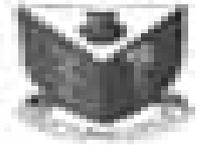


World of Magnets Ltd

In association with the

**The Society of
Chiropodists and Podiatrists**



The Comprehensive Guide to Healthy Feet **Introduction.**

In an average lifetime, we walk about 100,000 miles, which is tough on our feet. Yet our bodies were designed for moving - not standing still, so walking is good exercise for our feet.

Walking helps the muscles and ligaments in our feet to work more efficiently, and helps keep them supple and flexible. So even if you have to sit around a lot in your job, or at home, try to get up and walk briskly for at least 30 mins every day.

Walking comfortably

Feet are adaptable and can withstand a lot of pressure before they rebel. If you walk a lot, it's important to wear the right footwear which won't damage your feet.

THESE SHOES ARE MADE FOR WALKING

Shoes should be flexible enough for walking and fit in the following ways:

Length - there should be up to one centimetre of room left from the tip of your big toe to the end of the shoe.

Width - wide enough to allow the toes to move freely. If too narrow, the toes will rub against the shoe and corns may develop.

Depth - deep enough so the toes don't push against the upper part of the shoe.

A Guide to good foot health.

Getting into a daily routine

Proper foot care is essential to healthy, painless feet, and should be as much a part of your daily routine as brushing your teeth. It's never too early or too late to start caring for your feet, and there's a lot you can do for yourself. If you have diabetes, consult a registered chiropodist/podiatrist for a full check up and advice.

Follow these tips for good foot health.

Wash your feet every day in warm soapy water (don't soak them, as this might destroy the natural oils) and dry thoroughly, especially between the toes.

- If your skin is dry, apply moisturising cream all over the foot, except for between the toes.
- Lightly apply a foot powder.
- Remove hard skin gently with a pumice stone, but not if it is over a boney area or joint. If this is the case, or if the hard skin is painful, consult a registered chiropodist/podiatrist.
- Trim your toe nails regularly, using proper nail clippers. Cut straight across, not too short, and not down at the corners as this can lead to in-growing nails.
- Keep feet warm, and exercise to improve circulation.
- Always wear the right shoe for the job - take a look at our guide to buying shoes.
- Seek prompt treatment for burns, cuts and breaks in the skin, and for any usual changes in colour or temperature. This is particularly important if you have diabetes.

Working Feet.

At Work

The working foot has a lot of demands made on it, and in a normal working day can easily travel fifteen miles. Just standing still can also put a lot of strain on our feet, so we need to take proper care of them, to help prevent injury and keep them working.

There are a number of potential hazards at work which could lead to injury, such as oily or slippery floors, or machines which can crush or burn. Cold working areas like frozen food stores, or wet conditions, can bring additional problems like chilblains or athlete's foot.

Working comfortably and safely

Just as a car needs attention and regular servicing, feet function efficiently only if they are looked after. Try following the SCP 'Guide to Good Foot Health' every day to help prevent problems occurring.

If the Shoe fits

Wearing the right shoe for the job can help prevent accidents and protect your feet and toes from injury.

If you work in heavy industry and have been given an official pair of safety shoes, wear them (they should bear the 'Kitemark' sign which means they meet British standards). Always wear hard-top shoes when operating grass-cutting equipment.

If you are on your feet a lot, you should wear well-fitting, comfortable walking shoes, with thick but flexible soles. Shoes should have a lace-up fastening that holds the heel in place and prevents the toes from sliding into the toe box of the shoe. There should be enough room at the top to allow the toes to move freely. Leather 'uppers' and man-made soles are a good combination. The shoe lining should be wrinkle-free and without rough or obtrusive stitching. If you work in wet conditions, you must wear waterproof footwear and socks which are thick enough to keep your feet warm, but not too tight to affect your circulation.

Never wear loose fitting shoes that may slip on highly-polished surfaces.

Help at hand

For minor accidents at work, apply first aid straight away. Cuts should be cleaned and covered with a suitable dressing, and blisters should be left unopened and covered. Rest any sprains as much as possible. For advice about treating these or more serious injuries, see a registered chiropodist/podiatrist. He or she can also treat any problems that may have developed.

Combating common ailments.

Heel Pain.

When walking, your heels repeatedly hit the ground with considerable force. They have to be able to absorb the impact and provide a firm support for the weight of the body.

