

## Taking Care of Your Feet

*By Michelle Meadows*

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The human foot has 26 bones, 33 joints, and more than 100 tendons, muscles, and ligaments. With such a complex structure, a lot can go wrong. While some foot problems are inherited, many occur because of years of wear and tear.

Signs of foot trouble include pain, excessively dry skin, thickened or discolored nails, swelling, redness, and unusual sensations. "Consumers should know that these symptoms are not normal," says Joshua Kaye, D.P.M, a podiatrist in Los Angeles. "Whatever the problem is, don't bury it in your shoe and hope it will go away."

Pain in the feet can trigger pain in the legs, hips, and back. Some foot problems can even signal a larger disease, which is why the American Podiatric Medical Association (APMA) suggests that people take their socks off when they go to their primary care physician for a regular checkup. In a recent APMA survey of more than 600 people, 73 percent said their feet were not routinely inspected at doctor visits.

Toenails that are rounded inward instead of outward could signal iron deficiency anemia. Kidney disease, heart disease, high blood pressure, and circulatory problems can cause the feet to swell. Tingling or numbness in the feet and slow-healing wounds could be signs of diabetes or other serious diseases, according to the APMA. Chronic stiffness in the toes could be a sign of arthritis.

"Changes in the structural appearance of the foot can also be signs of abnormalities such as tendon rupture, rheumatoid or osteoarthritis, or neuropathic disease," says Barbara Buch, M.D., acting clinical deputy director of the Food and Drug Administration's Division of General, Neurological and Restorative Devices.

### **Diabetes and the Feet**

According to the American Diabetes Association, about 20 million people in the United States have diabetes, a disease in which the body does not produce or properly use insulin. But while nearly 15 million have been diagnosed with diabetes, another 6 million people are unaware that they have it.

"A problem that seems minor for many people, like a fungal infection or sores on the feet, can become catastrophic in someone with diabetes or other circulatory problems," says Jonathan Wilkin, M.D., former director of the FDA's Division of Dermatologic and Dental Drug Products. Diabetes is the leading cause of non-traumatic foot amputations each year.

People with diabetes may experience neuropathy in the feet, a condition that affects the nerves and the ability to feel pain and heat or cold. "Someone without sensation in the feet can literally step on a nail and not know it," says Amir Assili, D.P.M, a podiatrist in Gaithersburg, Md. Assili says a 28-year-old man who came in complaining of a loss of sensation in both feet was diagnosed with diabetes soon after.

Another major foot problem linked to diabetes is poor blood circulation. High levels of blood sugar damage the blood vessels, making them less able to supply the skin and other parts of the body with blood. Poor circulation interferes with the ability to heal and raises the risk of infection. Minor cuts or even cracks from dry skin can turn into ulcers, small red sores that can become deep and infected. Foot amputations may be necessary when an infection reaches bone and spreads beyond a manageable extent. Doctors normally treat diabetic foot ulcers by cleaning them and applying wound dressings, or with surgical debridement, which removes contaminated tissue from a wound to prevent infection. In severe cases, reconstructive procedures that reshape the foot may be needed to prevent undue pressure on the foot.

During the past few years, the FDA has approved new products to treat chronic foot ulcers that are not responding to standard methods. Examples are Apligraf, made by Organogenesis Inc. of Canton, Mass., and Dermagraft, made by Smith and Nephew in La Jolla, Calif.

"The optimal approach," Assili says, "is to prevent ulcers from occurring through tight blood sugar control and regular visits to an endocrinologist." People with diabetes should also see a podiatric physician at least once a year and practice the basics of good foot care that apply to everyone--wearing comfortable socks and shoes and maintaining foot hygiene. Those who have been diagnosed with decreased circulation or neuropathy with loss of protective sensation should be seen by their podiatric physician more frequently.

Feet should also be checked daily by the patient or family members for any cuts and sores. "Early detection is important because a problem can quickly turn serious," Assili says. People with diabetes and other circulatory problems should never try to treat their own feet, because of the risk of infection.