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## High Blood Pressure



### The Podiatric Physician and Cardiovascular Ailments

As a member of the health care team, your doctor of podiatric medicine (DPM) is vitally concerned about hypertension (high blood pressure) and vascular disease (heart and circulatory problems). There are several reasons for this concern. First, because you are a patient, your podiatric physician and surgeon is interested in all aspects of your health and your treatment program. Second, he or she supports the goals of high blood pressure detection, treatment, and control.

Your podiatric physician should know if you have any of the following cardiovascular or related conditions:

#### **Hypertension and/or cardiovascular disease:**

Hypertension sometimes causes decreased circulation. A careful examination is required to determine if there is lower than normal temperature in any of the extremities, absence of normal skin color, or diminished pulse in the feet. The concern is that these are signs of arterial insufficiency (reduced blood flow). Increased or periodic swelling in the lower extremities is important because it may mean that hypertension has contributed to heart disease.

**Rheumatic heart disease:** Persons who have had rheumatic heart disease must be protected with prophylactic antibiotics prior to any surgical intervention. If you take medication for this condition, tell your podiatric physician. Any medication you may be taking for high blood pressure, a heart condition, or any other reason should be reported to the DPM to ensure that it does not conflict with medications that may be prescribed in the treatment of your feet.

**Diabetes:** This condition frequently affects the smaller arteries, resulting in diminished circulation and decreased sensation in the extremities. Let your

podiatric physician know if you have ever been told that you have diabetes, particularly if you are taking medication or insulin for this condition.

**Ulceration:** Open sores that do not heal, or heal very slowly, may be symptoms of certain anemias, including sickle cell disease. Or they may be due to hypertension or certain inflammatory conditions of the blood vessels. Your DPM is on the alert for such conditions, but be sure to mention if you have ever had this problem.

**Swollen feet:** Persistent swelling of one or both feet may be due to kidney, heart, or circulatory problems.

**Burning feet:** Although it can have a number of causes, a burning sensation of the feet is frequently caused by diminished circulation.

### **Control of High Blood Pressure**

High blood pressure is a major risk factor for cardiovascular disease. Uncontrolled high blood pressure can cause fatal strokes and heart disease. As a health care provider, your podiatric physician assists in controlling this public health problem. There are three major areas in which he or she provides this important public service:

**Detection:** Many podiatric physicians routinely take every patient's blood pressure and determine if it is elevated.

**Treatment:** After confirming that blood pressure is elevated and making this information part of the patient's record, the DPM refers all patients with elevated blood pressure to their primary care physicians for evaluation, diagnosis, and treatment.

**Long-Term Control:** By encouraging patients at every visit to adhere to treatment, and by monitoring reductions in blood pressure, side effects of treatment, and referring for reevaluation as needed, the podiatric physician facilitates long-term control.

### **Foot Health Tips**

Diseases, disorders and disabilities of the foot or ankle affect the quality of life and mobility of millions of Americans. However, the general public and even many physicians are unaware of the important relationship between foot health and overall health and well-being. With this in mind, the American Podiatric Medical Association (APMA) would like to share a few tips to help keep feet healthy.

**1.** Don't ignore foot pain—it's not normal. If the pain persists, see a podiatric physician.

**2.** Inspect your feet regularly. Pay attention to changes in color and temperature of your feet. Look for thick or discolored nails (a sign of developing fungus), and check for cracks or cuts in the skin. Peeling or scaling on the soles of feet could indicate athlete's foot. Any growth on the foot is not considered normal.

**3.** Wash your feet regularly, especially between the toes, and be sure to dry them completely.

**4.** Trim toenails straight across, but not too short. Be careful not to cut nails in corners or on the sides; it can lead to ingrown toenails. Persons with diabetes, poor circulation, or heart problems should not treat their own feet because they are more prone to infection.

**5.** Make sure that your shoes fit properly. Purchase new shoes later in the day when feet tend to be at their largest and replace worn out shoes as soon as possible.

**6.** Select and wear the right shoe for the activity that you are engaged in (i.e., running shoes for running).

**7.** Alternate shoes—don't wear the same pair of shoes every day.

**8.** Avoid walking barefooted—your feet will be more prone to injury and infection. At the beach or when wearing sandals, always use sunblock on your feet just as on the rest of your body.

**9.** Be cautious when using home remedies for foot ailments; self-treatment can often turn a minor problem into a major one.

**10.** If you are a person with diabetes, it is vital that you see a podiatric physician at least once a year for a check-up.

Your podiatric physician/surgeon has been trained specifically and extensively in the diagnosis and treatment of all manner of foot conditions. This training encompasses all of the intricately related systems and structures of the foot and lower leg including neurological, circulatory, skin, and the musculoskeletal system, which includes bones, joints, ligaments, tendons, muscles, and nerves.

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