

footprints

An informational newsletter for patients of APMA member podiatrists

Summer 2010

Hit the Beach—But Watch Where You're Going

One perk of a beach-bound vacation is looking forward to lounging happily with your toes dangling in the warm weather, shoe-free, with the sand at your feet. But alas, your dream vacation does come with its own set of tootsie troubles. Since we'd all rather spend time collecting sea shells than doctor's bills, there are ways to prevent foot predicaments so you can enjoy your vacation:

- Limit walking barefoot as it exposes feet to sunburn, as well as plantar warts, athlete's foot, ring-worm, and other infections and also increases risk of injury to your feet.
- Wear shoes or flip-flops around the pool, to the beach, in the locker room, and even on the carpeting or in the bathroom of your hotel room to prevent injuries and limit the likelihood of contracting any bacterial infections.
- Remember to apply sunscreen all over your feet, especially the tops and fronts of ankles and don't forget to reapply after you've been in the water.
- Stay hydrated by drinking plenty of water throughout the day. This will not only help with overall health, but will also minimize any foot swelling caused by the heat.
- Keep your blood flowing with periodic ankle flexes, toe wiggles, and calf stretches. Take a walk and enjoy the view every few hours.



- Some activities at the beach, lake, or river may require different types of footwear, so be sure to ask the contact at each activity if specific shoes are needed. To be safe, always pack an extra pair of sneakers or protective water shoes. If your shoes will be getting wet, they should be dried out completely before your next wearing to prevent bacteria or fungus from growing.

- If you injure your foot or ankle while on vacation, seek professional medical attention from a podiatric physician.

In case of minor foot problems, be prepared with the following on-the-go kit:

- ✓ **SUNSCREEN!** – to make sure that you protect all of your skin, including your feet, against the scorching sun.

- ✓ Flip-flops – for the pool, spa, hotel, and airport security check points. Your podiatrist can recommend some brands that are better for your overall foot health.
- ✓ Sterile bandages – for covering minor cuts and scrapes.
- ✓ Antibiotic cream – to treat any skin injury.
- ✓ Blister pads or moleskin – to protect against blisters.
- ✓ Anti-inflammatory medication – to ease tired, swollen feet.

Foot Myths: Don't Believe Everything You Hear

The myths that we perpetuate about health care are often quite humorous, like jumping up and down on one foot to cure hiccups. But many foot treatment myths can be harmful and dangerous. Here are a few that we want to dispel:

- **Cutting a small "V" in your nail will cure ingrown toenails.** Toenails grow from the nail matrix that is located just beneath the skin at the base of the toenail. The idea that putting a small center "V" notch at the end of the nail will cause the nail edges to come away from the skin as the nail "grows together" at the "V" is just not medically possible. Ingrown

continued . . .

Member
APMA
American Podiatric Medical Association

Foot Myths: Don't Believe Everything You Hear (continued)



nails can be prevented permanently with a minor surgical procedure in which the nail matrix (growth plate) on the affected side(s) of the nail is destroyed (typically by a chemical agent, but other methods may be utilized).

- **Warts can be “suffocated” with duct tape or salve.** While warts may be living viruses, they cannot be suffocated. Warts can appear anywhere on the skin, but technically only those on the sole of the foot are properly called plantar warts. Your podiatric physician can prescribe and supervise your use of a safe and appropriate wart-removal preparation. More likely, however, removal of warts by a simple surgical procedure, performed under local anesthesia, may be indicated. People with diabetes or circulatory, immunological, or neurological problems should be especially careful with the treatment of their warts and seek professional care at all times.

- **Heel spurs are “calcium deposits.”** A heel spur or heel spur syndrome is most often the result of stress on the muscles and fascia of the foot. This stress may form a spur on the bottom of the heel. While many spurs are painless, others may produce chronic pain. Based on the condition and the chronic nature of the disease, heel surgery can provide relief of pain and restore mobility in many cases. The type of procedure is based on examination and usually consists of plantar fascia release, with or without heel spur excision. There have been various modifications and surgical enhancements regarding surgery of the heel. Your podiatric physician will determine which method is best suited for you.

- **Fungal toenails are contagious.** Fungal infection of the nail, or onychomycosis, is often ignored because the infection can be present for years without causing any pain. Unlike the common cold or the flu, being around someone afflicted with this condition generally does not pose a risk of acquiring the infection. The disease is characterized by a progressive change in a toenail's quality and color, which is often ugly and embarrassing, however, not usually contagious from casual contact. In reality, the condition is an infection underneath the surface of the nail caused by fungi. If ignored, the infection can spread and possibly impair one's ability to work or even walk. Treatments can

vary, depending on the nature and severity of the infection. A podiatric physician can detect a fungal infection early, culture the nail, determine the cause, and form a suitable treatment plan, which may include prescribing topical or oral medication, and debridement (removal of diseased nail matter and debris) of an infected nail.

- **“It doesn't hurt, so that ulcer can't be too bad.”** In patients with diabetes, an ulcer or open sore on the bottom of the foot can be a sign that should not be ignored, regardless of whether it hurts or not. Diabetes can cause nerve damage in the legs and feet, which can lead to the inability to feel pain. Due to poor blood flow, small sores and cuts that go unnoticed on the feet can lead to hard-to-heal wounds called diabetic ulcers. It is extremely important for patients with diabetes to schedule regular appointments with a podiatrist. Don't let pain be the guide; make footcare a part of your routine of overall care. •

Running Barefoot: Fad or Fiction?

Barefoot running has become an increasing trend and a possible alternative or training adjunct to running with shoes. While anecdotal evidence and testimonials proliferate on the Internet and in the media about the possible health benefits of barefoot running, research has not yet adequately shed light on the immediate and long term effects of this practice.

Barefoot running has been touted as improving strength and balance, while promoting a more natural running style. However, the risks of barefoot running include a lack of protection—which may lead to injuries such as puncture wounds—and increased stress on the lower extremities. Currently, scientific research has been inconclusive regarding the benefits and/or risks of barefoot running.

Your best choice is to consult a podiatrist with a strong background in sports medicine to make an informed decision on all aspects of your running and training programs. •

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.