When pain develops in the heel, it can be very disabling, making every step a problem, affecting your posture.

Heel pain - the facts

There are various types of heel pain. Some of the most common are: heel spurs (plantar faciitis); heel bursitis and heel bumps.

SYMPTOMS

Heel Spurs: the pain is usually worst on standing, particularly first thing in the morning when you get up. It is relatively common, though usually occurring in the over forty's age group. There are no visible features on the heel but a deep localised painful spot can be found in or around the middle of the sole of the heel. Although it is often associated with a spur of bone sticking out of the heel bone (heel spur syndrome),

approximately ten per cent of the population have heel spurs without any pain.

Heel Bursitis: pain can be felt at the back of the heel when the ankle joint is moved and there may be a swelling on both sides of the Achilles tendon. Or you may feel pain deep inside the heel when it makes contact with the ground.

Heel Bumps: recognised as firm bumps on the back of the heel , they are often rubbed by shoes causing pain.

TREATMENT

Heel Spurs: cushioning for the heel is of little value. Your chiropodist/podiatrist may initially apply padding and strapping to alter the direction of stretch of the ligament. This is often successful at reducing the tenderness in the short term. Your chiropodist/podiatrist may suggest a course of deep heat therapy to stimulate the healing processes, allowing damage to respond and heal faster. In the long term, your chiropodist/podiatrist may prescribe special insoles (orthoses) to help the feet to function more effectively, thereby reducing strain on the ligaments and making any recurrence less likely.

If pain from heel spurs continues, you may be referred to your GP who can prescribe an oral non-steroidal anti-inflammatory. Alternatively, localised hydrocortisone injection treatment may be given by your GP or an appropriate chiropodist/podiatrist. If pain persists, surgery may be considered.

Heel Bursitis: in most cases, attention to the cause of any rubbing, and appropriate padding and strapping by your chiropodist/podiatrist will allow the inflammation to settle. If infection is present, your chiropodist/podiatrist will refer you to your GP for antibiotics.

Heel Bumps: adjustments to footwear is often enough to make them comfortable. A leather heel counter and wearing boots may help. However, if pain persists, surgery may be necessary.

Callus

When we walk or stand, our body weight is carried first on the heel and then on the ball of the foot, where the skin is thicker, .

to withstand the pressure. When this pressure becomes excessive, some areas of the skin thicken, in the form of corns and callus, as a protective response

A callus, or callosity, is an extended area of thickened skin on the soles of the feet, and occurs on areas of pressure. It is the body's reaction to pressure or friction, and can appear anywhere the skin rubs against a bone, a shoe, or the ground.

Walking on stones?

Most calluses are symptoms of an underlying problem like a bony deformity, a particular style of walking, or inappropriate footwear. Some people have a natural tendency to form callus because of their skin type. Elderly people have less fatty tissue in their skin and this can lead to callus forming on the ball of the foot

WHAT TO DO

You can control a small amount of hard skin by gently rubbing with a pumice stone, or chiropody sponge occasionally when you are in the bath. Use a moisturising cream daily. If this does not appear to be working, seek advice from a registered chiropodist (also known as podiatrist) or pharmacist.

If the callus is painful and feels as if you are "walking on stones", consult a registered chiropodist/podiatrist who will be able to advise you why this has occurred and, where possible, how to prevent it happening again. Your chiropodist/podiatrist can also remove hard skin, relieve pain, and redistribute pressure with soft padding, strapping, or corrective appliances which fit easily into your shoes. The skin should then return to its normal state.

The elderly can benefit from padding to the ball of the foot, to compensate for any loss of natural padding. Emollient creams delay callus building up, and help improve the skin's natural elasticity. Your chiropodist/podiatrist will be able to advise you on the most appropriate skin preparations for your needs.

Bunions

The foot is roughly divided into three sections: the hindfoot or heel, the midfoot and the forefoot & toes.

The function of the toes, especially the big toe, is to help us balance, and to propel us forward during walking or running. The 14 bones of the toes are among the smallest in the body, and, not surprisingly, things can and often do go wrong. Some problems begin in childhood and may go unnoticed. Others begin later on in life, perhaps as the result of injury or the added pressure of incorrect footwear.

BUNIONS

What are bunions?

What most people call a bunion is actually known as "Hallux valgus". Hallux valgus refers to the condition in which the big toe is angled excessively towards the second toe – and a bunion is a symptom of the deformity.

