foot notes
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SOLEDOC *Thoughts*

MAKING A DIFFERENCE

Over the last two years (maybe three, we just didn't see it), America has become a changed nation. The reality of global economies being intertwined with the United States economy has become a harsh one, having degenerated into a twisted morass with no happy ending in sight. There is not much we can do about the United States and world doom and gloom. Out of this mess, what still holds true for me is the basic tenet my seventh-grade teacher (Mr. Smith) told me many years ago: "You 'hep' me, I 'hep' you."

It became one of the basic values in my life. It made sense and was fair. Teachers are renowned for the imprints they make on lives. It is time we honored them for the hard work most of them choose to do in spite of low pay. They change lives, the very lives that I see every day. People like to hear "that doctor saved my life." I like to think about kids in the early stages of life who had teachers who followed the Mr. Smith principle: "You 'hep' me, I 'hep' you."

This simple premise has saved uncountable lives of kids who have passed their way, some of whom I have the privilege to know and treat today. Thank you to all of you who are choosing to encourage, help, and educate our younger generation, whether it be through parenting or professionally.

Donald W. Orminski, D.P.M.

THANK YOU FOR ALL YOUR REFERRALS. WE APPRECIATE THEM!

Socks not important? Take a hike!

Socks are a key component in a hiker's attire. They should be comfortable, wick moisture, protect against shear, and absorb shock—a tall order.

Composition

Believe it or not (believe it), a foot under exertion can sweat 1-2 pints of vapor/fluid per day. Moisture can cause a host of foot irritations, so socks made of wicking fibers are vital. Wicking materials (synthetics) draw moisture away from the foot and facilitate quicker evaporation, keeping the foot dry. Common synthetic materials include nylon, polyester blends, acrylic, and spandex.

One hundred percent wool is warm but doesn't wick well, can wear quickly, is scratchy, and takes a long time to dry. A wool/synthetic blend can be an excellent choice, combining warmth, comfort, and wicking.

Avoid cotton socks if you think your feet will get wet on your hike or if you're taking a long hike. Cotton stays wet and sticks to the skin, making your feet more vulnerable to blisters and cold.

No bunching

Hiking socks should keep your body in proper alignment. Otherwise, premature fatigue can result due to unnatural pressure on various points of the body.

Pressure and shear forces

Purchase socks that protect against shear force. Shear force is a result of forward or side-to-side motion of the foot within the shoe—for instance, when descending a steep slope. Shear force increases with improper shoe and sock fit, and excess moisture. It is a common cause of blisters. Socks should also cushion pressure points such as the heel and ball of the foot, and absorb shock.

What's a "high" ankle sprain?

The ankle is composed of two joints. The lower (subtalar) joint is where the ankle bone (talus) meets the heel bone (calcaneus). This joint allows the foot to rock from side to side. The upper (tibial talar) joint is where the tibia and fibula (lower-leg bones) join together with the talus. This joint enables the foot to bend up and down.

Ligaments are bands of tissue that hold bones together and keep a joint stable. An ankle sprain is a stretching of, or partial or complete tear to, one or more ligaments of the ankle.

The vast majority of ankle sprains involve the outside of the lower ankle joint ("regular" sprains), when a person "rolls" their ankle.

High ankle sprains, on the other hand, occur with a twisting of the lower leg, above the ankle joint, while the foot is firmly planted—an injury more prevalent among football players and skiers. This causes the tibia and fibula to separate from the talus (ankle bone), resulting in injury to the syndesmosis ligaments. These ligaments hold the tibia and fibula together, act as shock absorbers, and prevent the bones from splaying when walking, running, jumping, or cutting. Since the upper ankle joint enables up-and-down, forward-and-backward movement of the foot, every step impacts the injured area and is painful, making the average healing time twice that of a "regular" ankle sprain. If the syndesmosis ligaments are torn, a screw is sometimes inserted between the tibia and fibula to hold them together, giving the ligament a chance to heal. Casting, crutches, or a walking boot may be necessary. Athletes, on average, return to action within six weeks, but lingering effects may last up to six months.

Any ankle sprain that shows no improvement in pain or swelling after 48 hours (while using the RICE method—Rest, Ice, Compression, and Elevation) is cause for concern. A podiatric examination can reveal if there are torn ligaments or a fracture.

The breakdown of diabetes

Most people are familiar with the disease diabetes, and know it involves "blood-sugar levels" and "insulin." But what is actually happening in the body as it pertains to this disease?

