

A simple guide to foot-related problems

Fungal infections

Athlete's foot occurs because feet are in shoes most of the time. Shoes are warm, dark and moist — the perfect place for fungi to grow. A fungus can cause dry skin, redness, blisters, itching, and peeling. Over-the-counter antifungal powders or creams can help, but seek advice if the infection does not respond to fungal creams as advised in information literature.

Hammertoe

Hammertoe is a contracture (bending) of one or both joints of the second, third, fourth, or fifth (little) toes. The most common cause of hammertoe is a muscle/tendon imbalance. This imbalance, which leads to a bending of the toe, results from mechanical (structural) changes in the foot that occur over time in some people. This abnormal bending can put pressure on the toe when wearing shoes, resulting in further problems.

Hammertoes usually start out as mild deformities and get progressively worse over time. They are caused by a shortening of the tendons that control toe movements. The toe joint grows and pulls the toe back. Over time, the joint gets bigger and stiffens as it rubs against shoes. This can affect your balance. More space in the shoe or stocking can help. In very serious cases, surgery may be needed.

Ingrown toenails

An ingrown toenail is a painful condition, which is common in the large toes. It occurs when a sharp corner of the toenail digs into the skin at the end of, or side of the toe. Pain and inflammation at the spot where the nail curls into the skin occurs first. Later, the inflamed area can begin to grow extra tissue or drain yellowish fluid caused by a piece of the nail piercing the skin. This can happen if you do not cut your toenails straight across so the corner of the nail can be seen above the skin. Use clippers which are made to cut toenails. A doctor can remove the part of the nail that is cutting into the skin.

Morton's neuroma

Morton's neuroma is a painful condition that affects the ball of the foot, most commonly the area between the third and fourth toes. Morton's neuroma may feel as if you are standing on a pebble in your shoe, or on a fold in your sock. It involves a thickening of the tissue around one of the nerves leading to your toes, as a result of a build-up of tissue around an inflamed nerve in the foot. This can cause tingling, numbness, and a sharp, burning pain in the ball of the foot, which may cause you to lose your balance. Shoes that are too narrow or have high heels can make the problem worse. Putting inserts into shoes sometimes helps.

Spurs

A heel spur is a calcium deposit causing a bony protrusion on the underside of the heel bone of your feet. They are caused by stress on the feet. Standing for long periods of time, wearing badly-fitting shoes, or being overweight can make spurs worse. While spurs are sometimes painless, at other times they can hurt. Treatment includes foot supports, heel pads and heel cups. Surgery is sometimes needed.

Swollen feet

This can happen when you have been standing for a long time. If your feet and ankles stay swollen, it may be a sign of more serious health problems. See your doctor, Leg Club or practice nurse for a check-up.

Verrucas

These are warts that develop on the feet as a result of viruses. They may be painful and can spread if not treated. Some over-the-counter products may help to get rid of warts.

Don't get off on the wrong foot

Good foot care and regular foot checks are an important part of general health care. If sitting for long periods of time, ensure that your legs are elevated. Stretching, walking, or having a gentle foot massage, or having a warm foot bath are also beneficial. Make sure your feet are dry before you put on your shoes. Wear shoes when you are outside. If you are sitting for a long time, stand up and move around every now and then. If you cross your legs, reverse or uncross them often.

Be alert

Both diabetes and peripheral arterial disease can cause poor blood flow to the feet, which can result in scrapes or bruises becoming more easily infected. This makes good foot care very important. Be sure to check with your doctor if you develop a sore on your foot that does not heal.

A simple guide to foot-related problems and general care

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As we get older, we are more likely to experience foot-related problems, such as corns, blisters or infections. Skin changes also occur with age. Less collagen is produced resulting in decreased skin elasticity, with the skin becoming thinner and drier and a loss of underlying tissue. However, regardless of age, you can prevent problems by taking care of your feet. If you have difficulty bending, use a handheld mirror to look at the bottoms of your feet to ensure that you do not have small cuts, blisters, or ingrown toenails. If you have diabetes, be sure to check your feet every day and feel inside your shoes in case any small objects are there that could cause damage.

Wearing correct shoes

Wearing comfortable shoes that fit well can prevent many foot problems — remember, as we get older, our shoe size may change. The best time to try shoes on is at the end of the day when your feet may have swollen. The following points should also be considered:

- ▶ Most of us have one foot that is larger than the other, so make sure that your shoes fit the larger foot.
- ▶ Always try shoes on as sizes can vary depending on the kind, make, and style.
- ▶ Walk in the shoes to make sure that they feel right and do not slide up and down.
- ▶ Stand up when trying on shoes to make sure that there is about 1/2 inch between your toe and the end of the shoe.
- ▶ Always make sure the ball of your foot fits comfortably into the widest part of the shoe.
- ▶ Do not buy shoes that feel too tight in the hope that they will stretch.
- ▶ The upper part of the shoes should be made of a soft, flexible material.
- ▶ Soles should give solid footing and not slip, cushioning your feet when walking on hard surfaces.
- ▶ Low-heeled shoes are more comfortable, safer, and less damaging than high-heeled shoes.

