



# foot notes

Spring/Summer 2014

## SOLEDOC

### Thoughts

#### **The Return**

When I thought about returning to Ellensburg, I couldn't help but reflect upon when I left for what I thought were other needs or opportunity. In those early years at the Taylor Richardson Clinic, I was young, enthusiastic, and did not know what I did not know, as happens with young minds.

I was ready to take on any patient with complaints of painful feet and legs. I knew I could fix it.

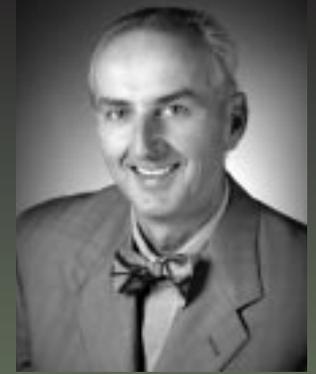
Life has a way of changing us as we tumble down its rivers of aging.

The core of that lanky, rough-hewn boulder is still there, but the ethereal thoughts of fixing everything or everyone has been tempered by life's lessons of reality.

It is 30 years of wear rescued by determination and education that I return to Ellensburg with the medical and philosophical wisdom of knowing what can be fixed and what must be accepted as one of life's frailties, young or old.

I have returned to this beautiful valley after 30 years to participate in treating and offering patients the ability to work, walk, and compete in life to the best of their ability and dreams.

*Donald W. Orminski, D.P.M., F.A.C.F.A.S.*



**Donald W. Orminski**  
**D.P.M., F.A.C.F.A.S.**

*Board-certified by the  
American Board of  
Podiatric Surgery*

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# Diabetic wound care is vital

Diabetes is the leading cause of nontraumatic lower-extremity amputations in the United States. Over 50 percent of those who develop diabetic foot ulcers will require hospitalization; roughly 20 percent will need amputation...sobering statistics indeed.

Diabetes impairs sensation in the foot (neuropathy), causes poor circulation, and weakens the immune system. This means irritations can't be felt adequately, healing is impaired, and infection risk is elevated—perfect conditions for ulcer formation.

Daily foot inspections are vital. Any form of irritation on the foot—chafing, redness, blisters, cuts, cracks, calluses, etc.—should be brought to our attention immediately. It's far easier to treat pre-ulcer conditions than treat an ulcer itself.

*If you already have an ulcer, our goals will be the following:*

- ▶ **Prevent infection.** If an infection is already present, antibiotics will be utilized and hospitalization may be necessary.
- ▶ **Take pressure off the wound area** (i.e., off-loading), which can be accomplished by custom footwear, a brace, special casting, or the use of crutches or a wheelchair.
- ▶ **Debridement**, which is the removal of dead tissue and skin.
- ▶ **Dress wounds** as needed.
- ▶ **Restore** adequate blood flow.
- ▶ **Help you manage** your diabetes properly.

Healing time for a foot ulcer depends on its size and location, and whether the patient follows instructions on wound care management and keeps their diabetes under control. It could be a few weeks or several months. Some foot ulcers may require surgical intervention.

Ulcers are serious and sometimes even deadly. Prevention is always the best policy; schedule regular appointments with our office to stave off serious consequences.



## Diet can influence osteoarthritis

Eating a healthy, well-balanced diet is crucial to those who suffer from osteoarthritis, a condition in which joint cartilage breaks down, causing pain, stiffness, and inflammation in the joints, including those of the foot and ankle.

*Minimize the effects of osteoarthritis with these dietary tips:*

.....**Shed the excess weight.** Extra poundage places more stress on the body's joints, which facilitates cartilage breakdown and magnifies the pain.

.....**More fresh fruits and veggies.** Many are chock-full of vitamins...and antioxidants. Antioxidants help prevent cell damage and some reduce inflammation, such as strawberries, apples, onions, and shallots—ideal for combating osteoarthritis pain.

