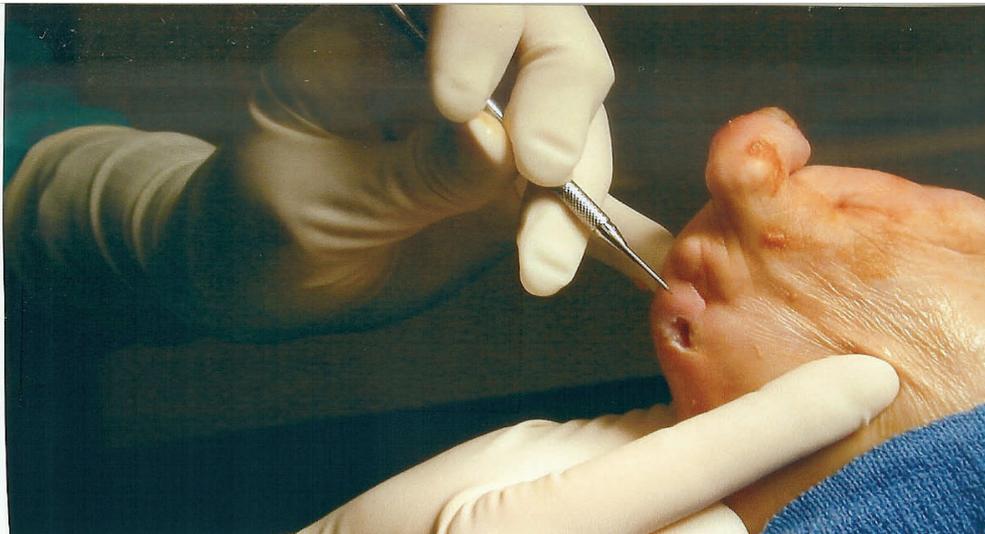
Diabetes mellitus is a chronic disease that affects the lives of about 21 million people in the United States with 5.4 million who are unaware that they even have the disease. Dr. Andrew Rader, Jasper IN, reports that an additional 55 million meet the definition of

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prediabetes which carries the same associated risks. Every day 2,200 new cases of diabetes are diagnosed and an estimated 780,000 new cases are identified each year. The disease is marked by the inability to manufacture or properly use insulin and impairs the body's ability to convert sugars, starches and other foods into energy. The long-term effects of elevated blood sugar (hyperglycemia) are damage to the eyes, heart, feet, kidneys, nerves and blood vessels.

Symptoms of hyperglycemia may include frequent urination, excessive thirst, extreme hunger, unexplained weight loss, tingling or numbness of the feet or hands, blurred vision, fatigue, slow-to-heal wounds and susceptibility to certain infections.

A diabetic foot ulcer is an open sore or wound that most commonly occurs on the bottom of the foot in approximately 15 percent of patients with diabetes. Of those who develop a foot ulcer, six percent will be hospitalized due to infection or other ulcer-related complication.



DIABETIC ULCER DEBRIDEMENT  
Submitted by Jane A. Koch DPM

Once an ulcer is noticed, seek podiatric medical care immediately. Foot ulcers in patients with diabetes should be treated for several reasons such as reducing the risk of infection and amputation, improving function and quality of life and reducing health care costs. The best way to treat a diabetic foot ulcer is to prevent its development in the first place. Recommended guidelines include seeing a podiatrist on a regular basis. He or she can determine if you are at high risk for developing a foot ulcer and implement strategies for

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prevention. You are at high risk if you have neuropathy, have poor circulation, have a foot deformity, wear inappropriate shoes, have uncontrolled blood sugar.

### *Foot & Ankle Injuries*

Foot and Ankle emergencies happen every day. Early attention is vitally important. Whenever you sustain a foot or ankle injury, you should seek immediate treatment from a podiatric physician.

Myths:

**“It can’t be broken, because I can move it.”** False – The truth is that often you can walk with certain kinds of fractures.

**“If you break a toe, immediate care isn’t necessary.”** False – If x-rays reveal it to be a simple, displaced fracture, care by your podiatric physician usually can produce rapid relief. However, x-rays might identify a displaced or angulated break. In such cases, prompt realignment of the fracture by your podiatric physician will help prevent improper or incomplete healing. Often, fractures do not show up in the initial x-ray. It may be necessary to x-ray the foot a second time seven to ten days later.

**“If you have a foot or ankle injury, soak it in hot water immediately.”** False – Don’t use heat or hot water on an area suspected for fracture, sprain or dislocation. Heat promotes blood flow causing greater swelling. More swelling means greater pressure on the nerves which causes more pain. An ice bag wrapped in a towel has a contracting effect on blood vessels, produces a numbing sensation, and prevents swelling. Your podiatric physician may make additional recommendations upon examination.

