

footprints

An informational newsletter for patients of APMA member podiatrists

Spring 2011

Shocking Results for your Heel Pain

Runners have it, and movie stars have it. Lots of people have it in the morning when they get out of bed. We get it after a trip to the mall or the grocery store. What is it? It's heel pain, medically known as plantar fasciitis, and it's non-discriminating and can be really annoying.

Just think for a moment about that lonely bone in the bottom of your foot, the heel bone. This bone, the largest in our foot, withstands a great deal of abuse as we cram it into our shoes day after day and subject it to our full weight with every step on hard surfaces. With such abuse, it's no wonder that plantar fasciitis is a problem for so many of us. Podiatrists say that heel pain is the number-one complaint of patients.

Common treatments like anti-inflammatory medications, cortisone injections, stretching exercises, and custom orthotics (shoe inserts) can often clear up the problem. In some cases, however, patients continue to have pain after trying these traditional conservative treatments, and so more aggressive treatment may be advised.

Enter Extracorporeal Shock Wave Therapy, or ESWT, which has emerged as an effective treatment option for patients with chronic plantar fasciitis. ESWT delivers focused shock waves to the body designed to treat chronic heel pain. A shock wave is

an intense, but very short, energy wave traveling faster than the speed of sound. The word "extra-corporeal" means "outside the body" and refers to the fact that the shock waves are generated outside the body.

Shock wave therapy is thought to work by inducing microtrauma to the tissue that is affected by plantar fasciitis. This microtrauma initiates a healing response by the body. This healing response causes blood vessel formation and increased delivery of nutrients to the affected area. The microtrauma is thought to stimulate a repair process and relieve the symptoms of plantar fasciitis.

Low-energy shock wave treatments can be given as a series of three or more treatments. The low-energy shock waves are generally not painful, or can be mildly painful. On the other hand, high-energy shock wave treatments are given at one session. High-energy shock wave treatments are quite painful, and some type of anesthesia is needed. Either a regional block or general anesthesia can be administered for the high-energy treatments.

Your podiatrist has extensive training in the diagnosis and treatment of all manner of foot conditions. Take advantage of your doctor's expertise to alleviate your heel pain.

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Self-Assessment of your Feet – When to See a Podiatrist

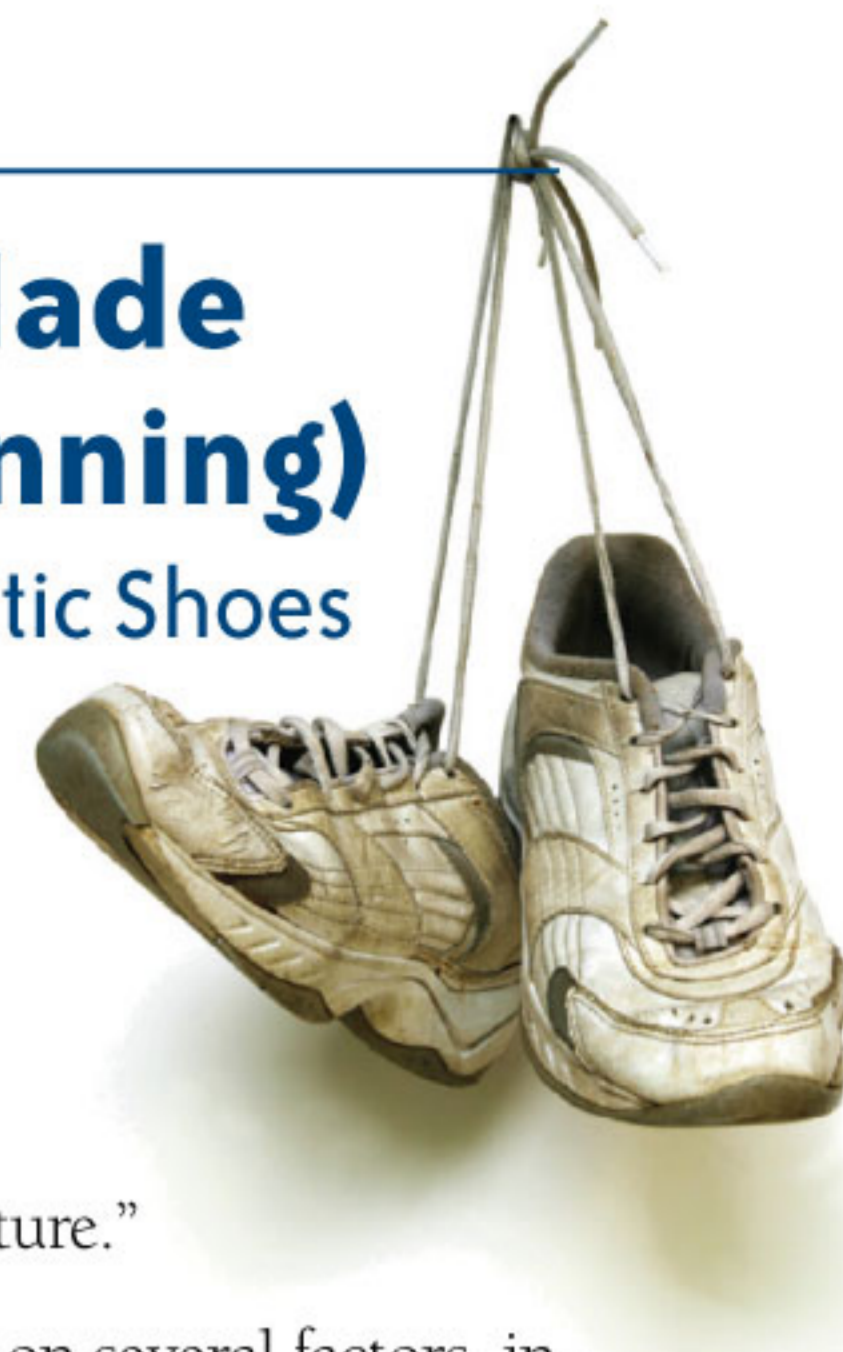
Every local drugstore has aisles of “do-it-yourself” medical fixes. For your feet they have blister and corn pads, insoles, fungus sprays, and nail clippers. So when you have foot and ankle problems, how do you know when to deal with them at home using over-the-counter (OTC) products and when to see the podiatrist?