.....**Omega-3 fatty acids.** Omega-3 fatty acids can help relieve joint pain and diminish morning stiffness by reducing inflammation. Two 3-ounce servings of fish each week should do the trick. Salmon, tuna, trout, mackerel, and herring are excellent sources.

.....**Olive oil.** A compound in olive oil, oleocanthal, helps prevent inflammation. Olive oil packs some calories, so use it as a substitute for other fats in the recipe, such as butter.

.....**Vitamin C.** Vitamin C helps build collagen and connective tissue—and that includes cartilage. Citrus fruits, red peppers, broccoli, and kale are outstanding sources.

.....**Limit cooking that packs high heat.** Grilled, fried, broiled, and microwaved meat produces compounds called advanced glycation end products (AGEs). AGEs are linked to arthritis, heart disease, and diabetes. Try steaming seafood, simmering chicken in a sauce, and braising red meat in a cooking liquid. Processed foods are loaded with AGEs as well.



## Include feet among the victims of hypertension

Uncontrolled hypertension can lead to heart disease, which is not breaking news, but it also plays a role in foot health. Hypertension is often linked with atherosclerosis, a condition in which plaque buildup in the blood vessels results in decreased circulation.

Poor circulation in the feet diminishes their ability to heal properly. Even small wounds are at risk for infection and ulceration. Ulcerations are dangerous and may lead to amputation...or worse, in some situations. Prompt evaluation and treatment is imperative.

Circulatory problems can also cause swelling in the feet and ankles; cramping in the feet, particularly when exercising; changes in color and temperature of the feet; and loss of hair on the feet and legs.

If you are experiencing foot and ankle problems of the nature described above, schedule an appointment with our office. We will conduct a thorough exam, including checking the pulse in each ankle (or foot), and taking temperature readings. We will ask you about any medications you are currently taking to avoid negative interactions with anything we prescribe. Any surgical procedures will require that your blood pressure be under control. We will work closely with your primary care physician.

Proper diet, exercise, and quitting smoking are keys to getting hypertension under control. Medications are there to assist, but the basics can make a world of difference. We stand ready to partner with you in achieving good overall health.

## HISTORY CORNER

### Trench foot

Trench foot, or immersion foot, is caused by prolonged foot exposure to damp, cool, unsanitary conditions; onset can occur within a day. The condition's name is derived from the trench warfare conducted in World War I. Hundreds of miles of hastily dug trenches in Europe, inhabited by soldiers for extended periods of time, were subject to flooding and broke down into muck and mire on a frequent basis.

Soldiers' feet became waterlogged and chilled, which narrowed blood vessels. Blood flow to the extremities was impaired, causing tissue and nerve damage, swelling, and pain. If allowed to progress, blisters and ulcers formed, skin began to peel off, and gangrene was just around the corner—and with that, the specter of amputation.

In the winter of 1914-15, over 20,000 British troops alone were casualties of trench foot. This gruesome development compelled higher-ups to assign increased numbers of medical personnel to the front lines to carry out foot inspections, and send massive amounts of socks so soldiers could change socks and dry out their feet several times per day. Soldiers also vigorously rubbed each other's feet with grease derived from whale oil to provide a protective coating to feet and to restore circulation.

Though trench warfare may be history, trench foot is not a relic of the past. Today, hikers, campers, aid workers, and festival goers, among others, are susceptible if proper precautions aren't taken. Learn from the past to stay foot healthy in the future.

## Give injuries the boot

These days, many foot and ankle fractures can be fitted with a walking boot rather than a plaster cast. What's more, walking boots aren't just for fractures; they can be used to treat heel pain, ankle sprains, plantar fasciitis, ball-of-foot pain, and tendonitis, among other disorders. Walking boots are lighter, more comfortable, and make walking less burdensome. They take pressure off affected parts, enabling you to rest your foot or ankle—a key to healing—even as you go about your daily activities.