**“Applying an elastic bandage to a severely sprained ankle is adequate treatment.”** False – ankle sprains often mean torn or severely overstretched ligaments, and they should receive immediate care, x-ray examination, and immobilization by casting or splinting, and physiotherapy to ensure a normal recovery all may be indicated. Surgery may even be necessary.

**“The terms ‘fracture,’ ‘break,’ and ‘crack’ are all different.”** False – all of those words are proper in describing a broken bone.

The steps you can take to help yourself until you can reach your podiatric physician are easy to remember if you can recall the word “rice.”

**Rest.** Restrict your activity and get off your foot/ankle.

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**Ice.** Gently place a plastic bag of ice wrapped in a towel on the injured area in a 20-minute-on, 40-minute-off cycle.

**Compression.** Lightly wrap an Ace bandage around the area, taking care not to pull it too tight.

**Elevation.** To reduce swelling and pain sit in a position that allows you to elevate the foot/ankle higher than your waist.



X-RAY OF LEFT FOOT  
Submitted by Jane A. Koch DPM

### *Hammertoes*

A hammertoe is a contracture – or bending- of the toe at the first joint of the digit. The bending causes the toe to appear like an upside-down V when looked at from the side. Any toe can be involved, but the condition usually affects the second through fifth toes. Hammertoes are more common to females than males. Symptoms include pain upon pressure at the top of the bent toe from footwear; the formation of corns on the top of the joint, redness and swelling at the joint contracture; restricted or painful motion of the toe joint, and pain in the ball of the foot at the base of the affected toe.

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The treatment options vary with the type and severity of each hammertoe, although identifying the deformity early in its development is important to avoid surgery. Podiatric medical attention should be sought at the first indication of pain and discomfort because if left untreated hammertoes tend to become rigid making a nonsurgical treatment less of an option.

### *Heel Pain*

Heel pain is generally the result of faulty biomechanics (walking gait abnormalities) that place too much stress on the heel bone and the soft tissues that attach to it. The stress may also result from injury, or a bruise incurred while walking, running or jumping on hard surfaces; wearing poorly constructed footwear, or being overweight.

Heel Spurs – A common cause of heel pain is the heel spur, a bony growth on the underside of the heel bone. The spur, visible by x-ray, appears as a protrusion that can extend forward as much as half an inch.

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Plantar Fasciitis – Both heel pain and heel spurs are frequently associated with an inflammation of the band of fibrous connective tissue (fascia) running along the bottom (plantar surface) of the foot, from the heel to the ball of the foot. The inflammation is called plantar fasciitis. The inflammation may be aggravated by shoes that lack appropriate support, especially in the arch area, and by the chronic irritation that sometimes accompanies an athletic lifestyle.

Excessive Pronation – Pronation is the normal flexible motion and flattening of the arch of the foot that allows it to adapt to ground surfaces and absorb shock in the normal walking pattern. As you walk and excessive inward motion can create an abnormal amount of stretching and pulling on the ligaments and tendons attaching to the bottom back of the heel bone. Excessive pronation may also contribute to injury to the hip, knee, and lower back.

Prevention – Wear shoes that fit well and wear the proper shoes for each activity. Do not wear shoes with excessive wear on heels or soles. Prepare properly before exercising. Warm up and do stretching exercises before and after running. Pace yourself and don't underestimate your body's need for rest and good nutrition. If obese, lose weight.

If pain and other symptoms of inflammation – redness, swelling, and heat – persist, you should limit normal daily activities and contact a doctor of podiatric medicine. Early treatment might involve oral or injectable anti-inflammatory medication, exercise and shoe recommendations, taping or strapping, or use of shoe inserts or orthotic devices. A functional orthotic device may be prescribed for correcting biomechanical imbalance, controlling excessive pronation, and supporting of the ligaments and tendons attaching to the heel bone. It will effectively treat the majority of heel and arch pain without the need for surgery.

It's important for your podiatric physician to evaluate the lower extremity as a whole to provide for appropriate orthotic control for foot problems. Your podiatric physician/surgeon has been trained specifically and extensively in the diagnosis and treatment of all manner of foot conditions. The training encompasses all of the intricately related systems and structures of the foot and lower leg including neurological, circulatory, skin, and the musculoskeletal system, which includes bones, joints, ligaments, tendons, muscles and nerves.

### *Nail Problems*

Toenails often serve as barometers of our health; they are diagnostic tools providing the initial signal of the presence or onset of systemic diseases. For example, the pitting of nails

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and increased nail thickness can be manifestations of psoriasis. Concavity – nails that are rounded inward instead of outward – can foretell iron deficiency anemia. Some nail problems can be conservatively treated with topical or oral medications while others require partial or total removal of the nail. Any discoloration or infection on or about the nail should be evaluated by a podiatric physician.



PARTIAL MATRIXECTOMY (INGROWN TOENAIL)  
Submitted by Jane A. Koch DPM



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