

# Monthly Newsletter



Learn how to care for your feet!

## Most Common Foot Problems and How You Can Avoid Them

There are lots of foot problems faced by people every day. Some may be caused by microorganisms, injuries and even congenital abnormalities. Although many foot problems are not severe, attention or advice sooner rather than later is often beneficial.

Knowing which are more common foot problems and what preventive measures you can take can be useful information.

The most widely known foot problem is **athlete's foot**. Although athletes are certainly at risk to this disease, do not be deceived into thinking it only happens to athletes!

Athlete's foot is a fungal

infection that may recur if not managed properly. It often develops when the feet are not properly dried. Athlete's foot can be found in any part of the feet, most often between the toe webbings.

To prevent succumbing to Athlete's foot, ensure you keep feet moisture free. There are special foot powders that you can apply as well, though drying well and applying surgical spirit is especially useful. Changing your socks or stockings every day will also help. Your podiatrist will advise you on the best treatment for your circumstances.

**Corns and calluses** are also very common foot problems. The majority of people have

### Latest/ upcoming developments

- We will be having a new floor laid in surgery 1 this month.
- We will be closed 13/14 November due the Podiatry Conference in Bournemouth

### Contact Your Podiatrist

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Walking with you!

## Most Common Foot Problems...

(Cont'd from previous page)

this but some are more pronounced and severe.

Corns and calluses are direct results of friction or intermittent pressure on areas of the skin.

Subsequently, a thickened uncomfortable area of hard skin develops. To prevent this from happening, you have to wear the right kind of shoes; considering length, depth and width. Don't try

to remove corns or callus yourself with anything sharp - especially if you have diabetes! Consult your podiatrist who can help.

If you're fond of going to the salon and having your nails cleaned and polished, then you may know about this foot problem: **ingrown toenails**.

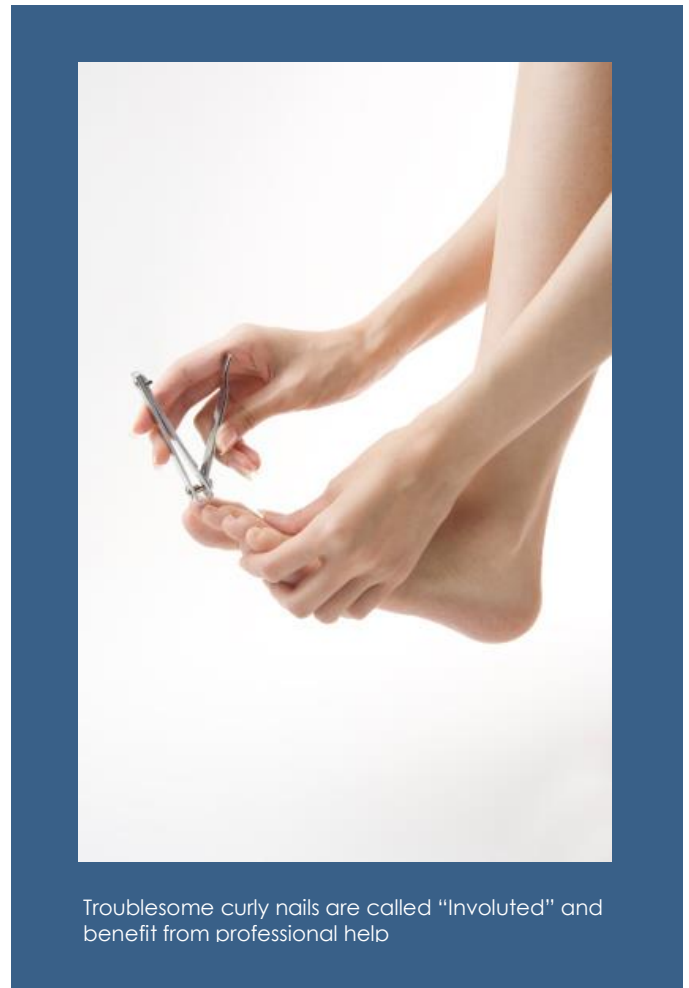
Ingrown toenails are caused by cutting nails



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The last common foot problem is **Pes Planus** or so called **Flat foot**. The term itself can be understood literally because it is how the feet will actually appear; flat to the ground without curves. Flat foot occurs due to several reasons but usually it is genetically related.

