



foot notes

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SOLEDOC

Thoughts

This spring I thought we should talk about cleaning up the messes we carefully construct and deconstruct. Most messes appear to be manageable at first with the proverbial “No problem” answer—until the simple leak in the hot water tank wipes out the entire floor while you are away enjoying a nice respite at the ocean. The puddle didn’t seem like much when you left, but now the \$60,000 repair bill arrives, which is not covered by insurance due to a small clause under “failed maintenance.” Now I am only a guy who has tried my best to keep people walking, keep people on their feet, and help people *keep* their feet, but it seems to me we have a *mucho grande* leak in our hot water tank of education in this state.

Washington State has the fourth-largest number of students per classroom in the United States. There is much talk about education from both Olympia, Wash., and Washington, D.C., but when budgets are cut, education is the first in line.

Your government is thirsty to mandate, but why not mandate and fund education and look to some top performers for examples? For instance, Finland accepts only the top 10 percent of high school graduates for teaching programs, which is a five-year master’s degree with no student debt upon graduation. Only 100 out of 1,100 are accepted.

Our new local high schools are beautiful structures coming along well, but once they are completed, it is the student exiting the door one last day in spring who needs all of our support to go forward with the skills and hope that all dreams are possible. These dreams begin at home and should be perpetuated with real education reform so our children and grandchildren want to open doors.

We need to fix the leak. This fall we can talk about potholes.

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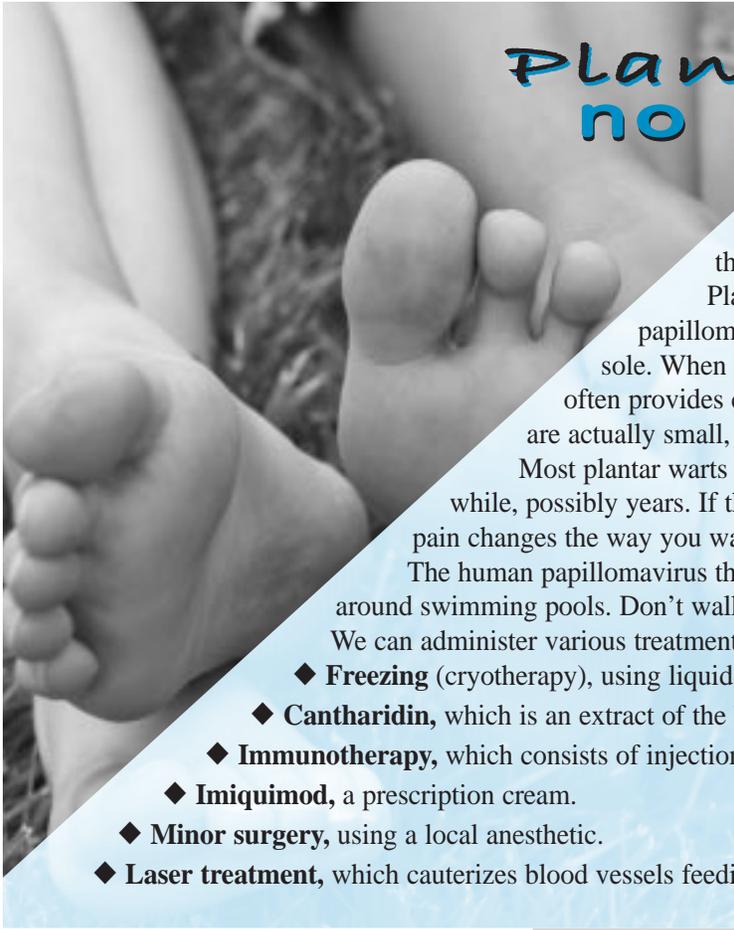
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Plantar warts... no playing footsies

You're on the move (or maybe standing) and feel something bothersome on the sole of your foot—near the heel or on the ball of the foot. Might be a plantar wart.

Plantar warts are small, fleshy lesions caused by a type of human papillomavirus. The virus seeks entry through a crack, scrape, or cut on the sole. When located on a pressure point, the wart may grow inward; a thick callus often provides cover for this interloper. Black pinpoint spots may also be present, which are actually small, clotted blood vessels.

