

Monthly Newsletter

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Live well, run fast!

Latest/ upcoming developments

- We say farewell to our podiatrist Nikki Brook this month and wish her all the best for the future.

Contact Your Podiatrist

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Sever's Disease – injury or a disease?

Its terminology - Sever's "Disease" – sounds alarming, but it is surprisingly common problem. To put Sever's Disease in the right context it is perhaps better to describe it by its alternate medical name which is more descriptive and explanatory.

Sever's Disease is sometimes referred to as 'calcaneal apophysitis' or 'traction apophysitis' by podiatrists, and it generally affects the younger paediatric population.

Children experience a spurt in growth right from an early age that includes rapid development of the lower extremities, and this is very much seen in the legs and feet.

The growth plates where bone lengthens is rapidly changing the long bones in kid's legs, making

them taller and also helping reshape and grow the heel bone (called the calcaneus).

If the child happens to be physically active there can be undue stress in tendons and ligaments which, as the bones develop, can affect the growth plate site. Heel pain can occur when the growth plate of the calcaneus called the apophysis becomes inflamed thus causing heel pain. This is traction apophysitis.

How to Deal with Sever's Disease

- Taking sufficient rest works best. Before prescribing any medication or treatments, generally, it is generally recommended that the child should slow down -reducing aggravating sports.

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Take care of your feet from young



Sever's Disease – Not So Severe!

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That entails cutting down on all forms of activities that puts a strain on the heel and feet. It goes without saying that the symptoms will aggravate if the youngster continues to indulge in activities that are physically straining.

Running or even walking barefoot should be avoided until the pain subsides. There are many ways to remain active that will not generally aggravate a sore heel such as swimming or cycling.

- Appropriately-sized shoes with comfortable insole inserts

Wearing shoes of the appropriate fit that enable the child to rest their feet comfortably, reducing underlying forces of straining and can prevent the symptoms from worsening. Placing insole inserts inside the shoes for proper feet placement also gives relief.

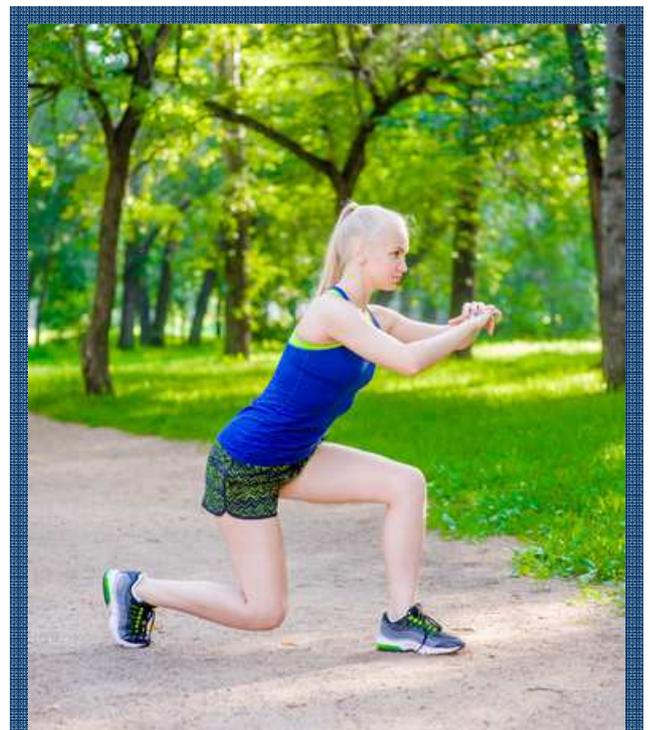
- Analgesics and painkillers
OTC painkillers and analgesics may be useful but as always speak to your pharmacist and healthcare provider.

- Ice packs
Application of ice packs (like ice wrapped in a towel) for at least 15-20 minute, 2-3 times a day alleviates swelling and eases the pain.

- Stretching exercises
Some gentle stretching that relaxes the calf muscle can soothe the heel bone and reduce the ache.

Sever's Disease generally doesn't recur once your child's growth cycle is complete. However, you can always take some measures to prevent its occurrence or recurrence.

Ask your foot specialist today for further information! Additional treatments that may be available include professionally prescribed custom orthotics or low level laser therapy (cold laser therapy) for pain management.



