

# MEDICAL MONDAYS | News Notes

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**TOPIC: Common Foot Problems**

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## COMMON FOOT PROBLEMS

- heel pain/plantar fasciitis
- ingrown toenails
- bunions and hammertoes
- foot and toenail fungus
- diabetes

### Planter Fasciitis

Plantar fasciitis is a painful condition *caused by inflammation of the bands of tissue that connect your heel to your toes.*

Symptoms include pain in the bottom of your foot -- at the front or center of the heel bone. You might notice that it's worse in the morning when you first wake up ("first-step pain"). And it may happen when you're standing after having sat for a long time.

You're also more likely to feel it *right after exercise.*

### Diagnosing Plantar Fasciitis

Your doctor can normally tell if you have it just *by checking for tender areas in your foot.* Often, he can pinpoint what's causing the pain by where it's located. He probably won't do any imaging tests. In rare cases, he might suggest an X-ray or MRI to rule out another cause, like a pinched or compressed nerve or stress fracture in your heel.

*Plantar fasciitis normally goes away on its own after a few months.* Resting and taking over-the-counter pain meds can help reduce swelling and make you more comfortable. But call your doctor about your condition if it doesn't improve, or if you notice redness or bruising on your heel.

## Ingrown Toenails

An ingrown toenail is a painful condition in which *the nail grows into the flesh, rather than over it*. It commonly happens to the big toe and could be a result of injury, shoes that do not fit well, or improper nail care.

*People with diabetes need to be especially careful to avoid foot problems such as this.* Symptoms include pain, swelling, and redness. Sometimes pus develops. *Home treatments include soaking the foot in warm water, wearing loose-fitting shoes, and attempting to lift the corner of the nail that is ingrown.* Medical treatments may include surgery.

## Signs and Symptoms of an Ingrown Nails

Pain, swelling, and redness around a toenail, usually the big toe, is a symptom of an ingrown nail. The sharp end of the nail will be pressing into the flesh on one or both sides of the nail.

If the ingrown nail becomes infected (severe pain and pus develop), the pain doesn't go away after attending to the nail, or your nails are so hard or thick that you cannot relieve the condition. Medical intervention is needed, especially for people with [diabetes](#), who are at risk for complications from foot infections.

## Hammertoes

A hammertoe occurs from *a muscle and ligament imbalance around the toe joint which causes the middle joint of the toe to bend and become stuck in this position*. The most common complaint with hammertoes is rubbing and irritation on the top of the bent toe.

Toes that may curl rather than buckle -- most commonly the baby toe -- are also considered hammertoes.

*The middle three toes are likeliest to be affected. Women are more likely to get pain associated with hammertoes than men because of shoe gear.*

Hammertoes can be a serious problem in people with diabetes or poor circulation because they have a higher risk for infections and foot ulcers.

## (2) TYPES of Hammertoes:

- **Flexible hammertoes.** If the toe still can be moved at the joint, it's a flexible hammertoe. That's good, because this is an earlier, milder form of the problem. There may be several treatment options.
- **Rigid hammertoes.** If the tendons in the toe become rigid, they press the joint out of alignment. At this stage, the toe can't be moved. It usually means that surgery is needed.

## Causes of Hammertoes

- Genes: You may have inherited a tendency to develop hammertoes because your feet are somewhat unstable -- they may be flat or have a high arch.
- Arthritis
- Injury to the toe: Ill-fitting shoes are the main culprits. If shoes are too tight, too short, or too pointy, they push the toes out of balance. Pointy, high-heeled shoes put particularly severe pressure on the toes.
- Aging

## Symptoms of Hammertoes

A toe stuck in an upside-down "V" position is probably a hammertoe.

SIGNS of Hammertoes:

- Putting on a shoe hurts the top of the bent toe.
- Corns form on the top of the toe joint.
- The toe joint swells and takes on an angry red color.
- It's hard to move the toe joint -- and it hurts when you try.
- The ball of the foot under the bent toe hurts.