Most plantar warts resolve on their own, without treatment, but they may make you wait a while, possibly years. If they multiply, if you're diabetic (*never* self-treat a plantar wart), or if pain changes the way you walk, which shifts stress elsewhere, then it's time to see us.

The human papillomavirus thrives in warm, moist areas, such as locker rooms, shower floors, and around swimming pools. Don't walk barefoot in these areas.

We can administer various treatments to rid your foot of these nuisances:

- ◆ **Freezing** (cryotherapy), using liquid nitrogen.
- ◆ **Cantharidin**, which is an extract of the blister beetle, often paired with salicylic acid.
- ◆ **Immunotherapy**, which consists of injections to incorporate the body's immune system to attack the warts.
- ◆ **Imiquimod**, a prescription cream.
- ◆ **Minor surgery**, using a local anesthetic.
- ◆ **Laser treatment**, which cauterizes blood vessels feeding the wart, effectively starving it.

Foot and ankle issues can lead to low-back pain

Our body's parts are interconnected. When there's a problem in one area, the effects can be far-reaching. In the case of low-back pain, a person's feet and ankles may be intimately involved.

The feet and ankles are the foundation of our bodies. They absorb the impact of every step we take. When your arches raise and lower in the normal course of walking, the bones of your leg and thigh rotate inwards and outwards. When there's a problem with the feet or ankles, these rotations become excessive in an attempt to compensate. This can lead to increased pressure on the knee, the pelvis, the hips, and eventually the low back. Extra stress transforms into pain.

Maybe you've noticed a change in low-back pain when you wear a certain pair of shoes or when you walk barefoot.

If you are experiencing foot or ankle problems, don't think the discomfort is relegated to the feet and ankles alone. Other symptoms may eventually present themselves, such as low-back pain. Call us to tend to foot and ankle issues promptly, *before* they impact other areas.

In addition, proactive preventive-maintenance visits to our office can head off trouble before it starts. When posture and alignment of the lower body are corrected or maintained, that good vibe will follow the trail leading to the low back—if everything else is in good working order along the way.



Don't allow hammertoes to gain a foothold

A hammertoe is a bending of one or both joints of the “non-big” toes. The toe bends upward in the middle, then curls down, resembling a hammer. It may also invade the personal space of a neighboring toe. The raised part of the toe can cause pain from misalignment and friction, and pave the way for corns and calluses. Ease of walking is diminished, and compensating for the condition may shift pressure elsewhere, causing strain, pain, and fatigue.

Prominent causes of hammertoes are high heels and tight/narrow shoes that jam the toes against the front of the shoe or force them to overlap, preventing them from lying flat. Other instigators include heredity, a previously broken toe, and conditions causing nerve or muscle damage.

At first, a hammertoe is still flexible and may lie flat when the harassing footwear is tossed aside for the day. However, the tendons of the toe tighten and contract over time, leading to permanent stiffness of the toe.

Prevention is the best counter to hammertoes, but if one develops, don't hesitate to call us. We'll guide you in proper footwear selection, recommend orthotics or pads to relieve pressure and pain, or utilize a splint.

Delaying treatment is an invitation to surgery. If the toe has some flexibility, we'll make an incision to release the tendon. If the toe is rigid, we'll remove part of the bone to straighten the toe and possibly insert a pin to promote healing.

Nondietary gout triggers

Various foods can trigger gout attacks (e.g., red meat and alcohol), joint pain caused by the formation of razor-sharp uric acid crystals. However, most triggers are nondietary in nature:

Aspirin. Aspirin drives up uric acid levels. If you are taking aspirin to reduce the risk of heart disease, keep taking it. Just cut back on other triggers to make up the difference.

Dehydration. A lack of water elevates the concentration of uric acid in the blood, which might make your big toe, or other joints, unhappy.

Extra weight. Obesity stimulates the production of uric acid and blocks its excretion.

Diuretics. Diuretics flush water and salt from the system but block uric acid from getting to the kidneys for disposal.

Menopause. The level of estrogen, a hormone that aids the kidneys in excreting uric acid, dips during menopause, enabling uric acid to accumulate.

