

footprints

An informational newsletter for patients of APMA member podiatrists

Summer 2009

Summer is Here— Show Your Toes



With summer upon us, many of us are ready to shed those heavy shoes and socks in favor of sandals and flip-flops. But over the winter, corns and calluses may have developed, making your feet and toes not quite ready for “prime time.” Help is on the way.

Corns and calluses are protective layers of compacted, thick, dead skin cells. They are caused by repeated friction and pressure from skin rubbing against bony areas or against an irregularity in a shoe. Corns ordinarily form on the toes, and calluses on the soles or the balls of the feet. Corns and calluses can also form when the position of the bones in your feet change. The corns and calluses initially form to provide protection, but as they thicken, they can become painful and inflamed.

The friction and pressure from both corns and calluses can cause a painful or burning sensation. Often one visit to the podiatrist can be all that's needed to relieve the pain, although most corns and calluses will reoccur without regular monitoring or changes in either your shoes or your foot function. The podiatric physician can work with you to relieve the pain by using a variety of pads or materials on the affected areas.

It is important that you never cut your corns or calluses with any instrument and never apply home remedies, except under a podiatrist's instructions. Many over-the-counter remedies are advertised frequently, but often these home remedies can be dangerous. Self-treatment can often turn a minor problem into a major one.

Corns and calluses can be particularly problematic for patients with diabetes. These patients should always schedule regular yearly visits with their podiatrist to check for foot problems and circulation issues. If more frequent visits are required, the podiatrist will work with you to make sure your corns and calluses are monitored and treated as needed.

One way to control corns and calluses is to make sure that your shoes fit properly. Purchase new shoes later in the day when feet tend to be at their largest and replace worn-out shoes as soon as possible. Select and wear the right shoe for the activity that you are engaged in (i.e., running shoes for running). Also, it is important to alternate shoes—don't wear the same pair of shoes every day.

A visit to your local podiatrist can be all you need to get your feet in shape for summer footwear, so schedule that now and be ready to show off your “fancy feet.” •



Ankle Sprains

Summer is a great time to get outside and enjoy yourself. However, our increased activity level can often lead to problems with our feet and ankles, particularly ankle sprains. Many emergency rooms across the country see increases in sprained ankles in the summer months. Most of us have twisted an ankle at some point, either while doing something as simple as stepping off a curb, or while enjoying a specific sport like basketball, tennis, or running. But sometimes

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Ankle Sprains continued . . .

these “twists” can be more serious and need to be treated by a podiatrist as quickly as possible.

If your ankle becomes swollen, painful, or bruised after you injure it, you have most likely sprained your ankle. This means you have probably stretched and possibly torn the ligaments in your ankle. It’s important to take immediate action and to call your podiatrist to make arrangements for an evaluation.

First, if an injury or accident does occur, 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**.”

- **R = Rest.** Restrict your activity, and get off your foot/ankle.
- **I = 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.
- **C = Compression.** Lightly wrap an elastic bandage around the area, taking care not to pull it too tight.
- **E = Elevation.** To reduce swelling and pain, sit in a position that allows you to elevate the foot/ankle higher than your heart.

If the sprain is mild, the podiatrist may not take X-rays. But with more severe sprains, you may need X-rays or advanced imaging studies. These studies can rule out broken bones, ligament or tissue damage, and cartilage damage in the foot and

ankle. In addition, these studies can determine if there are any growth plate injuries in children.

To help your ankle heal, the podiatrist may suggest that you wear a protective brace or some form of ankle support. Occasionally, the doctor may immobilize the foot and ankle in a soft or hard cast so that the healing can occur more rapidly. Rest is particularly important, so in order to keep your weight off the ankle, the podiatrist may also suggest that you use crutches for a defined period during healing. In addition, anti-inflammatory medications will probably be suggested to reduce swelling and pain.

After a specific period of time recommended by the podiatrist, you may be required to do some physical therapy, either at home or with a certified therapist. Since it is important to make sure that the ankle is fully healed before returning to sports and activities, the doctor may also recommend taping your ankle or wearing a supportive brace. •

Melanomas



Summer is often the time we hear more about skin cancer—we’re told to avoid the sun if possible and always wear sunscreen when we are in the sun. But many people never think about their feet when they take preventative action, even though malignant melanoma (a

serious type of skin cancer) can affect the legs and feet as well as other parts of the body.

Melanomas on the feet can occur in men and women, and while they usually develop in people over the age of 50, they can be found at any age. Lighter-skinned people are more likely to develop melanomas on sun-exposed areas of the body, but only one-third of African-American patients who have melanoma develop it on sun-exposed areas. In the African-American population, melanomas most often develop on skin

that is not exposed to the sun, such as the foot and under the toenails. Early detection is extremely important since malignant melanoma can spread (metastasize) rapidly.

Since melanomas on the foot and ankle often go unnoticed during their earliest stage, routine foot examinations can increase the likelihood of diagnosing and treating malignant melanomas. During routine examinations your podiatrist will always look for moles, or “nevi,” which are usually evenly colored, round spots on the skin or even under the nails. Most are small and don’t change in size or shape. However, the doctor will carefully examine any moles that look “abnormal.” The podiatrist will use a common dermatological rule (the “ABCD” rule) to characterize the melanoma:

- Asymmetrical lesions
- Border irregularity
- Color variation
- Diameter greater than the size of a pencil eraser.

Skin cancer is rarely painful, so routine podiatric medical visits are important for anyone with questionable lesions on the feet. Other signs to watch for are changes in color or a mole that becomes raised from the skin. Malignant melanomas on the feet usually occur between toes, in and around the nails, and on the soles of the feet. •