

Foot Notes

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American Board of
Podiatric Surgery*

Soledoc thoughts

Making the right decision

or...

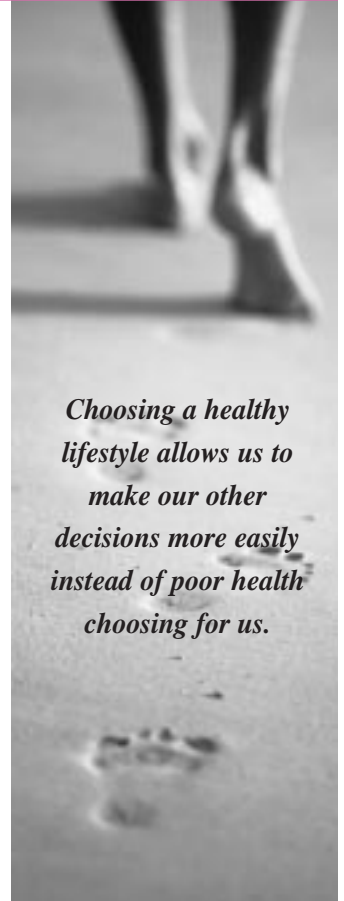
what the patient wants to hear

We all like to think our decisions are the best, and I am not speaking from a physician standpoint here. Whether we are choosing to send our children to a certain school, or what it is we would enjoy for a vacation with our family, we do our best to think it through and then decide. Only when we are well down that road of no return and the kids are asking "Are we there yet?" do we stop and think about our decision. Then we start thinking "How long is this trip going to take?" We have all been there. It is then that our true character begins to reveal itself. Do we stay with our commitment or change course, and is that really a better decision? These are tough questions and require more than just a flip answer or quick fix. Choosing a healthy lifestyle allows us to make our other decisions more easily instead of poor health choosing for us.

When I see a patient at age 25 who is 80 pounds overweight and genetically predisposed to diabetes, is it cruel to be honest and tell them of the potential scenario several years from now, or do I tell them the usual cliché, "Oh, just lose a little weight and you'll be fine"? I would choose the former so-called cruelty rather than lull the patient into the belief that all will be fine. I would rather be accused of bluntness than see a patient a decade from now inferring that I should have been more direct. We are in the midst of an obesity epidemic, and the major culprit is our sedentary lifestyle. We might look at the word "sedentary" if it were spelled "deadentary." So let's get up and get moving!

Decisions again. When I look at a patient and make a medical decision, I like to ask myself if that is the best treatment for the patient. If there is a frog's hair of doubt in my mind, I like to get another opinion. That is usually from another physician at an institution such as Virginia Mason in Seattle or the University of Washington. These institutions are basically "medical funnels" for the Northwest for our more challenging patients. Do I lose sleep over my decisions? The truthful answer is: yes. Will I lose sleep in the future? The answer is yes, as long as I have a conscience and a commitment to improving the lives or lifestyles of my patients.

Donald W. Orminski, D.P.M.



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lifestyle allows us to
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FOOT FACT

**The
average
person
takes 8,000
to 10,000
steps per
day!**

Thank you for all your referrals. We appreciate them!

Athlete's foot? But I don't even work out!

Athlete's foot isn't just for jocks—anyone can get it. Yes, even a consummate couch potato can experience the itch, redness, scaling, blisters, and downright discomfort of athlete's foot. It often first appears between the toes or on the bottom of the foot. It doesn't always stay there, though. In reality, it's a fungus that can cause the toenails to become discolored, thickened, and unsightly.

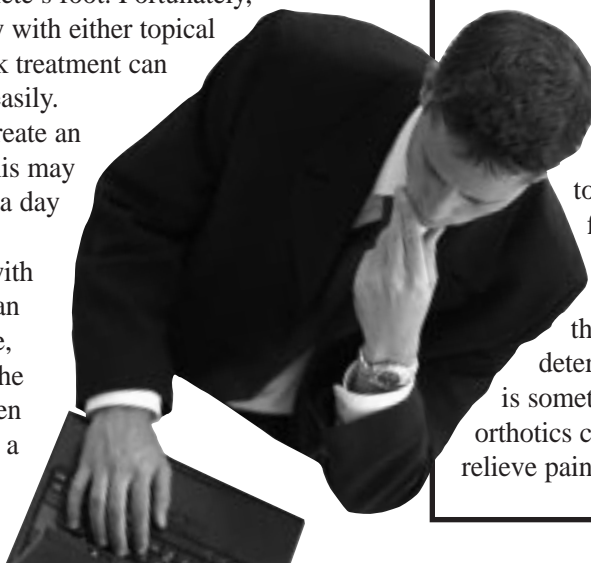
The fungus that causes athlete's foot likes warm, dark, and moist places, such as in shoes. That's exactly the environment that encourages fungal growth. Although the fungus is associated with locker rooms, it can be contracted in a number of settings. The areas around hotel and club pools, public showers, and dressing rooms can all be good hosts for athlete's foot. Fortunately, the problem can often be treated successfully with either topical or oral antifungal medications. Seeking quick treatment can help to get the problem under control more easily.

To prevent athlete's foot, you'll need to create an environment that isn't so fungus-friendly. This may mean changing socks and shoes a few times a day to keep feet dry. Choose socks that absorb moisture and dry out easily. Washing daily with soap and water and drying feet thoroughly can also help. When in areas where fungus thrive, always wear flip-flops to keep your feet off the surface and to allow them to dry quickly when you leave. Whether you're a couch potato or a world-class athlete, you need to take precautions against athlete's foot.

Arches falling down?