- Blisters on your feet can often be handled at home without professional intervention. If the blister pops, cover it with a sterile dressing or Band-aid and watch it carefully to make sure it heals properly.
- If you suspect that you have an ingrown nail, it is best not to use OTC products. See your podiatrist as soon as possible to avoid the possibility of infection. The doctor can safely remove the ingrown nail and may be able to alleviate the problem entirely for the future.
- OTC wart removal medication is relatively mild but can cause ulcerations if left on too long. You can try to alleviate warts on the feet with these products, but the podiatrist has more effective medications and can also do simple procedures to rid you of warts. Wart removers should never be used if you have neuropathy except under the supervision of a podiatric physician.
- Despite numerous blogs and articles about treating onychomycosis (fungal nails) and warts with Vicks VapoRub, duct tape, bleach, white vinegar, and other household items, there are no scientific data or evidenced-based research studies to support these treatment options.
- Sprains and strains can be treated at home initially with the “RICE treatment” - rest, ice, compression, and elevation. If swelling is persistent, a visit to the podiatrist’s office is in order to determine if there are any broken bones.

Occasionally, home remedies can cause a new problem or make existing problems worse, so use them all in moderation. Anyone with diabetes or a peripheral vascular disease (PVD) who has foot and ankle problems should always opt to visit the podiatrist for even minor concerns. People who do not have diabetes or PVD should also be wary of pain, color changes, drainage, swelling, heat, or open areas in or on any part of the foot or ankle. These signs warrant a professional’s experience in dealing with the problem.



These Shoes Were Made for Walking (and Running) Evaluating the Life of Your Athletic Shoes



Just like milk in your refrigerator and cans in your pantry, your athletic shoes have a specific shelf life. Unfortunately, shoes have no expiration date noted on the bottom. Nevertheless, there are a number of factors that you should consider before sending your shoes “out to pasture.”

How long your athletic shoes will last depends on several factors, including how often you wear them, where you run or walk, how your foot functions, and your workout conditions and mileage. Contrary to popular opinion, however, you cannot always tell whether a shoe is worn out by visual inspection. With the technologies available today, the outer sole can hold up and not show deterioration even after the shock absorption and stability capacities of the shoe are gone.

Wearing old athletic shoes, specifically for running, or wearing the wrong type of shoes for your foot or for a specific sport can lead to injuries. For example, running in a shoe that no longer provides traction, support, and cushioning can lead to a number of musculo-skeletal complaints, among them heel pain, shin splints, and stress fractures. A basic rule of thumb for runners is to replace shoes every 300-500 miles. Other factors to consider are:

- Type of shoe/type of foot: Ask your podiatrist about specific shoes that are best for your foot type. Some shoes are designed to accommodate pronation or supination, and your doctor can give you good reasons to choose one brand over another.
- Environment: A humid climate can contribute to a shoe’s rapid breakdown because running in a wet shoe will overstretch the upper part of the shoe while over-compressing the lower part.
- Body type: Your body weight is a big factor in determining which shoe is best for you. In general, the more you weigh, the more cushioning your feet will need to withstand the impact.
- Usage: The amount you wear your shoe and how many miles you log can also affect the life of your shoe. Runners and walkers can easily track their mileage. Shoes used outside will break down more rapidly than those in the gym.

About half-way through the life of your shoes, buy a second pair to rotate in during workouts. Having a newer pair as a point of reference will also help you identify the feel of shoes that have run their course.

Your feet can last a lifetime, but your shoes are not designed to do the same. Replace worn athletic shoes as often as needed and work with your podiatrist to keep your feet healthy and injury-free.

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.