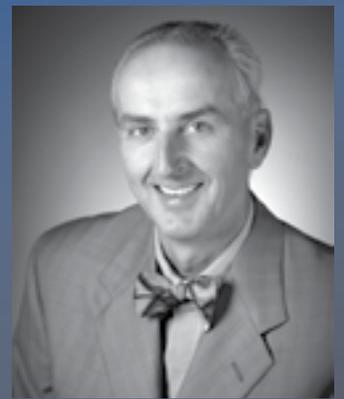




foot notes

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BOTTOMS *UP*

It is springtime...finally. It is also time to check out your treads for fitness. I'm referring to your personal treads, the kind you plant on the floor every morning. The ones you assume will continue to carry the load throughout your lifetime. This is how we get in trouble. We ignore maintenance of our feet for the most part, unless it's a baby's feet, and then we're fascinated. Like the people they prop up, feet come in many shapes and sizes, comprising one-fourth of the bones in your body.

Good shoes with support and inspection of your soles are required maintenance. There are a number of lesions affecting the foot, with the most common being calluses and warts. These are annoying and often painful, but limited to the local regions.

Less frequent, but much more deadly, are pigmented lesions called melanomas. They are often overlooked simply because no one is looking. A malignant melanoma can have a variety of colors. They can metastasize (spread) to lymph nodes of the body and beyond. A grade IV melanoma has a very poor survival rate.

Just remember your ABCDE's to help you identify a potential problem. **A**symmetry—not even on both sides. **B**orders—does not have smooth or even borders. **C**olor—variety of colors. **D**iameter—has a diameter larger than 1/4". **E**volving—changes in color or size.

This and many other lesions and structural problems can be avoided by simply looking. If you can't see the bottoms of your feet, have a family member check them out.

Have a great summer and remember, **BOTTOMS UP!**

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Foot Care Store

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Thank you for all your referrals. We appreciate them!

Preventing foot ulcers

According to the American Podiatric Medical Association, 15 percent of people with diabetes will develop a foot ulcer. Of that number, 14–24 percent will require amputation. Sobering statistics, to say the least.

Diabetes is hazardous to the lower extremities because it decreases blood flow, which is essential to healing. Some diabetics also develop peripheral neuropathy, which reduces the ability to feel pain, pressure, or temperature changes. Both conditions increase the risk for ulcers.

Prevention is the best medicine:

- **Inspect your feet daily.** Blisters, callus formation, bruises, rashes, punctures, cuts, cracks, ulcers, or anything abnormal warrants an immediate call to our office.
- **Wash your feet every day** with mild soap and water. Dry them thoroughly; moisture retained between the toes can cause skin breakdown.
- **Keep your feet from drying and cracking.** Use podiatrist-approved lotion/cream on your feet but *don't apply between the toes.*
- **Properly trim your nails.** Avoid ingrown nails and possible infection.
- **Wear properly fitting shoes and socks.** Elevated friction and pressure can lead to serious consequences. Never walk barefoot.
- **Cut out smoking and alcohol use,** which can impede circulation, among other negatives.
- **Keep blood-glucose levels under control.** Proper diet, exercise, and using medication as prescribed are vital to maintaining healthy feet and good overall health.
- **Make a podiatrist part of your diabetes healthcare team.** Regular exams play a crucial role in achieving optimum health.

Chronic exertional compartment syndrome

Muscles of the body are enclosed in tissue called fascia. Normally, the fascia accommodates the muscle expansion that occurs with increased blood flow to working muscles. When the fascia is too tight, impaired blood flow may result, leading to a painful condition called chronic exertional compartment syndrome (CECS).

Young athletes (under age 30) who participate in repetitive-impact activities or train too zealously are more susceptible to CECS, which frequently occurs in the shinbone area. Pain may be accompanied by tightness, numbness, weakness, cramping, or swelling.

CECS pain typically begins shortly after commencing exercise and progressively worsens, sometimes becoming severe. It usually subsides within 30 minutes after ceasing the activity, but will show up again if you try to resume. Trying to fight through the pain may cause permanent damage.

Metatarsalgia covers a lot of ground

The term “metatarsalgia” covers a wide range of conditions that cause pain and inflammation in the ball of the foot, where the five metatarsal bones (the long bones running over the top of the foot) join up with the toes at the metatarsophalangeal joints.

High-intensity and repetitive physical activity, obesity, and poorly fitted shoes can all place too much strain on the ball of the foot. Abnormal foot structure or function can do the same thing. For instance, high arches can cause an overload of stress on the ball of the foot (and the heel). Loss of fat pads on the sole diminishes shock absorption and cushioning, meaning the ball of the foot is under siege. Chronic trauma to the metatarsal heads can lead to bursitis, arthritis, and inflammation in neighboring tissues.

The metatarsal area is crucial to balance, weight distribution, and push-off when we move. Untreated pain or discomfort will intensify and may cause stress on other parts of the foot...and body as a whole.

There is a wide selection of conservative treatments available for metatarsalgia, starting with a podiatric evaluation. In some instances, bone structure, soft-tissue health, and nerve conductivity may need to be examined, which means X-rays, an MRI, or an EMG (electromyogram) might be recommended.

Unaddressed foot or ankle pain is bound to get worse. Call our office for an appointment today.

