



foot notes

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SOLEDOC

Thoughts

After dropping a car off for repair in downtown Yakima, I walked in bright, early morning sun through various neighborhoods back to the office.

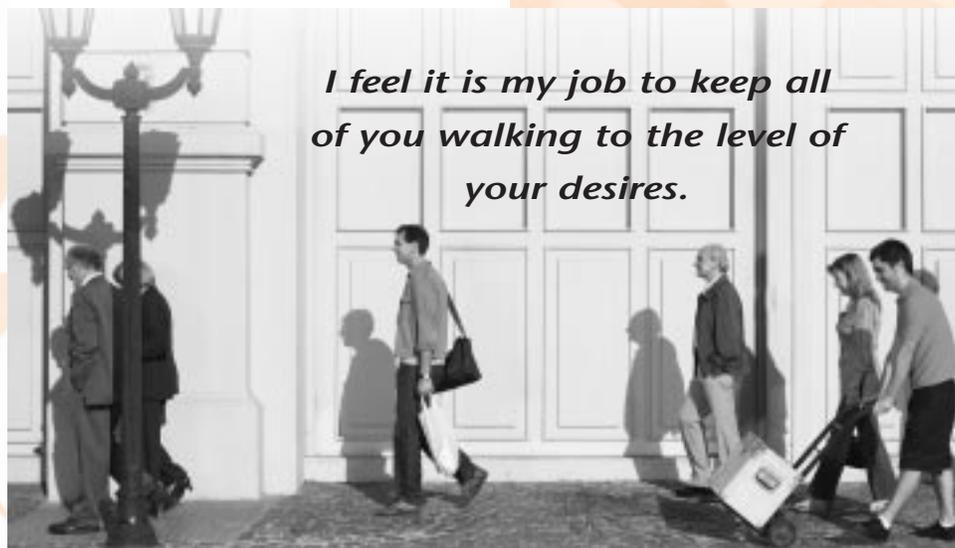
My walk was through streets shouldered by older houses of Third Avenue to Twelfth Avenue. Some remained pristine and well kept; others showed their age and wear. Big bay windows were all open to the streets as the houses gasped for cool morning air before the day's heat.

From the sidewalk, even my look seemed invasive as the morning sounds of life came from within and sports trophies stood peeking from the fireplace mantle.

Colors of different skins greeted me from porches. Truly a mixed neighborhood—race, religion, and income. Then I passed by Yakima's Islamic temple, a small, well-maintained property on Tenth Avenue. A moment of learning for me. I didn't know we had an Islamic temple in Yakima, albeit small and huddled in the shadow of our former St. Elizabeth's Hospital.

My point, of course, is not about everything I notice on a morning walk, but of the very ability to walk and enjoy life around us, whether it be walking, biking, or running. I feel it is my job to keep all of you walking to the level of your desires. And maybe, just maybe, you will have some of the early morning discoveries that are so much of our city.

Donald W. Ormski, D.P.M.



*I feel it is my job to keep all
of you walking to the level of
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THANK YOU FOR ALL YOUR REFERRALS. WE APPRECIATE THEM!

RECIPE CORNER

Angel food cake roll

Care to try something delicious? And it's diabetic friendly too.

Prep: 20 min. Bake: 15 min. + freezing Yield: 10 Servings

Ingredients

- 1 package (16 ounces) angel food cake mix
- 5 teaspoons confectioners' sugar
- 1 cup (8 ounces) strawberry yogurt
- 1 package (1 ounce) instant sugar-free vanilla pudding mix
- 3 drops red food coloring, optional
- 2 cups reduced-fat whipped topping

Directions

Line a 15-in. x 10-in. x 1-in. baking pan with waxed paper. Prepare cake according to package directions.

Pour batter into prepared pan. Bake at 350° for 15–20 minutes or until cake springs back when lightly touched. Cool for 5 minutes.

Turn cake onto a kitchen towel dusted with confectioners' sugar. Gently peel off waxed paper. Roll up jelly-roll style in the towel, starting with a short side. Cool on a wire rack.

In a large bowl, whisk the yogurt, pudding mix, and, if desired, food coloring. Fold in whipped topping. Unroll cake; spread filling evenly over cake to within ½ in. of edges. Roll up. Cover and freeze. Remove from freezer 30 minutes before slicing.

Nutritional analysis: One slice equals 236 calories, 2 g fat (2 g saturated fat), 2 mg cholesterol, 464 mg sodium, 49 g carbohydrate, trace fiber, 5 g protein.

Diabetic exchange: 3 starch.

Originally published in Jan./Feb. 2002 issue of *Quick Cooking*.



When toenails and skin COLLIDE

A toenail that is curved and grows into the skin is called an ingrown toenail. It causes irritation, pain, redness, swelling, and warmth in the toe. The big toe is most affected, but no toe is immune. If the nail breaks the skin, the floodgates are open to hordes of bacteria, which may lead to infection.

Contributors to ingrown toenails include heredity; trauma to the toenail; activities involving repeated pressure (e.g., running or kicking); improper nail trimming; fungal infections; and poorly fitting footwear.

Home care may be attempted at the initial stages, **but never by those who have diabetes, nerve damage, or poor circulation.** Soak your foot in room-temperature water a few times a day, and gently massage the side of the nail to reduce inflammation.

Do not attempt bathroom surgery. Infection-causing bacteria are rubbing their hands at the prospect. If you suspect an infection, call our office immediately. Infections should not be taken lightly. We may need to perform an in-office nail removal and prescribe an antibiotic; patients should be back on their feet in a day.