The digestive system breaks down the food a person consumes and turns it into sugar (glucose). The sugar then enters the bloodstream. The pancreas, an organ located just behind the stomach, is stimulated by the sugar to release insulin. Insulin is a hormone that attaches to muscle cells and other tissue cells of the body, acting as a receptor to enable the sugar in the bloodstream to enter these cells, where it can be stored and used for energy to carry out the body's various functions. This keeps the bloodstream's blood-sugar level within an acceptable range.

Diabetes interferes with this process. There are two main types of diabetes: type 1 diabetes and type 2 diabetes.

With type 1 diabetes, the pancreas produces NO insulin. Individuals with this condition must have daily insulin injections to survive.

For those with type 2 diabetes, which accounts for over 90 percent of cases, the pancreas makes SOME insulin, but not enough to keep the blood-sugar level within a healthy range. This condition can be managed with an altered diet, exercise, and medication.

Excessive glucose can alter the normal function and structure of blood vessels, leading to problems with the heart, kidneys, eyes, and feet (neuropathy, slowed healing). Those who are obese, or have cholesterol abnormalities, high blood pressure, or a family history of diabetes are at increased risk for developing this disease.

Diabetic recipe

Fruity sweet potatoes

Source: *The All New Diabetic Cookbook*—Kitty Maynard, Lucian Maynard, and Dr. Theodore Duncan

Ingredients

4 medium sweet potatoes, unpeeled
1 teaspoon low-fat margarine
¼ cup unsweetened pineapple juice
2 tablespoons low-sodium chicken broth
1 tablespoon chopped pineapple
Pinch of cinnamon
Pinch of grated nutmeg
Pinch of allspice
Nonstick cooking spray

Preheat oven to 375° F. Boil the potatoes in a pan until tender, about 30 minutes. Remove skins. In a large bowl, mash the pulp. Add the margarine, fruit juice, and broth, and whip until fluffy. Add the chopped pineapple and spices. Coat a 1-quart baking dish with nonstick cooking spray. Transfer the potato mixture to the dish. Bake 30 minutes or until lightly browned.

Makes 8 servings.

Nutrition information per ⅔-cup serving: 116 calories; 0.7g fat (0.2g saturated fat; 5% of calories from fat); 0.1mg cholesterol; 23mg sodium; 26.1g carbohydrate; 2.7g fiber; 1.8g protein

Exchange value: 1½ starch

The field of corns

Corns are thickened areas of dead skin that have a hard center surrounded by inflamed skin. This thickening is the body's natural response to excessive pressure or friction. Corns can occur on the outside of the little toe, on the tops of toes, and even between the toes.

Causes

People with a hammertoe, a deformity of the toe, are susceptible to corns due to the toe rubbing against the top of the shoe or a neighboring toe. Bone spurs, an overgrowth of bone, can also cause corns by creating a protrusion of the toe that increases friction.

Improperly fitting shoes are also a culprit in corn formation. Shoes that are too tight elevate pressure; shoes that are too loose ratchet up friction.

Treatments

• *Trimming.* A podiatrist can pare down thickened skin or trim a large corn with a scalpel during an in-office visit.
• *Salicylic acid.* A 40-percent patch may be applied by your podiatrist, with instructions on how often to change the patch and whether to use a pumice stone between changes.
• *An antibiotic ointment* is sometimes recommended to reduce the risk of infection.
• *Orthotics* may be prescribed.
• In rare instances, *surgery might be recommended* to correct the alignment of a bone that's causing the problem.

Consult our office before trying any over-the-counter treatments. **Diabetic patients should *never* self-treat a corn.** The risk of infection is too great. Professional treatment should always be sought.