Stretching is a good way to soothe your heel bone

5 Practical Remedial Steps to Treat Verrucae or Plantar Warts

Plantar Warts, also known as verrucae, are viral infections of the feet that can appear as elevated nodules on the surface of the skin, may look like small calluses, or may have a somewhat bulbous shape. HPV or human papilloma virus is the pathogen responsible for causing warts. Though benign warts are not particularly harmful or life-threatening on the foot, the bumps can be irritating causing mild to acute pain, are contagious can spread and the host often feels they look ugly – their full dermatological name is, after all, *verrucae vulgaris*.

Here are some of the tips for handling plantar warts when you encounter them: -

- Topical: You can apply a topical salicylic acid gel or paint such as compound-w. Many products are available to use topically over-the-counter, but if you're unsure which one to get, consult with a qualified professional first.
- Alternatively patches with the same salicylic acid is available. You can purchase these patches at your

To begin, immerse your wart or warts for 15-20 minutes, then dry off your skin, file away the surface layer with a disposable emery board and apply the treatment. Apply this regularly for a few weeks.

*Note: Do not apply Salicylic Acid if you are allergic or if you have diabetes or poor blood circulation. Always get advice.

- Liquid Nitrogen (Freezing treatment process): Podiatrists often take advantage of liquid nitrogen to treat warts. Liquid nitrogen is sprayed onto the wart to freeze it. Your podiatrist will discuss if this is a suitable treatment or not.

- Duct Tape: Duct tapes have also been used in some studies with mixed success. You'll have to wrap or cover the wart with a patch of duct tape (a small portion will do) for as many days as you can in order to occlude the warty skin area. Next, you'll have to take off the tape, soak the affected area, and file the wart with a disposable emery board and repeat.



- Professional treatment: once your wart has been assessed professionally by a podiatrist, a suitable in-house program of treatment can be planned. **YOU CAN SPEAK TO US TODAY!**
- Surgery: A surgical treatment may be the last resort. Your podiatrist may cauterize the wart using heat from an electric current (electrosurgery) or a laser.

The good news is that many warts do go on their own, without the need for treatment! See we said it was good news!

While warts are a common occurrence for many people, be sure to consult your podiatrist if it grows or spreads quickly, if it becomes infected, or if you have underlying medical conditions such as diabetes.

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The Care,
Professionalism and
Time that your feet
deserve



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Compartment Syndrome

Compartment syndrome is a condition seen at The Footcare Centre especially amongst patients who do repetitive exercise. It is a condition that is often misdiagnosed (in the chronic stage). Compartment syndrome can occur in various parts of the body but we are going to concentrate on the lower limb.

Compartment syndrome occurs when the pressure within a muscle compartment increases, restricting oxygen and blood flow (ischaemia) to the area and potentially damaging the muscles and compressing the nerves.

There are four fascial compartments in the leg below the knee. The most common compartment syndrome that occurs affects the front (anterior) fascial compartment below the knee.

It is caused by swelling of one of the muscles of the lower leg, called the tibialis anterior muscle. The muscle can swell during exercise such as long-distance running. It tends to cause pain in the shin on the outer (lateral) side. The pain is relieved by resting but the onset can return each time you run. Compartment syndrome **should not** be confused with shin splints i.e. Medial Tibial Stress Syndrome.

There are two main types:

Acute:

It occurs suddenly, usually after a fracture or severe trauma. This needs urgent medical attention as it's a medical emergency and can lead to permanent muscle damage. Symptoms include severe pain which is intensified upon stretching the affected muscle, tightness and tenderness, paresthesia, weakness and neuropathy. This type is highly unlikely to be seen in our clinical environment.

Chronic:

This type does not cause permanent damage but is very uncomfortable and will halt your activity; the pain will then subside after a couple of minutes' rest.

There is gradual onset usually during and immediately after long distance running or vigorous exercise. Symptoms include a cramping or spasm feeling, oedema (swelling), and in rare severe cases temporary paralysis in that muscle.

We see this type often and we treat in two main ways:

1. Physiotherapy referral for manual therapy
2. If indicated then the prescription of bespoke orthoses via a biomechanical assessment or over the counter insoles.

If this fails to improve the situation, then a surgical referral for either a fasciotomy or fasciectomy is advised.

So please come and see a Podiatrist at The Footcare Centre if your symptoms fit with the above, as first line care can often resolve the symptoms.

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