

foot notes

Spring 2012

SOLEDOC

Thoughts

Apology, please

A few days ago, I noticed a high school patient of mine reading Homer's *Odyssey* while she waited. It allowed for an opportune dialog of a diverse nature with a young lady. She found the book laborious, as most high school students do, but she pursued it diligently, as every good student does.

The encounter reminded me of Plato's *Apology/Crito*, as he told of Socrates' trial and subsequent conviction, which led, as we all know, to his fatal drinking of hemlock. Socrates' followers pleaded with and encouraged him to plan an escape, thus avoiding death so that he might continue teaching.

A great crime, this business of teaching how to think for oneself.

Socrates patiently reminded them that being a good citizen was a great responsibility, and the laws should be followed in spite of many objections and rationalizations. If the laws seemed unfair, then the citizens should change them for the betterment of society. (By now, I'm sure my patient wishes she were in class.)

If we look at the basics of being responsible in our own sphere, what a much better life we can live.

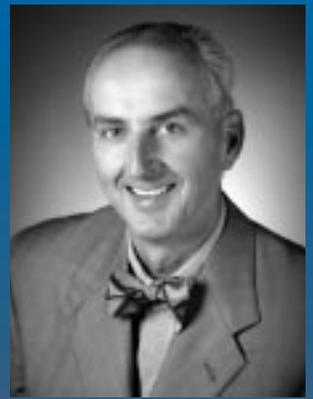
It begins with taking care of oneself in physical and mental health, which allows us to claim full ownership of our lives. This leads to successful careers and families. Good leadership

in health and finances starts in the home with discipline in diet, exercise, education, and being accountable for one's actions.

Driving is a wonderful example of privilege. My experience of driving in Yakima

has become one of exasperation, as drivers run stoplights that are beyond red. They can be observed accelerating as they see yellow. Last I checked, yellow meant caution, not accelerate. These flagrant acts endanger not only those victims immediately involved, but a continuum of family in society as a whole. Is there a difference between shooting people with a firearm with intent to harm or running red lights

Let's take time to challenge ourselves and reflect on being a responsible citizen in all areas of our lives...while looking for opportunity to apply the principles of good citizenship.



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with complete disregard for fellow citizens? Victims are still victims, but shootings receive more attention. There are far more assaults with vehicles than weapons, and yet we just seem inordinately immune to lethal drivers' actions until it is too late. Of course, the solution is to slow down, think, and be respectful of all citizens.

This spring and summer, let's take time to challenge ourselves and reflect on being responsible citizens in all areas of our lives—from health and driving, to voting and, yes, paying taxes—while looking for opportunity to apply the principles of good citizenship. Get up, get moving, and do good things!

Donald W. Orminski, D.P.M.

THANK YOU FOR ALL YOUR REFERRALS. WE APPRECIATE THEM!

Diabetic footwear insight

Improperly fitting shoes for diabetics can lead to ulceration; ulceration can lead to amputation. This isn't a scare tactic—it's the truth.

Foot size, especially width, *can* change over the course of our adult lives. Many don't acknowledge this and are wearing shoes that are too narrow. Have someone trace your foot while you're standing on paper, then put your shoe over top of the tracing. You might be surprised at how you've been cramming your foot.

On the other hand, if you can easily move your finger around the throat of your shoe while you're wearing it, it's too loose. The heel needs to be fairly snug; the front of the foot needs to be a bit looser.

Shoe length should be based off the longest toe, which isn't always the big toe. There should be 3/8 to 1/2 of an inch from the longest toe to the end of the shoe. This allows room for some movement of the toes within the toe box.

Any new pair of shoes will need to be broken in, no matter how comfy at first fitting. Diabetic patients should wear new shoes around the house for only an hour or so at first. Then examine the feet for any changes or potential trouble areas. Gradually increase the length of wear time each day. It should take about two weeks for shoes to be completely broken in.

Fine-grain natural leather is the most breathable and durable shoe material. Medicare only approves one pair of diabetic shoes per year—a durable pair can get you through the year and save you some expense.

Health should take precedence over style. Diabetic shoes are designed to be functional and healthful, although they are becoming more fashionable every day.

For those with diabetic peripheral neuropathy...

It's not only important, it's **imperative** that those with diabetic peripheral neuropathy have their footwear professionally fitted.

