

# footprints

An informational newsletter for patients of APMA member podiatrists

Summer 2008

## Happy Feet = Happy Kids

As soon as that last school bell rings for the summer, kids hit the ground running. Whether they are headed to the pool, the beach or to camp, the short time between the end of school and the beginning of summer activities is a great time to pay attention to your child's foot health.

Fun in the sun can end with a day at the doctor's office if the proper safety measures are ignored. So before children catch their first glimpse of the giant slide at the pool, the oversized toys at the park, or the exciting new rides at the amusement park, prepare them with the right footwear and protect them with the right care. Here are a few tips from your podiatrist to make the summer fun and safe.

- Carefully observe your child's walking patterns. Does your child have toes that point in or out, or have knock-knees or other gait abnormalities? These problems can be corrected if they are detected early and treated by a podiatrist.
- Children's feet change size rapidly, so always have your child's feet measured each time you purchase new shoes. Make sure that measurements are done while the child is standing for a more accurate sizing. The best time to buy new shoes is at the end of the day.
- When shopping for shoes, look for stiff material on either side of the heel, adequate cushioning and a built-in arch. The shoe should bend at the ball of the foot, not in the middle of the shoe.
- Never wear hand-me-down shoes.
- Don't buy shoes that need a "break-in" period. Good shoes should feel comfortable right away. For athletic activities, choose a shoe that is designed for the sport your child will be playing.
- Never pack brand-new shoes for your children to wear on vacation.

## Ingrown Nails

"Ouch, my toe hurts." After a season's worth of stuffing them into your shoes, it's no wonder that you might have an ingrown toenail. But treating this common foot problem is a breeze for your podiatrist.

Ingrown nails are the most common ailment of the nails seen by podiatric physicians. An ingrown nail is one whose corners or sides dig painfully into the soft tissue of the toe, often leading to irritation, redness and swelling. Usually, toenails grow out straight, but sometimes one or both corners or the sides will curve and grow into the flesh. The big toe is the most common victim of this condition, but other toes can also become affected.

Ingrown toenails may be caused by any one or more of the following:

- Improperly trimmed nails—Trim your nails straight across and don't round off the corners. Also, don't cut nails too short.
- Shoes that are too tight—Make sure that shoes fit properly and that the toes are not crowded in the toe box.

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- Walking barefoot on pavement, hotel or airplane carpeting, in hotel bathrooms or a locker room and near the pool can expose your child's feet to a host of infections. Always wear a pair of flip-flops or strappy sandals made of soft, supple leather to prevent contracting a bacteria, fungus, or viruses.
- When applying sunscreen, don't forget about putting some on your child's feet. Additionally, always remember to re-apply.
- Watch for clues that your child may be injured. Limping, tripping, and hesitating to bear weight are telltale signs that something may be wrong. Remember that lack of complaints by a youngster is not a reliable sign. The bones of growing feet are so flexible that they can be twisted and distorted without the child being aware.
- Be careful about applying home remedies to children's feet. Preparations strong enough to kill certain types of fungus in adults may irritate kids' skin. Your best bet is to visit your podiatrist for treatment of any infections.

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- Trauma—Stubbing your toe or dropping heavy objects on your toe can result in the nail growing improperly. Also, activities with repeated pressure on the toe (such as running or kicking) can lead to ingrown nails.
- Foot or toe deformities—Bunions or hammertoes, for example, can place abnormal pressure on the sides of the nail.
- Heredity—If anyone in your family has ingrown nails, you may be at risk as well.



Do-it-yourself treatments may be an option in some cases, but often a trip to your podiatrist's office will be the most effective way to find a cure. If you want to try treating ingrown nails at home, and you're sure that your toe is not infected (swollen, hot to the touch, or discolored), your best option is to soak your foot in a warm water bath and then apply an antiseptic and a bandage. If this treatment is ineffective, then a trip to your local podiatrist is the best bet. Do not attempt to "dig out" the nail from the skin at home. You could further damage the skin and the nail and increase the likelihood of infection.

People with diabetes, peripheral vascular disease, or other circulatory disorders must avoid any form of self-treatment and seek podiatric medical care as soon as possible.

If you seek care in the doctor's office, the podiatrist will examine your toe and determine the best treatment for you. If the toe is infected, the podiatrist will prescribe an appropriate oral antibiotic. If the nail is painful and uncomfortable, a simple procedure can be performed in the office that will usually prevent the nail from becoming ingrown again. In this case, after the toe is numbed, a portion of the nail is removed surgically. The doctor can determine how much of the nail should be removed to solve the problem. Other techniques can also be done that will remove the nail root entirely. This treatment can prevent recurrence.

After the procedure, the podiatrist will cover the area with a bandage and you can resume most normal activities. If an antibiotic is prescribed, make sure to take the full dose as directed by the doctor. It may take a few weeks for the nail margin to completely heal, but there are generally no restrictions in activity, bathing, or wearing shoes. Once the anesthetic wears off, there may be some very mild discomfort but rarely does this require pain medicine. A resumption of all activities including sports and exercise is generally permitted the following day. •

## **Plantar Warts:** **A Nagging Little Problem**

Not just found on witch's noses, warts can be a nagging problem on the feet too. Caused by a virus, warts are one of several soft tissue conditions of the foot that can be quite painful. The virus that causes warts often invades the skin through small or invisible cuts and abrasions. Warts can appear anywhere on the skin, but technically only those on the sole of the foot are properly called plantar warts. Children, especially teenagers, tend to be more susceptible to warts than adults; some people seem to be immune.

Most warts are harmless, even though they may be painful. They are often mistaken for corns or calluses—which are layers of dead skin that build up to protect an area which is being continuously irritated. The wart, however, is a viral infection.

Plantar warts tend to be hard and flat, with a rough surface and well-defined boundaries; warts are generally raised and fleshier when they appear on the top of the foot or on the toes. Plantar warts are often gray or brown (but the color may vary), with a center that appears as one or more pinpoint spots of black. It is important to note that warts can be very resistant to treatment and have a tendency to reoccur.

Plantar warts are often contracted by walking barefoot on dirty surfaces or ground where the virus is lurking. The causative virus thrives in warm, moist environments, making infection a common occurrence in communal bathing facilities such as at the gym or pool.

If left untreated, warts can grow to an inch or more in circumference and can spread into clusters of several warts; these are often called mosaic warts. Like any other infectious lesion, plantar warts are spread by touching, scratching, or even by contact with skin shed from another wart. The wart may also bleed, another route for spreading.

Because plantar warts develop on the weight-bearing areas of the foot—the ball of the foot, or the heel, for example—they can be the source of sharp, burning pain. Pain occurs when weight is brought to bear directly on the wart, although pressure on the side of a wart can create equally intense pain.

Self treatment of warts is generally not advisable since most over-the-counter remedies contain caustic acids or chemicals that destroy skin cells. Your podiatric physician can, however, prescribe and supervise your use of a safe and appropriate wart-removal preparation. More likely, however, removal of warts by a simple surgical procedure, performed under local anesthesia, may be indicated. People with diabetes, circulatory, immunological, or neurological problems should be especially careful with the treatment of their warts and seek professional care at all times.

Lasers have become a common and effective treatment for warts. A procedure known as CO2 laser cautery is performed under local anesthesia either in your podiatrist's office or an outpatient surgery facility. The laser reduces post-treatment scarring and is a safe form for eliminating wart lesions. Unfortunately, no matter how warts are treated, there is always the possibility that they may reoccur. •