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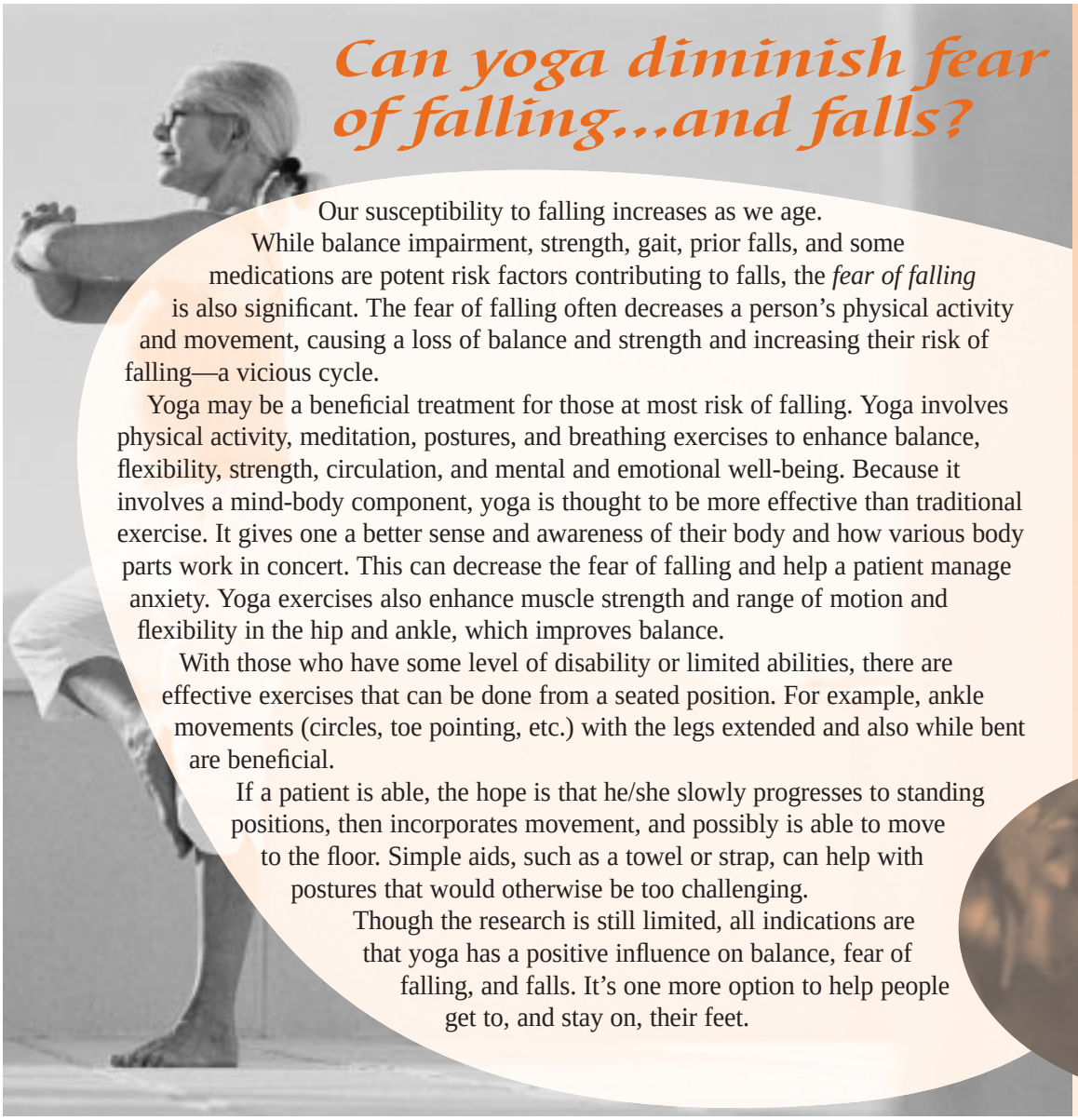

Can yoga diminish fear of falling...and falls?

Our susceptibility to falling increases as we age. While balance impairment, strength, gait, prior falls, and some medications are potent risk factors contributing to falls, the *fear of falling* is also significant. The fear of falling often decreases a person's physical activity and movement, causing a loss of balance and strength and increasing their risk of falling—a vicious cycle.

Yoga may be a beneficial treatment for those at most risk of falling. Yoga involves physical activity, meditation, postures, and breathing exercises to enhance balance, flexibility, strength, circulation, and mental and emotional well-being. Because it involves a mind-body component, yoga is thought to be more effective than traditional exercise. It gives one a better sense and awareness of their body and how various body parts work in concert. This can decrease the fear of falling and help a patient manage anxiety. Yoga exercises also enhance muscle strength and range of motion and flexibility in the hip and ankle, which improves balance.

With those who have some level of disability or limited abilities, there are effective exercises that can be done from a seated position. For example, ankle movements (circles, toe pointing, etc.) with the legs extended and also while bent are beneficial.

If a patient is able, the hope is that he/she slowly progresses to standing positions, then incorporates movement, and possibly is able to move to the floor. Simple aids, such as a towel or strap, can help with postures that would otherwise be too challenging.

Though the research is still limited, all indications are that yoga has a positive influence on balance, fear of falling, and falls. It's one more option to help people get to, and stay on, their feet.

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