Contrary to the old saying, "The customer's always right," the professional who's fitting a diabetic's shoes is the one who needs to be satisfied with the fit. Neuropathy patients will only feel a shoe after it's been compressed, meaning it's too tight.

Shoe laces can be an issue for those with neuropathy in that they're often tied too tightly. One solution is to purchase shoes with elastic on the sides.

...And don't forget about socks

The proper shoes are extremely important to diabetics—so are the proper socks.

One hundred percent cotton or wool socks are not advisable for diabetic patients. These materials may start off too tight, further reducing circulation. After the fibers loosen up, the socks may slide between the feet and shoes, leaving the feet more susceptible to blisters and ulceration. These fabrics stay wet longer, too, which can negatively impact feet.

Purely synthetic socks may not allow sweat to evaporate properly. Sweaty feet can lead to fungal infections, which can be a complication for diabetics.

Synthetics blended with natural fibers are often the best choice of sock material.

Socks should be seamless. Seams can rub against the skin and cause blisters, calluses, and ulcerations. This is even more of a concern for those with neuropathy.

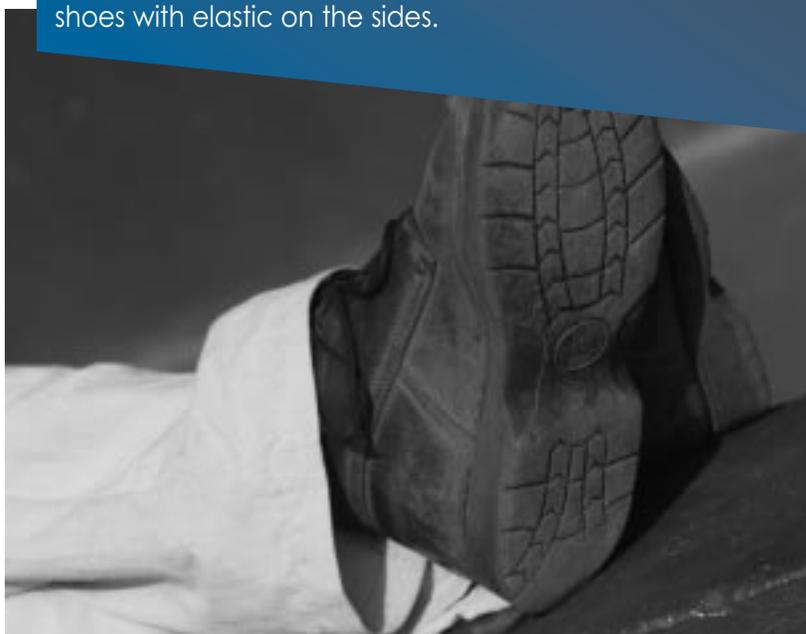
Make sure the socks are the correct size. Socks that are too tight can cause ingrown nails and compress toes, which can lead to ulceration. They also impair circulation, which slows healing.

Also keep in mind that socks may shrink when washed. Allow for that when making a selection.

Socks that are too big can bunch, putting increased pressure on various points on the foot, which can lead to blisters or ulcerations.

Socks and shoes should be fitted simultaneously. Depending on the type or thickness of the sock, the size of the shoe may need to change.

The fit of diabetic shoes and socks is extremely important. Let us help you find the best footwear for your feet to give you the best quality of life—now and in the future.



Spies to the south

The feet and ankles are not islands unto themselves. They can be early-warning beacons to various diseases and conditions that may originate elsewhere in the body.

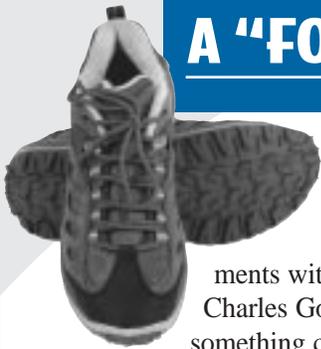
For instance...

- Hair loss on the toes may be indicative of poor circulation.
- Swollen feet and ankles may be a sign of kidney disease or heart problems.
- One suddenly swollen foot could mean a lymph node blockage or deep vein thrombosis.
- Chronic stiffness may indicate arthritis.
- Swollen joints might be a sign of rheumatoid arthritis or osteoarthritis.
- Numbness in the feet or slow healing of wounds may point to diabetes.