“In a normal foot, the big toe and the long bone that leads up to it (the first metatarsal) are in a straight line,” explains podiatric surgeon Trevor Prior. “However, Hallux valgus occurs when the long foot bone veers towards your other foot and your big toes drifts towards your second toe.”

A bunion actually refers to the bony prominence on the side of the big toe. This can also form a large sac of fluid, known as a bursa, which can then become inflamed and sore.

Is it serious?

“Some people have massive bunions that aren’t that painful but cause difficulties with shoes, while others have relatively small bunions that are very painful,” says Trevor. However, just because you have Hallux valgus doesn’t mean you’ll get the bursa.

Pressure from the big toe joint can lead to a deformity in the joint of the second toe, pushing it toward the third toe and so on. Likewise, if the second toe and big toe cross over, it can be difficult to walk.

“Once the big toe leans toward the second toe, the tendons no longer pull the toe in a straight line, so the problem tends to get progressively worse.” explains Trevor.

Who gets them?

“Women tend to get bunions more than men,” says Trevor. “This could be due to the more restrictive footwear they wear, (such as high heels or narrow toe boxes which force the big toe towards the little toes) but women also tend to have looser ligaments, making them slightly more prone.” You’re also more likely to get bunions if your parents or grandparents have them.

What causes bunions?

“No one single cause has been proven,” explains Trevor. “There are a number of causes, and though shoes can exacerbate the problem, bunions do occur in societies that don’t wear them.”

Michael Ratcliffe, a registered podiatrist who specialises in podiatric clinical biomechanics, explains that we walk on the same type of ground all the time, whereas the human foot was actually designed to adapt to varying terrains. In a sense, a bunion is a type of repetitive strain injury. And like repetitive strain injury, some people are more prone to it than others. One theory - though it remains unproven - is that bunions are caused by one or both of the following:

- 1) Because the foot wasn’t designed to constantly walk on a level surface, the ball of the big toe is slightly lower than the ball of the rest of your foot. When your foot meets the ground, the ball of the big toe is pushed up, and the big toe joint can’t bend as well as it was designed to. In order for the big toe joint to bend fully as you walk, your foot rolls slightly over to the side (this is also why people with hallux valgus often get hard skin).
- 2) Also, if your midtarsal joint tends to move from side to side more than it does up and down, the arch in your foot collapses as your foot rolls in. This also makes you more prone to developing bunions.

Such problems can be exacerbated by tight footwear. “Slip-on shoes can make matters worse,” says Trevor. “Because they have to be tighter to stay on your feet, you automatically have less room for your toes. And with nothing to hold your foot in place, your toes often slide to the end where they’re exposed to lots of pressure. Likewise, high heels throw more weight onto the ball of the foot, putting your toes under further pressure.” If you haven’t got a bunion by adulthood and you later develop one, there could be some underlying arthritis.

Gout

Arthritis is a disease of the joints which causes them to become inflamed and stiffen. There are three types of arthritis - Rheumatoid, Osteo-arthritis and Gout.

Gout is the result of an imbalance of uric acid in the body, and affects more men than women.

SYMPTOMS

The main symptom is waking up in the middle of the night with an acute throbbing pain in the big toe, which is swollen. Usually only one of the big toes is affected. The pain lasts for around three or four hours and will then subside and usually not return for a few months. It can be controlled by drugs, which your GP will be able to prescribe. The application of ice or cooling lotions will help during an acute phase.

CHIROPODY CARE

All three forms of arthritis can benefit from chiropody care. Registered chiropodists (also known as podiatrists) work in the NHS and in private practice. They will be able to adapt your existing footwear with orthoses or other appliances, which fit easily into your shoes and help redistribute pressure away from the affected parts.

Made-to-measure shoes can also be prescribed, and registered chiropodists/podiatrists will also be able to advise you on the correct type of shoes to wear, and where to obtain them. Registered chiropodists/podiatrists can also provide protective shields for your toes, or padding to relieve pressure and reduce friction. Any secondary problems, like ulcers or corns, can also be treated. They will also refer you to a specialist for further treatment, if they consider it necessary.

Specialist teams of rheumatologists, chiropodists/podiatrists, physiotherapists, and occupational therapists, along with specialist nurses, will provide the most effective care and treatment for arthritic patients, especially those with rheumatoid arthritis.

Chilblains

Many people suffer from cold feet in winter, but not all of them develop chilblains. Whether they do or not depends to a large extent on the efficiency of the circulation.