## Treatments for Hammertoes

You should see a doctor if you have a hammertoe. In the meantime, there are steps you can take to relieve the pain and discomfort:

- Wear only shoes that are high and broad across the toes, called a wide toe-box shoe. There should be at least one-half inch of space between your longest toe and the tip of the shoe. Keep in mind that this could be either a big toe or second toe.
- Don't wear heels higher than 2 inches.
- Wear the appropriate shoe for the activity you are doing.
- You can buy **non-medicated** hammertoe pads. They fit around the pointy top of the toe joint and help relieve painful pressure. Some brands have a gel lining that can prevent irritation of the toe by the shoe.
- Gently massaging the toe may help relieve pain.
- Put ice packs on the hammertoe to reduce painful swelling.

Several treatment options that vary according to the severity of the hammertoe:

- Wear good-fitting shoes; this does not necessarily mean expensive shoes. Padding any prominent areas around the bony point of the toe may help to relieve pain.
- Drugs that reduce inflammation can ease the pain and swelling. Sometimes, a doctor will use cortisone injections to relieve acute pain.
- An orthotist or qualified medical provider such as a podiatrist may also custom-make an insert to wear inside your shoe. This can reduce pain and keep the hammertoe from getting worse.
- Over-the-counter metatarsal pads that are properly placed may help.
- The doctor may recommend foot exercises to help restore muscle balance. Splinting the toe may help in the very early stages.
- When the hammertoes are not resolved with the above methods, surgery may be needed. Often this can be done in a surgery center without the need for hospitalization. There are several surgical techniques used to treat hammertoes.
- When the problem is less severe, the doctor will remove a small piece of bone at the involved joint and realign the toe joint. More severe hammertoes may mean more complicated surgery.

### Toenail Fungus

*Toenail Fungus can make your nails look yellow, thick, and cracked. They might hurt when you try to wear shoes.*

Toenail fungus can be hard to treat. And if you don't take care of it, there's a chance it can lead to a more serious infection.

*The best thing you can do is learn how to avoid catching a new case of it. It's not that hard to keep fungus away from your toenails. Here's what to do.*

- **Keep your feet clean and dry.** Wash them with soap and water every day. Dry them off very well afterward. Get in-between your toes, too. Clean and dry feet and nails are less likely to pick up a fungus.
- **Don't go barefoot in public.** Fungus loves to grow in warm, wet places. It also spreads easily from person to person. That's why it's key to wear shower shoes or flip flops around public pools, locker rooms, and showers.
- **Change your socks and shoes often.** Put on a clean pair of socks every day. Give your shoes a rest and wear different pairs often, too. If your feet get sweaty when you walk or work out, change your socks and shoes as soon as you get a chance.
- **Use the right footwear.** Fungus thrives when your feet are cooped up inside tight, hot shoes and socks. Make sure yours aren't too snug and that they give your feet

room to breathe. Choose materials like leather for shoes. Look for socks made of a synthetic fiber that pulls moisture away from your feet better than cotton or wool. You'll see this called wicking.

- **Trim your toenails.** Clip them short and straight across. Make sure you don't cut them so they dig into the sides of your toe. Don't pick at your nails or the skin next to them.
- **Use foot powder.** Sprinkle some on after you shower and dry your feet. Some people like cornstarch. But medicated powder is a better choice. It will help protect you against fungus, including athlete's foot.
- **Keep tools clean.** Clean and sterilize your nail clippers, files, and scissors every time after you use them. Rubbing alcohol should work. Don't share them with anyone else.
- **Skip the nail polish if you can.** Wearing that or fake nails can sometimes trap moisture, creating a perfect place for fungus to grow. You're more likely to dodge toenail fungus if you can live without polish.
- **Choose a clean nail salon.** Want a pedicure? Look for a salon that's licensed by your state and looks well-kept. Make sure they sterilize all their tools after each use and before each new customer. Or you can bring your own sterilized tools.
- **Use an anti-fungal cream.** If you've had a toenail fungus before, this may help it from coming back. Rub an over-the-counter or prescription product on your nails and the bottoms of your feet once or twice a week.
- **Throw away old shoes and slippers.** Fungus can live in them. Use an anti-fungal spray in your newer shoes every morning before you slip them on. Never share shoes or socks with other people.
- **Check your feet and toes regularly.** If you see a change in nail color or texture, head to the doctor. This is your chance to catch a fungus in its early stages. If you think you have another infection or fungus, like athlete's foot, talk to your doctor or pharmacist about what to do. It can turn into a toenail fungus, too, if you don't treat it.