- Tingling in the toes or structural changes in the foot could be a sign of a neurological disease.
- Dry, cracked heels may be linked to a thyroid condition, especially when combined with weight fluctuations.
- Toenail color can tell us some things, too (and we're not talking polish). Greenish toenails can indicate a bacterial infection. Black or brown are likely just bruising, but if it persists, there should be a check for melanoma under the nail. White nails, when coupled with nail separation from the toe, might indicate psoriasis, anemia, or lung cancer.

Scheduling regular foot-health appointments with us is a great idea on several levels. Even if your feet and ankles are perfectly healthy, we may be able to alert you to problems elsewhere so you can get them treated as quickly as possible.

A "FOOT"NOTE IN HISTORY



Sneaky, sneaky, sneaky

While conducting experiments with rubber in the mid-1800s, Charles Goodyear stumbled onto something called vulcanized rubber.

Vulcanized rubber retains elasticity in all ranges of temperatures and can be bonded with other materials.

This discovery eventually led to the development of sneakers in the United States sometime in the 1890s. The company that first manufactured sneakers was U.S. Rubber, which bought Goodyear's shoe company in 1892. The rubber soles gave wearers surer footing and were very quiet, unlike clunkier hard-soled shoes, hence the name "sneakers."

The term "sneakers" was allegedly coined by Henry Nelson McKinney, an advertising agent in Philadelphia. However, some say the term was used in Great Britain up to 20 years prior, where the plimsoll, a cruder version of the sneaker, was worn by beachgoers and sailors. The history is a bit murky.

Sneakers were first mass produced in 1917. The brand name originally proposed for them was "Peds" (Latin for "foot"). That name was legally unavailable, so it came down to "Veds" or "Keds." You already know that outcome.

Sneakers were very basic at first—rubber soles with canvas uppers. But they've evolved since then and quickly became a force on the shoe scene. However, if these shoes had first been worn to play basketball on the hardwood, surely they would have been called "squeakers."



A chain is only as strong as its weakest link

Our feet support our weight when standing. They are the first parts of our bodies to strike the ground when walking or running. And strike it they do, bearing 1½ times our body weight with each step when walking and 3–4 times our weight when running. And we haven't even mentioned the work they do in propelling us forward.

If any part of our foot is structurally unsound, out of alignment, or causes pain, it prompts a chain reaction of events. An imbalance or favoring of our foot—consciously or subconsciously—will cause unnatural pressure and wear-and-tear on other parts of the body: the ankles, knees, hips, back. And if spinal alignment is affected, that in turn can cause discomfort in the shoulders and neck. It's not far-fetched to say that a cranky neck might be attributable to the body part that is farthest away.

Caring for one's feet should be a natural part of an overall health-care regimen. Pain and discomfort should not be attributed to "that's just the way it is." Patchwork methods such as Advil or icing don't get to the root of the problem. Your feet aren't supposed to hurt, and that goes for the rest of your body as well.

See us for preventive maintenance. We can help you get a handle on things *before* you experience pain who knows where.

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Achilles tendinopathy

A healthy Achilles tendon enables us to rise up on our toes and push off, a critical element of walking and running. Sometimes, however, tiny tears in the tendon from overuse may cause pain and chronic inflammation at the back of the heel, leading to a degenerative condition known as Achilles tendinopathy.

Causes of Achilles tendinopathy include sports requiring explosive starts and stops as well as jumps; a sudden increase in activity level; training on poor surfaces (hard and/or uneven); deficient footwear; flat arches, which put increased strain on the Achilles tendon; improper warm-up and stretching; and aging (what else is new?), since our tendon becomes less flexible.

Achilles tendinopathy may stem from a single incident, but usually occurs due to a series of stresses that produce small tears over time. It may flare up during physical activity, or it may be more noticeable when standing up after sitting for a while or upon getting up in the morning.

A majority of cases can be managed simply by abstaining from the activity in question for a week or two, and then easing back into regular activity. The RICE method (Rest, Ice, Compression, and Elevation) is a good idea for the first couple of days.

If you don't notice any improvement, give our office a call. We'll conduct a thorough exam and conduct any necessary testing. We may recommend a stretching regimen, over-the-counter pain and anti-inflammatory medications, or an orthotic. You may need to wear different shoes as well.

Don't try to "tough out" this condition. If left unattended, it could lead to a rupture of the Achilles tendon, which means surgery and a lengthy recovery time...and that's no Greek myth.

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