Other factors include having medical conditions and even a direct result of foot injury. Ask your podiatrist for advice about your Pes Planus – especially if you have acquired a flat foot over a short period of time or if you have pain.



Troublesome curly nails are called "Involuted" and benefit from professional help

## Foot Care for Diabetics

Our feet take us everywhere we go. They support our weight and allow us to move with ease. We often take our feet for granted, but for people with diabetes, the possibility of losing a foot due to severe infection is very real.

Foot wounds and foot ulcers which can lead to sepsis and foot amputations are some of the major yet preventable complications of diabetes. If you have had diabetes for 10 years or more, have poorly controlled blood sugar and other complications related to diabetes, you are even more at risk for foot ulcers and amputations than diabetics without these risk factors.

### Why are diabetics more at risk for foot ulcers and amputations?

Individuals with diabetes are prone to having consistently elevated blood sugar levels. This may interfere with the nerves and sensation in the feet; a condition known as peripheral neuropathy. Because of this, diabetics may not be able to feel the presence of blisters or abrasions on their feet until it is too late. Things can become infected, leading to more serious complications. Elevated blood sugar levels can also complicate things further and healing is often prolonged.

Proactive foot care can help you avoid foot ulcers and keep your feet healthy and intact. Here are some of the things you can do to care for your feet:

#### Daily foot monitoring

- Individuals with diabetes should perform a close inspection of their feet every day. You can use a mirror to look at the soles of your feet. Check all the parts of your feet for reddened areas, ingrown toenails, cracked heels, chafing, or other signs of irritation. If there are blisters or wounds, see



Inspect feet every day to check for signs of irritation

your Doctor or Podiatrist directly as soon as possible.

#### Proper nail and skin care

- Diabetics should wash their feet daily with warm, **not hot**, water, and dry them with a soft towel or cloth, especially in between the toes.
- Trim your toenails straight, and file away sharp edges with a nail file.
- Lotion may be applied on the heels and over the tops of the feet, but never between the toes
- Corns, calluses and ingrown toenails should be left to your podiatrist.

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If you would like a copy of this newsletter emailed to you every month, then please let reception know and they will ensure that your email address is added to our distribution list.

The **Care,**  
**Professionalism** and  
**Time** that your feet  
deserve



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## Foot Care for Diabetics

### Proper footwear

- Never go barefoot. Wear comfortable, well-fitted, low-heeled shoes and avoid shoes that rub on your heels or are unnecessarily tight in some areas.
- Always visually inspect the inside of your shoes before putting them on. Any small objects or pebbles lodged are a potential source of injury.
- Wear in new shoes slowly so as to ensure that there are no areas of irritation or rubbing.

### An active lifestyle

- Engaging in regular physical activity is good for cardiovascular circulation as well as helping manage blood sugar.

## David Good, Clinical Manager attends Steroid Injection therapy course.

Earlier this year, I attended a fantastic course on Steroid Injection Therapy run by Consultant Podiatric Surgeon Ian Reilly at Northampton General Hospital.

The in depth course focused on thorough surface anatomy, injection technique, pharmacology and the "do's and don't's" of injection therapy.

As well as this we reviewed a number of conditions that are suitable for steroid therapy, these include;

- Plantar fasciitis
- Morton's neuroma
- Stage 1 Posterior Tibial Tendon Dysfunction
- Capsulitis
- Tarsal Tunnel Syndrome
- Sinus Tarsi Syndrome
- Nerve Entrapment
- Hallux Limitis/Rigidus
- Osteoarthritis within joints
- Gout
- Scar tissue

Following completion of the 2 day course on the theory of injection therapy an exam had to be taken and fortunately I passed with flying colours.

The next stage is to complete a mentorship with our in house Consultant Podiatric Surgeon Ernest Barlow-Kearsley at Charring Cross Hospital. So following satisfactory assessment and review of outcomes from Ernest and the course leader Ian I shall be able to offer this service at The Footcare Centre hopefully by the end of the year.

In the meantime if this is something of interest then please do not hesitate to book an appointment with me to assess the suitability of this kind of treatment.

From <http://www.thefootcarecentre.co.uk/news-blog/clinical-manager-david-good-attends-steroid-injection-therapy-course/>

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