

## Business Executive Brooke

**Age:** 29 years old

**Profession:** Advertising Executive

**Hometown:** Chicago, Illinois

**Complains of:** Blisters on the back of her heel, and a build up of thickening skin on her toes and sides of her feet

**Foot Diagnosis:** Blisters, Corns and Calluses

## Solutions

### How/why:

Because Brooke always has to look her best in the boardroom, when she finds fashionable shoes, she purchases them right away, often sacrificing comfort and function for style. Repeated friction and pressure from her skin rubbing against bony areas or against an irregularity in her shoe caused the corns and calluses to develop. Wearing improper shoes, having excessive moisture in her shoes, and dealing with a wrinkled sock rubbing against her skin has also contributed to the formation of the blisters.

### Long-term effects:

Decreased comfort when left untreated

### How it can be fixed at home:

- As tempting as it may be, Brooke should try not to pop a blister. However, if very painful, she could carefully open a corner of the blister with a sterilized utensil, like a sewing needle. Hold the needle parallel to the skin and poke 2-3 holes in the corner of the blister. She should be careful not to pierce any healthy skin. Then, she should gently apply pressure to drain fluid. Last, she should apply antibiotic cream and cover with a bandage immediately.

- Purchasing an over-the-counter product specifically made for reducing existing corns and alleviating discomfort from blisters could also be helpful for Brooke. The labels on the medications should be read carefully to avoid serious complications.

### What could have prevented this:

- Brooke should buy properly fitted shoes with comfort, function *and* style.
- After soaking her feet in warm water, she should try using a pumice stone or foot file to smooth her calluses (this is only recommended if she's *not* a diabetic).
- Using unmedicated moleskin would help reduce the friction that leads to the development of corns and blisters.

### What a podiatrist could do for her:

- Perform a foot examine to determine the cause of the problem
- Recommend shoes and/or orthotics
- Recommend padding, dressing and friction reducing measures
- Perform general procedures, like draining complicated blisters and/or temporarily removing corns or calluses

## Pregnant Paula

**Age:** 33 years old

**Profession:** Technology Consultant

**Hometown:** Dallas, Texas

**Complains of:** Leg and foot swelling, arch pain, heel pain, fatigue and cramps, pain in her legs and back, and an personally devastating inability to fit into her favorite shoes

**Foot Diagnosis:** Inflammatory conditions, tendonitis, heel pain (a.k.a. Plantar Fasciitis), and foot growth

## Solutions

### How/why:

During pregnancy the body releases a hormone which helps to prepare the body for child delivery. This hormone relaxes the ligaments in the body, including the feet. Since Paula is in the later stages of pregnancy, her tummy has grown and she has gained more weight. This has caused her center of gravity to move from her lower back to the front of her body and she has turned to her feet for stability. This puts undue stress on the tendons, muscles and ligaments in the foot, which contribute to the inflammatory conditions Paula is experiencing. Paula can't fit into her shoes because her feet are swollen now. Even after her pregnancy, after the swelling subsides, her feet may not return to their pre-pregnancy size. In fact, many women find their shoe size has gone up one-half to one full size after pregnancy. So a note to pregnant women everywhere: *Don't spend too much money on new shoes because in a few months they most likely won't fit!*

### Long-term effects:

- Flat foot because the arch has collapsed
- Continued heel pain
- Shoe size remains larger

### How this can be fixed at home:

- Wear comfortable shoes.
- Use over-the-counter arch supports.
- Elevate feet above heart and rest legs often.
- Stretch.
- Begin a supervised exercise program.

### What a podiatrist could do for her:

- Perform a physical examination
- Prescribe support hose
- Prescribe orthotic devices
- Evaluate and treat associated foot problems

## Fashion Diva Fran

**Age:** 23 years old

**Profession:** Assistant Buyer for Contemporary Ready-to-Wear

**Hometown:** New York, New York

**Complains of:** Sharp pains in her heel and arch, and has a painful swelling around her big toenail

**Foot Diagnosis:** Heel Pain (a.k.a. Plantar Fasciitis) and Ingrown Toenail

## Solutions

### How/why:

Her obsession with the latest shoe styles has been doing a number on her feet. Lack of proper support can contribute to heel pain and the higher the heel the less support exists. Pointed toes and narrow fitting shoes also put pressure on toenails, which increase the risk of ingrown toenails developing.

### Long-term effects:

- Normal daily activities become limited
- Continuous pain
- If left untreated, an ingrown toenail can lead to a much more serious infection.