Proper trimming is vital to preventing ingrown toenails. Trim them straight across, not in a rounded or angled fashion, and don't trim them too short. Cutting a notch at the corner of the nail **does not** prevent a toenail from growing downward. The elderly or disabled may need a podiatrist to trim their nails.

Make sure shoes and socks fit well. Too tight and too loose are equally bad. Over-the-counter medications can mask pain but do nothing for the actual problem.

As usual, prevention is the best cure for ingrown toenails.

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Bunions are more than a nuisance

Most bunions are caused by heredity, but ill-fitting footwear is also a significant contributor. Once a bunion has formed, it's not going anywhere; in fact, it will likely get worse. More women than men develop bunions, and studies have shown that women are more affected by diminished quality of life.

Quality-of-life issues include not being able to comfortably wear fashionable shoes, which may be a necessity for a given job. Suffering with foot pain throughout the day can influence disposition and focus.

As the bunion progresses, a person may become embarrassed by their feet. Going barefoot or wearing sandals may be out of the question. Teenage girls and young women may think their deformity is something the opposite sex will deem a turn-off.

Activities a person normally engages in may have to be eliminated or curtailed, thus affecting physical conditioning.

If you are suffering from physical, emotional, or social pain due to a bunion, schedule an appointment with our office for an evaluation.

We can suggest the proper shoes and orthotics; if/when all other avenues have been explored, surgery may be a helpful option.

A successful outcome also depends on the patient. Treatment and/or postsurgical instructions must be followed; if joint stiffness occurs postsurgery, stretching and exercises will need to be done diligently; and expectations must be reasonable—no return to high heels or other shoes of “high fashion.”

Bunions can wreak havoc with many aspects of a person's life. Let us help you put your best foot forward.

You've torn your Achilles tendon Surgery or immobilization?

The Achilles tendon connects the calf muscle to the heel bone. When it completely tears, a sudden, painful snap occurs just above the back of the heel. You have two options to correct it: surgery or immobilization (the use of a cast, walking boot, or other device).

Both methods are very successful in healing the Achilles tendon and take roughly six months to fully recover from.

Surgery involves reattaching the torn ends of the tendon. Either open surgery (one large incision) or percutaneous surgery (multiple, smaller incisions) will be employed.

The advantages of surgery over immobilization include less chance of rerupturing the tendon in the future. Greater strengthening of the tendon is achieved through surgery as opposed to immobilization. (To be clear, for approximately 6–12 weeks following surgery, some immobilization will be necessary.) Surgery may be a more appealing option for athletes and other active people, and for those in certain occupations who are on their feet all day.

Drawbacks of surgery include the chance of infection—ever-present with any surgical procedure—as well as blood clots, a slight chance of nerve damage, and medication side effects.

With immobilization, the torn tendon slowly reattaches on its own, naturally. It may be a more attractive option for those who are older and/or less active or have certain medical conditions, since there is no chance of surgical side effects and strength isn't as big a factor for their lifestyle.

Follow-up is vital for either healing method and will likely include physical therapy, stretching, and exercise.

A threat to life and limb

A diabetic foot ulcer is an open sore or wound that rears its ugly head in approximately 15 percent of diabetics. They are a threat to quality of life, and may lead to amputation or even death.

Poor glucose control is a major factor in the development of foot ulcers. *It is imperative for anyone with diabetes to follow the instructions of their health-care practitioners and see them regularly.* Diabetes can lead to neuropathy of the feet, which results in a lack of feeling due to nerve damage. We're supposed to feel pain for a reason; it indicates something is wrong. Neuropathy takes away that ability.

Poor circulation impedes ulcer healing and increases the risk of infection; foot deformities (hammertoes, bunions) can cause irritation and may need to be corrected; being overweight and using tobacco and alcohol don't do you any favors either.

The five key factors in foot ulcer treatment include:

- ◆ Prevention of infection.
- ◆ “Offloading,” which means relieving pressure on the wound through the use of an orthotic device and proper footwear.
- ◆ Debridement, which is the removal of dead skin and tissue.
- ◆ Applying medications and dressings to the wound.
- ◆ Managing blood-glucose levels and other health problems.

If infection is present, a program of antibiotics, wound care, and possibly hospitalization will follow. More advanced treatments are sometimes necessary. The sad fact is, some foot ulcers will lead to amputation—and a hastened mortality rate.

If you are diabetic, inspect your feet every day for *any* signs of trouble, avoid walking barefoot, and see us on a regular basis. Not only is quality of life on the line; your very life could be at risk.



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Healthy hikers and hunters

Whether you're an avid year-round hiker or one who emerges from hiking hibernation during a picturesque autumn, proper precautions are vital to warding off damage to your feet and ankles. The same is true for hunters.

Constant, vigorous walking on uneven terrain; improper footwear; subpar physical conditioning; and simple overuse may all lead to a slew of painful conditions.

But you're not without options. Daily exercise between hikes or hunting outings will aid your cause. Stretching before heading out into the wilderness will also serve you well.

Proper footwear is a key ingredient to healthy hiking and hunting. Rocks, tree roots, holes camouflaged by leaves, hills, and a host of other conditions lie in wait for unsuspecting hikers and hunters.

A high-quality boot is a must. It should have a high top for ankle support, a firm yet flexible outsole, excellent traction, and be highly water resistant. Boots should be laced to the top. Never borrow boots, since each foot leaves its own "groove," which can negatively affect a borrower of that boot.

Socks are important, too. They should wick moisture, provide warmth, and reduce friction.

What may be most important is to schedule a preventive maintenance appointment with our office. We will assess the health of your feet and ankles before you head for the hills. We can also assist you in boot and sock selection and determine if orthotics would be wise for your situation. And if you happen to incur the wrath of the trails, we stand ready to treat your condition.

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