Flat feet or fallen arches occur when the arch of the foot either doesn't develop normally or sinks. This problem is often due to heredity, but it can be caused by a sudden trauma. Fallen arches are also sometimes related to arthritis or a musculoskeletal disorder. Sadly, flat feet can wreak havoc with ankles and knees. They can also be related to painful lower-back problems.

Although good, supportive shoes are often helpful to people suffering from fallen arches, they may not solve the problem. Podiatrists are trained to deal with the complications of flat feet. By using x-rays, gait analysis, and other diagnostic techniques, we can discover the specifics of a situation to determine the best remedy. Surgery is sometimes necessary, but custom orthotics can often correct the problem to relieve pain in the feet and elsewhere.



WILL THAT SPRAIN COME BACK TO HAUNT YOU?



Ankle sprains are among the most common of injuries. How often have you managed to sprain an ankle simply going down the steps or by stepping in a hole while hiking? There have been suggestions that ankle injuries—both breaks and sprains—can come back to haunt a person years later in the form of arthritis. While there's still no definitive proof that this is the case, evidence of a recent study seems to point to this possibility.

Researchers questioned those suffering from arthritis of the ankle to learn whether ankle injuries had affected them earlier in life. They discovered that over 80 percent had at some point suffered a broken ankle. Another 17 percent had experienced a number of sprains and ankle problems. Arthritis in both groups developed a little over 20 years later.

This doesn't mean that anyone who ever breaks an ankle or experiences ankle sprains will develop arthritis in the joint. However, protecting your ankles is never a bad idea. Be sure to wear shoes that provide good ankle support and are appropriate to your chosen activity. If you experience an ankle injury, take appropriate action, and see us for treatment. Taking steps now to help an ankle heal properly might just make a difference a year or two...or twenty...down the road.

Hammertoes— Don't delay treatment!

Hammertoes are deformities of the foot. They cause the middle joint of the middle three toes to bend in such a way that the toes look like little hammers. Hammertoes are not difficult to treat when help is sought promptly. However, over time, hammertoes become rigid, and surgery is required to correct them. In addition, when hammertoes are left untreated, secondary problems, such as calluses or corns, may result.

The right shoes can help alleviate the condition in the early stages. Shoes that are long enough to accommodate the toes and provide room over the tops of the toes will be most comfortable. Certain types of sandals might be recommended. Exercises to strengthen the toe muscles can help because it is the muscles that often tighten up and prohibit the toes from straightening out. Straps are sometimes utilized to hold toes in place.

When conservative measures aren't sufficient to alleviate the problem, surgery may be necessary. The specific procedure will depend on individual circumstances. After surgery, the toes may be swollen and stiff for a time. Walking will be limited until healing has occurred. However, once the toes have healed, the patient should be able to walk comfortably again.



WHEN HEEL PAIN HITS KIDS

Many adults suffer from heel pain, but the problem is not common in children. When it does strike a young person, it is most often caused by a phenomenon called Sever's disease. Sever's disease is characterized by inflammation of the growth plate near the back of the heel bone. This problem is also called calcaneal apophysitis, which refers to inflammation of the growth plate.

A child's heel grows in a very interesting way. When children are still very young, this area is mostly cartilage with a small amount of bone. Eventually, two areas of bone grow and spread toward each other. By the time the child is in his or her late teens, the two areas should fuse together to form the healthy adult heel. When this area suffers some type of interference, such as a trauma or damage from overuse, Sever's disease can be the result. There may be some relation to exercising on hard surfaces.

Children who suffer from this problem have pain that strikes the side and back of the heel, and sometimes the sole. It is usually most acute when the child is active. Tightness in the calf muscle is common as well. Children who suffer from Sever's disease generally get complete relief from the condition as the bone fills in the area occupied by cartilage. However, treatment is recommended to help relieve pain. This may include heel raises that cushion the foot, reducing the number or intensity of workouts, icing the area, and sometimes orthotics. In extreme cases, casting may be necessary.

Foot and ankle pain should never be ignored, whether it occurs in a child or an adult. Seek out a definitive diagnosis. Then, follow treatment recommendations to relieve pain and ensure healing.



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*Here's your
foot care newsletter!*

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INGROWN NAILS— NOT ^{to} be messed with

Ever done bathroom surgery on your own ingrown nail? Know someone who has? Either way, what you may not know is that this practice can have serious consequences.

Ingrown nails can easily become infected. Swelling, redness, and a feeling of warmth in the area may all be signs of infection. Infections can be problematic in anyone, but in someone who has a systemic disease, particularly diabetes, or reduced circulation to the extremities, an infection may be very serious.

Ingrown nails have a number of causes, some of which can be controlled and some of which can't. Heredity, foot structure, and trauma to the foot can all contribute to ingrown nails. A poor job of trimming the nails and pressure from shoes that don't fit well are other causes. Whatever the origin of the problem, an ingrown nail can cause intense pain as the edge of the nail grows into the surrounding skin.

Preventing ingrown nails consists of choosing shoes that fit well and don't squeeze the toes. Certain styles are more apt to cause problems. Purchasing shoes that are the right size and provide plenty of room for the foot will also help. Toenails should be cut straight across. If your health is compromised by diabetes or a circulatory problem, your nails should be cut professionally in a podiatrist's office to avoid complications.

When an ingrown nail does crop up, we can help relieve the discomfort and treat any infection. A physical exam and possibly an x-ray may be necessary. Antibiotics may be prescribed to handle an infection, and a portion of the nail is sometimes removed. This involves a minor surgical procedure to correct the problem.

Podiatric intervention is always a smart move when it comes to treating ingrown nails. Bathroom surgery is generally a mistake. Don't mess with ingrown nails. Be smart and bring all your foot and ankle problems to a professional.