### How her ingrown toenails can be fixed at home:

- On a regular basis, Fran should inspect toenails and trim them straight across as a preventive measure. She should not drastically round or trim the nail corners too short.
- She should keep nails clean and dry, and remove nail polish once a week.
- Fran should also see a podiatrist if there is any redness, swelling, pain, or discharge.

### How her heel pain can be alleviated at home:

- Even though wearing high heels may have contributed to her heel pain, Fran shouldn't walk barefoot. Instead, she should wear shoes with a strong supportive heel and arch. If she *must* wear heels, she should wear shoes with good support

and a low to moderate heel. She may also try varying her heel heights to maintain foot flexibility.

- Exercising and stretching calf muscles and feet daily may also be helpful.

### What could have prevented this:

- Wearing shoes with a wider toe box would help to eliminate the risk of ingrown toenails.
- By cutting toenails straight across without significantly rounding the nail's edges, the likelihood of Fran developing ingrown toenails would decrease.
- Regular stretching and wearing properly fitting shoes and orthotics may reduce the risk of heel pain.

### What a podiatrist could do for her ingrown toenails:

- Surgically remove the ingrown portion of the nail and treat any present infection
- Prescribe appropriate medications

### What a podiatrist could do for her heel pain:

- Perform a foot exam and take X-rays of her feet
- Perform a gait analysis
- Administer/prescribe anti-inflammatories
- Recommend taping and strapping for temporary relief
- Prescribe orthotic devices
- Perform surgery as a last resort

## On-The-Go Mom Molly

**Age:** 35 years old

**Profession:** Mother of Three

**Hometown:** Washington, D.C.

**Complains of:** An enlarged bump at the base of her big toe that sometimes makes it painful to wear shoes

**Foot Diagnosis:** Bunions

## Solutions

### How/why:

Molly's mom has the same bump on the side of her big toe, which is not surprising because bunions can be hereditary. Other causes of this misalignment of the joint can include trauma, biomechanical abnormalities, neuromuscular disorders, inflammatory joint disease, or congenital deformities.

### Long-term effects:

Inability to walk comfortably due to pain, which can interfere with normal daily functions

### How pain can be reduced:

- Molly should avoid tight or tapered shoes that may cause excessive pressure. She should also stay away from shoes with stitching or seams that rub over bony areas.
- Having feet measured every time she purchases shoes is highly recommended to ensure a proper fit. Molly should also look for styles that allow for support with a wide toe box.
- Molly should visit a podiatrist regularly in order to assess and treat her condition.

### What could have prevented this:

- Maybe nothing if it is hereditary. However, proper shoes and orthotic devices could minimize early problems.

### What a podiatrist could do for her:

- Perform a physical examination and take X-rays of her feet
- Recommend padding or taping
- Recommend proper shoe styles and orthotic devices
- Prescribe or administer anti-inflammatory medication
- Perform surgery if needed

## Athletic Anne

**Age:** 25 years old

**Profession:** Medical Student

**Hometown:** Los Angeles, California

**Complains of:** Red, flaky, cracked, itchy skin and her feet are a little smelly

**Foot Diagnosis:** Athlete's Foot

## Solutions

### How/why:

Even though Anne takes care of her body with a workout that includes running five miles, doing 200 sit-ups and completing 100 push-ups, she has to take better care of her feet. Athlete's Foot is a fungus infection that most commonly attacks feet because they are in a warm, moist, dark environment like non-breathable shoes. This fungus can be contagious and is sometimes contracted in locker room showers, swimming pool locker rooms, hotel rooms, and even dressing rooms.

### Long-term effects:

If untreated, the infection will linger, continue to be itchy and painful, and may even become unsightly.

### How it can be fixed at home:

- Anne needs to practice better foot hygiene, including washing her feet daily with soap and water, and drying her feet carefully and thoroughly, especially between her toes.

- She should consider purchasing over-the-counter medication, but must read the label carefully to avoid serious complications.

### What could have prevented this:

- Keeping shoes and socks dry
- Wearing flip-flops in public showers and locker rooms, and socks in hotel rooms and dressing rooms
- Changing shoes regularly
- Always wearing cotton or acrylic socks or hosiery that wick moisture away
- Never sharing shoes

### What a podiatrist could do for her:

- Prescribe topical medications that are stronger and more effective than over-the-counter medication
- Prescribe oral anti-fungal medications
- Culture the skin to determine specific causes