Skin and foot care: a few basic steps

To help remove dead skin cells, emollients can be added to water or rubbed into the dry skin in the form of creams or ointments. Products applied to the foot, ankle and lower limb should be simple and chemical-free. This is particularly important for skin that is already sensitised or damaged.

It is essential to regularly inspect the feet and skin — especially for people with diabetes. Washing feet provides the opportunity to carry out the following:

- ▶ Check the heel for hard skin, cracks or fissures. These can be painful and a focus for infection
- ▶ Observe for hard skin and corns, which often develop under or between the metatarsal head area of the ball of the foot
- ▶ Check areas prone to pressure damage, which are common



in patients with rheumatoid arthritis and may also be seen in those with diabetes

- ▶ For people who have difficulty reaching their feet, it is common to find a build-up of dead skin between the toes. This easily becomes macerated (softened skin) and can be a focus for fungal or bacterial infection. Cleanse with a piece of gauze between each toe, stroking in a downward movement to remove the build-up of debris. Repeat with a clean piece of gauze to ensure the area is dry. Refrain from using talcum powder between the toes and advise patients to do the same. Talcum powder absorbs fluid and forms a paste that may promote tissue maceration
- ▶ In the elderly, particularly those with rheumatoid arthritis, the tops of the toes often become red, calloused or develop a corn. These areas can develop ulcers that may be hidden by hard skin. Signs of underlying ulceration may be pain, a dark centre to the hard skin, evidence of dried, dark-coloured exudate or blood. People with diabetes may not exhibit pain associated with these concealed ulcers
- ▶ Toenails that are too long can cause damage to the skin of the foot and lower leg, particularly while asleep. It is common for people with poor venous return to experience itching in the mid-calf area, and they may rub this area with the opposite foot for relief during the night. Good advice for people who may be waiting for chiropody is to wear socks during the night to prevent accidental skin tissue damage
- ▶ Yellow or thick nails are common in the elderly — the big toe is often affected. Fungal nail infections may be suspected if the nails are brittle, crumbly and yellow-orange or grey in colour.

To prevent infection:

- ▶ Keep your feet clean and dry. Dry the area between your toes.
- ▶ Regularly change your shoes, socks or stockings to help keep feet dry.
- ▶ Don't buy tight-fitting shoes.

Common foot problems

Bunions

Bunions (also referred to as *hallux valgus*) are often described as bumps on the side of the big toe and tend to run in families. They are swollen and tender joints that can develop at the

base of your big toes. As the big toe pushes against the next toe, it forces the joint of the big toe to get bigger and stick out. The skin over the bunion might be red and sore. Bunions can be caused by shoes that are too small or have pointy toes. They can also develop as a result of an inherited structural defect, stress on the foot, or a medical condition, such as arthritis. If a bunion is not too painful, wearing shoes cut wide at the toes and middle part of the foot (instep), or shoe inserts may help. Taping or padding the bunion may bring relief. Bunions can cause:

- ▶ Pain or soreness
- ▶ Inflammation and redness
- ▶ A burning sensation
- ▶ Possible numbness.

Corns and calluses

Some corns and calluses on the feet develop from an improper walking motion, but most are caused by ill-fitting shoes. High-heeled shoes are the worst offenders. They put pressure on the toes and make women four times more likely than men to have foot problems. Other risk factors for developing a corn or callus include foot deformities and wearing shoes or sandals without socks, which leads to friction on the feet.

A hard corn is a small patch of thickened, dead skin caused by pressure when the bony parts of the feet rub against shoes. Corns usually appear on the tops or sides of toes, while calluses form on the soles of the feet. Wearing shoes that fit better or using non-medicated pads may help. While bathing, gently rub the corn or callus with a washcloth or pumice stone to help reduce the size. To avoid infection, do not try to shave off the corn or callus. When a callus develops a mass of dead cells in its centre (keratinocytes), it becomes a corn (heloma). Corns generally occur on the toes and balls of the feet.

See your doctor, Leg Club or practice nurse, especially if you have diabetes or circulation problems.

Dry skin

The skin on our feet is naturally dry, unlike the skin on the rest of the body. It has no oil glands, so relies on hundreds of thousands of sweat glands to keep feet hydrated. This can be a problem for people who do not properly moisturise their feet on a regular basis, or who have a medical condition such as diabetes or athlete's foot that causes dry feet.

Anyone can have dry feet, but the condition is more common among the elderly and people with diabetes. Dry skin can cause itching and feet to feel like they are burning.

Use a mild soap in small amounts and a cream or lotion on your legs and feet every day. Be careful about adding oils to bath water, since they can make your feet and bathtub very slippery.