If you are experiencing the above symptoms, call our office to schedule an exam. CECS is not a common ailment, so we will focus on ruling out stress fractures and medial tibial stress syndrome (shin splints), among other disorders. If CECS remains a suspect, compartment pressure measurements, which are somewhat invasive and mildly painful, may be taken at rest and then after exercise to verify the diagnosis.

Forgoing, drastically curtailing, or switching activities is the only conservative measure to sidestep CECS. Surgery to release the fascia (cutting or removing part of it) is effective and the only long-term solution.



Puncture wounds can be deceptive

Many people shed their shoes in warm weather, or opt for flimsier footwear. Puncture wounds may be waiting in the wings.

A puncture wound occurs when a person steps on a sharp, pointed object that penetrates through a small entry point and can often appear innocent. Unlike a laceration—a longer tear of the skin surface—there may be very little bleeding, and the hole in the skin might not be attention grabbing.

However, puncture wounds can run deceptively deep. A piece of the object may still be embedded in the foot, including a tiny piece of shoe or sock if those were being worn. Dirt and contaminants occupying the object will hitch a free ride into your foot's interior as well.

Puncture wounds cause an ever-present threat of infection if not handled correctly within the first 24 hours. An infection can also spread to the bone or beyond—a very serious matter. The puncturing object may also inflict damage to bone or soft tissue of the foot upon entry.



Podiatrists are the best equipped healthcare providers to treat and monitor puncture wounds on the foot. We will numb the area, thoroughly clean the wound, and may order an X-ray to look for embedded material or bone damage. Antibiotics may be prescribed and/or a tetanus shot administered.

Never underestimate puncture wounds. Promptly call our office instead.

Surgical options for big-toe arthritis

Arthritis of the big-toe joint, hallux rigidus, is caused by the deterioration of the cartilage in the joint, either from injury, longtime wear and tear, or abnormal foot structure/function. Cartilage cushions a joint and enables bones to move freely, but bone-on-bone friction leads to pain, stiffness, swelling, and possibly a bone spur. Every step will intensify the pain.

If conservative treatment fails, one of the following surgeries may be recommended:

▶ A **cheilectomy** may be performed when joint damage is mild or moderate. Shaving down a bone spur and cleaning out the joint is often enough to increase range of motion and alleviate pain. In addition, joint stability and motion are preserved.

▶ **Arthrodesis** is recommended when joint damage is severe. Damaged cartilage is removed, and pins, screws, or a plate is utilized to hold the joint in a permanent position. The bones of the joint eventually fuse together. Pain and arthritis are eliminated since there is no more bending of the joint; however, movement of the big toe is severely restricted.

▶ **Interpositional arthroplasty** may be an option for those with moderate to severe hallux rigidus. The procedure comprises removal of some of the damaged bone and replacing it with soft tissue from the foot (or elsewhere in the body) to improve joint motion. Although effective for some patients, this procedure is not as predictable or reliable as arthrodesis.

Early intervention improves your odds of avoiding surgery. Any lingering foot or ankle discomfort warrants a call to our office.



Cut the grass, not your feet

Each year, well over 30,000 Americans suffer lawn-mower injuries that require medical attention, according to the U.S. Consumer Product Safety Commission. Foot injuries account for many of them.

The blade of a lawn mower whirs along at approximately 50 revolutions per second. It can cause devastating injury in an instant. Children under age 14 and adults over age 44 are the most susceptible to lawn-mower injuries. Follow these safety precautions:



- ⇒ Wear heavy shoes or boots while mowing. Never go barefoot or wear flimsy shoes or sandals.
- ⇒ Don't mow a wet lawn. One slip can spell big trouble.
- ⇒ With a push mower, always mow slowly *across* slopes. Never mow up or down. Again, one slip can be tragic. On the contrary, riding mowers should be ridden up and down slopes, not across, to prevent tip-overs.
- ⇒ Keep children and pets away from the mowing area.
- ⇒ Never pull a running mower backwards.
- ⇒ Clear the lawn of potential projectiles prior to mowing.
- ⇒ Use a push mower that automatically shuts off when the handle is released.
- ⇒ Never allow "passengers" on a riding mower.

Superficial foot wounds should be treated immediately by a podiatrist so the wound can be flushed and antibiotics applied. More serious wounds may necessitate your podiatrist performing foot- or limb-saving surgery in the hospital.

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Those pesky ganglions

A ganglion is a cyst that forms on top of a joint, tendon, or ligament, and often affects the foot. It is noted for forming a noticeable lump, which is a sac filled with a thick fluid. Common haunting grounds on the foot for ganglions include the front and outside of the ankle, although they can form at other foot locations, too.

Most people don't feel any painful effects of ganglions unless they get big enough to make wearing shoes uncomfortable. But if one is pressing against a nerve, a tingling or burning sensation may be felt into the top of the toes. Some people experience a dull ache or pain if a ganglion is exerting pressure on a tendon or joint.

Ganglions are a bit mysterious. Their cause is unknown and their size may fluctuate. Sometimes they disappear for a time, only to return.

Treatment options include simple monitoring if a ganglion is painless. Footwear modification or an insert may help relieve pressure and discomfort. Aspiration and injection involves drawing out fluid from the cyst and then injecting a steroid medication; while successful for some, the recurrence rate is high. If conservative measures fail, outpatient surgery to remove the cyst is an option—but again, recurrence is possible.

Any lump on the foot (or elsewhere) should be checked out, even if it's not causing pain. Schedule an appointment at our office today.