Chilblains are small itchy, red swellings on the skin, which can become increasingly painful, can swell and then dry out leaving cracks in the skin which expose the foot to the risk of infection. They occur on the toes, particularly the smaller ones, fingers, the face, especially the nose, and the lobes of the ears. They can also occur on areas of the feet exposed to pressure, for instance, on a bunion or where the second toe is squeezed by tight shoes.

Cold feet

Chilblains are caused by the skin's abnormal reaction to cold. Damp or draughty conditions, dietary factors and hormonal imbalance can be contributory factors. If the skin is chilled, and is then followed by too rapid warming next to a fire or hot water bottle, chilblains may result.

WHO IS MOST AT RISK?

This condition mainly affects young adults working outdoors in cold places or people who do not wear socks or tights in winter. Elderly people, whose circulation is less efficient than it used to be, people who don't take enough exercise, and those suffering from anaemia, are also susceptible.

WHAT ARE THE SYMPTOMS

With the onset of the cold weather, susceptible people will experience burning and itching on their hands and feet. On going into a warm room, the itching and burning is intensified. There may be some swelling or redness, and in extreme cases, the surface of the skin may break, and sores (ulcers) may develop.

WHAT CAN YOU DO?

To help prevent chilblains, keep your body, feet and legs warm, especially if your circulation is poor and your mobility is limited. The whole body, rather than just the feet, needs to be kept warm. Trousers, long boots, tights and leg warmers or long socks will help.

You can also help prevent chilblains if you follow the a regular foot health routine.

IF CHILBLAINS HAVE DEVELOPED

Don't scratch them; soothing lotions such as witch hazel or calamine will take away most of the discomfort.

If the chilblain has ulcerated, apply an antiseptic dressing. If you have diabetes or undergoing medical treatment, have the ulcer assessed by your GP or chiropodist/podiatrist.

If the chilblain hasn't broken you can paint them with a mixture of friar's balsam and a weak solution of iodine, which your pharmacist may make up for you, or an over-the-counter preparation. At night, rub some lanolin ointment well into the feet to help retain heat.

Who Can Benefit from Podiatric Surgery?

Podiatric Surgery is suitable for most patients who need surgical correction of their feet. Conditions included bunions, hammer toes, chronic corns, bony lumps, neuromas or even in the most severe cases, flat feet. As most Podiatric Surgery is carried out as day case surgery using local anaesthetic, it provides patients a solution without a long stay in hospital and with acceptable levels of post operative discomfort.

The most modern internal fixation techniques are used by Podiatric Surgeons, ensuring the patient is usually walking very soon after surgery and in most cases, without uncomfortable, heavy or cumbersome casts on their feet.

As many foot problems that cause patients to regularly visit their podiatrist are due to a fault or bony deformity, they should ask their podiatrist for advice regarding surgery to cure the problem. If they are unsure about surgery under local anaesthetic, then the patient should ask the Podiatric Surgeon or GP about general anaesthetic or local anaesthetic with sedation.

Useful contacts SPECIALIST SHOES

If you're looking for manufacturers of specialist fitting shoes, you can contact the companies below to see what they offer.

British Shoe Manufacturers
5 Portland Place
London
W1N 3AA
Tel: 0207 5808687

British Shoe Corporation
Sunningdale Road
Leicester
LE3 1UR
Tel: 01533 320202

Cosyfeet
The Tanyard
Street
Somerset
BA16 OHR
Tel: 01458 447275
<http://www.cosyfeet.co.uk>

Society of Shoefitters
Farley Court
Farley Hill
Reading
Berks
RGY 1TT
Tel: 01953 851171

Shoe and Allied Trade Association
Rockingham Road
Kettering
Northants
NN16 9JH

Children's Foot Health Register
PO Box 123
Banbury
Oxon
OX15 6WB
Tel: 01295 738726
Fax: 01295 738275

Special Footwear and Orthotics
12 New Cavedish Street
London
W1G 8UN
Tel: 0207 486 4664

Email: cfhr@netcomuk.co.uk
<http://www.shoe-shop.org.uk/>

ECCO
The Granary
Abbey Mill
Business Park
Surrey
GU7 2QW
Tel: 01483 411032

Foot Care Supplies
Specialising in providing professional chiropody products direct to customers.
<http://www.footcaresupplies.com/index.html>