Crash dieting. Crash dieting is unhealthy for many reasons, but as it pertains to gout, fasting increases the amount of ketones (chemical by-products of fat breakdown) in the body. These compete with uric acid as far as excretion goes.

Injury. An injury can cause a small inflammatory response, which may serve as a catalyst for a gout attack.

Uncomfortable shoes. There's no direct link to gout, but uncomfy shoes are irritants. Think of it as badgering the big toe.

Family history. For better or worse, we're stuck with our family history. Roughly 20 percent of gout sufferers have it through heredity.

Image is everything

Podiatrists utilize various imaging tools to accurately assess foot and ankle health. Here are a few snapshots:



X-rays

X-rays help determine whether a bone is fractured or damaged by conditions such as arthritis or infection. They can also assess bone development, determine if fractures are setting properly, and detect foreign objects in the foot or ankle. X-rays emit minimal

amounts of radiation, so pregnant women are advised not to have them, especially in the first trimester.



MRIs

Magnetic resonance imaging incorporates a magnet and radio waves to produce excellent images of the soft tissue (muscles, tendons, and ligaments) and blood vessels of the foot and ankle. It's not always the best imaging method for bone. It often detects problems that other imaging tools cannot, and no radiation exposure is involved. The

downside is that it is more expensive, it takes 60–90 minutes to complete, and there are certain restrictions on who can get one.



CT scans

Computed tomography is a series of X-rays that take cross-sectional, three-dimensional images of the feet and ankles. It can more accurately portray the condition and exact location of tissue and bone than traditional X-rays. Radiation exposure

is slightly more than that of X-rays.



Ultrasound

This imaging method employs high-frequency sound waves to create images (think radar). It is generally utilized to evaluate soft tissue and nerves, and offers picture quality approaching that of MRIs. The big advantage of ultrasound over MRIs, CT scans, and X-rays is that it can be used while body parts are in motion—images can be

viewed “live.” There is no radiation involved.

When shoes turn deadly

We might not think of the wrong-sized shoe as being life threatening. But for diabetics, it certainly can be.

Ill-fitting shoes are a common cause of foot ulcerations. Shoes that are too long can cause friction ulcers on the heels, the result of the feet sliding within the shoes. Shoes that are too small/narrow cause constant localized pressure on the tops and sides of feet.

A recent study in Scotland, published in the *International Journal of Clinical Practice*, indicated that nearly two-thirds of diabetic patients wore incorrectly sized shoes. At least one-third wore shoes that *were at least one full size too big or too small*.

Another problem related to footwear size is the fact that a majority of diabetic patients do not have equally sized feet. The proper size shoe for one foot does not equal the proper size for the other. Appropriate accommodations are a must.

Those with diabetic neuropathy are even more at risk. The loss of sensation renders patients unable to feel pain or pressure on their feet, at least not adequately.

Foot ulcers can lead to amputation and even death. Patients with diabetes are an eye-opening 10–30 times more likely to undergo a lower-extremity amputation than a nondiabetic patient.

It is imperative that our diabetic patients schedule regular checkups with our office. Bring new shoe purchases to us so we can evaluate their fit. We will also thoroughly measure both your feet each time you visit us to make sure nothing has changed. Patients need to do daily self-checks of their feet to look for trouble spots, even more so for those with neuropathy.

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Smoking doesn't do a body good And that includes your feet

Smoking is a nasty habit, which isn't exactly a news flash. The negative health aspects of smoking are many and varied, and include detrimental effects on the feet. Nicotine constricts blood vessels, particularly the small veins and capillaries in the extremities. This can lead to poor circulation and also neuropathy in the feet, nerve damage that causes loss of feeling.

When a person can't feel injuries they've incurred, even minor scratches, punctures, and ingrown toenails become magnified in importance. The decreased blood flow to the foot elevates the risk of infection and ulceration, since oxygen and nutrients are vital to healing. Those with neuropathy are far more likely to eventually need part of their foot amputated.

Quitting smoking is one of the best things you can do for your feet, not to mention your overall health and pocketbook. If your feet suffer from puffing away, imagine what the rest of your body is going through.



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