There is a wide variety of walking boots available. The specific foot or ankle ailment you have dictates what type of boot is necessary. There are tall and short walking boots. Some are fitted with range-of-motion adjustability; some have air bladders that can be adjusted to provide enhanced stabilization and support, to ease pain, and to decrease swelling. There are walking boots that have rocker bottoms for ease of movement. Wider foot beds on some models provide more support for weak ankles or legs, and accommodate bandaging. Straps on the walking boot serve different purposes with relation to the type of injury sustained.

Walking boots facilitate healing in an effective and more convenient way. We'll pair you up with the right one if your foot or ankle injury calls for it.



# Advantages of diagnostic ultrasound



Ultrasound involves the transmission of high-frequency sound waves to a selected part of the body through the use of a probe, a small handheld device. The sound waves reflect off the internal structures of the body and return to the probe, which sends the information to a monitor, enabling viewing and evaluation of injured areas.

Ultrasound is a particularly useful tool for examining soft tissue such as muscles, tendons, and ligaments. It's not as productive for bony structures, as it can't view anything within or behind the bone, only the surface area.

Images produced by ultrasound are in "real time," which means that movement and function can be observed. Ultrasound is also excellent for guiding injections and aspirating joint fluid.

To undergo an ultrasound, a patient will be positioned on an examining chair and a clear gel will be applied to the injured area of the ankle or foot. The gel enables the probe to make secure contact with the skin and eliminates air pockets that could interfere with

image quality. The probe will be swept slowly back and forth over the area of interest, producing images on the monitor.

Ultrasound is painless and noninvasive, no radiation is involved, and pacemakers and other metallic implants are not impediments (as with MRIs). It's a valuable diagnostic tool that can assist us in successfully evaluating and treating your injuries.

## Central Washington Podiatry Service Dr. Donald W. Orminski

**YAKIMA**  
307 S. 12th Avenue  
Suite 9  
Yakima, WA 98902

**Appointment Phone:**  
**(509) 248-4900**

**ELLENSBURG**  
611 South Chestnut Street  
Suite D  
Ellensburg, WA 98926

**Appointment Phone:**  
**1-800-676-4675**

**BOTH OFFICES**  
**Emergency Phone:** (509) 248-4900  
**Fax:** (509) 248-0609  
**Website:** [www.cwPods.com](http://www.cwPods.com)  
**E-mail:** [clinic@cwPods.com](mailto:clinic@cwPods.com)

## Central Washington Podiatry Service

307 S. 12th Ave., Suite 9  
Yakima, WA 98902

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## Pregnancy and its effect on feet and ankles

Fluid retention during pregnancy softens the body, allowing it to expand to accommodate a growing baby and making a woman's pelvic joint pliable enough to seemingly defy the laws of physics when giving birth. This additional fluid also leads to foot and ankle swelling—most noticeable during the third trimester. *Swelling is normal, but should be mild and occur gradually.* Ways to minimize swelling include:

- ▶ Avoid standing in one position for too long.
- ▶ Elevate the feet.
- ▶ Drink plenty of water (ironically).
- ▶ Steer clear of excess caffeine and sodium.
- ▶ Do daily low-impact exercises.
- ▶ Talk to us or your OB-GYN about compression stockings.

Weight gain during pregnancy puts additional pressure on the heel, which can lead to inflammation and pain. An expectant mother's center of gravity also shifts, which focuses additional pressure on the arch when walking and may result in flattened arches. Hormonal changes can increase the laxity of ligaments of the feet and ankle, causing instability. We can help you select more stable and supportive shoes, and prescribe orthotics if necessary to combat these ailments.

Swelling of the feet and ankles (and hands and face) that occurs rapidly and excessively may indicate preeclampsia—a serious condition that affects blood pressure, proper circulation, and kidney function. Seek immediate medical attention.

If you are experiencing foot and ankle issues during pregnancy, give our office a call. We can make you more comfortable while you await that special day.