### Treating Toenail Fungus

- **Non-prescription options.** You can buy antifungal creams, gels, and nail polish at the store and online without a prescription. You might want to try one of them first if the infection doesn't look bad. Some people also swear by home remedies like menthol rub, tea tree oil, mouthwash, or snakeroot extract -- but studies show mixed results.

- **Prescription polish and creams.** Your foot doctor will likely trim your nail and file away its dead layers. He may also take a piece of your nail and send it to the lab to make sure it's really a fungus, and to find out what type it is. The doctor might suggest an antifungal drug that you paint on your nails. This may work on its own, or he may suggest you take it with antifungal pills.
- **Prescription drugs.** One of several antifungal pills may help. They work, but it may take many months to do the job. They also come with side effects like nausea, vomiting, and headaches. They may cause liver damage, too, so your doctor will watch you closely while you take them. Be sure to tell her about any other meds you're taking -- some antifungal pills might not work well with them.
- **Nail removal.** If the infection is deep and you've had it for a while, your doctor may want to remove all or part of your nail. A new nail usually grows back, but it might take a year or so. While it's coming back, your doctor will likely give you a cream or other treatment to put on your nail bed to keep fungus away.
- **Laser treatment.** You might have success getting your toenails zapped with targeted lasers. Several types of lasers are used. There isn't a lot of research on them, but so far it seems promising. Laser treatment isn't covered by insurance, though, and it can cost a lot.

## **Diabetes and Foot Problems**

For people with diabetes, having too much glucose (sugar) in their blood for a long time can cause some serious complications, including foot problems.

Diabetes can cause two problems that can affect your feet:

- **Diabetic neuropathy.** Uncontrolled diabetes can damage your nerves. If you have damaged nerves in your legs and feet, you might not feel heat, cold, or pain. This lack of feeling is called "sensory diabetic neuropathy." If you do not feel a cut or sore on your foot because of neuropathy, the cut could get worse and become infected. The muscles of the foot may not function properly, because the nerves that make the muscles work are damaged. This could cause the foot to not align properly and create too much pressure in one area of the foot. It is estimated that up to 10% of people with diabetes will develop foot ulcers. Foot ulcers occur because of nerve damage and peripheral vascular disease.
- **Peripheral vascular disease.** Diabetes also affects the flow of blood. Without good blood flow, it takes longer for a sore or cut to heal. Poor blood flow in the arms and legs is called "peripheral vascular disease." Peripheral vascular disease is a circulation disorder that affects blood vessels away from the heart. If you have an

infection that will not heal because of poor blood flow, you are at risk for developing ulcers or gangrene (the death of tissue due to a lack of blood).

### Common Diabetic Foot Problems

Anyone can get the foot problems listed below. For people with diabetes, however, these common foot problems can possibly lead to infection and serious complications, such as amputation.

- **Athlete's foot**
- **Fungal infection of nails.**
- **Calluses.**
- **Corns.** A corn is a build-up of hard skin near a bony area of a toe or between toes.
- **Blisters**
- **Bunions**
- **Dry skin**
- **Foot ulcers.** A foot ulcer is a break in the skin or a deep sore, which can become infected.
- **Hammertoes**
- **Ingrown toenails.**
- **Plantar warts.** Plantar warts look like calluses on the ball of the foot or on the heel. They may appear to have small pinholes or tiny black spots in the center. The warts are usually painful and may develop singly or in clusters. Plantar warts are caused by a virus that infects the outer layer of skin on the soles of the feet.