- Katie Johnson: Good morning and welcome to Apple a Day, Lake Regent Healthcare's health and wellness show, where we feature news and information you can use to live a healthier life. I'm Katie Johnson, your host, and my guest today is Dr. Stephen Schmid. He's one of the podiatrists on staff here at Lake Regent Healthcare's main clinic, working closely with our orthopedics and sports medicine team, and of course focusing on podiatry, issues of the foot and ankle. Thanks for joining us today, Dr. Schmid.
- Dr. Schmid: Thank you for having me.
- Katie Johnson: So we're going to talk about just some common foot problems. Considering how much weight the foot bears, it probably is prone to injury and some common foot problems that, when they happen, really are central to our whole being because it's such an important part of ... every step we take, the foot becomes involved, so thanks for taking some time today, we're just going to kind of give you a quiz on how do we spot it, how do we prevent it, how do we treat it on some common foot ailments, and maybe go in alphabetical order. So let's start with athlete's foot. Not just for athletes.
- Dr. Schmid: No, certainly not. No, just about anybody can get athlete's foot. Athlete's foot is actually caused by a fungal infection. It typically happens between the toes, but sometimes you get it on the bottom of your foot as well. The fungi really likes humid conditions, so you can pick them up in lots of places like public showers, locker rooms. A lot of times, they hang out in your shoes, and even in your socks if you don't wash them. So one way to spot it, it kind of looks like dry, peeling skin. Sometimes people are putting moisturizing cream on their skin and it doesn't seem to get any better, peeling between the toes is usually a sign that it's athlete's foot. Things that you can do to treat it, or I'm sorry, prevent it, certainly if you change your socks often. Anytime you're sweating quite a bit and your shoes and your socks are moist, that's a perfect environment for the fungus to thrive. After you're done bathing, make sure you dry your feet and your toes very well. And if you do use public showers or locker rooms, make sure you have a pair of dedicated sandals or something to wear in the shower so that foot is not in contact with the tile floors.

Typical first line treatments for athlete's foot usually are anti-fungal sprays, powders, or creams. A lot of times, you can find this over the counter in most pharmacies, they have a foot care section. The anti-fungal creams are best put on the bottom of the foot. If you have what you think is athlete's foot between your toes, you don't want it to stay too moist between there, so a powder is better or an anti-fungal spray is best.

Katie Johnson:Perfect. So next up, bunions. People have maybe seen some of our advertising
telling a fantastic story about a patient of ours who climbed Mount Kilimanjaro
after having a bunion removed. These can be extremely painful, but can be
treated.

Dr. Schmid: Yeah, certainly. For those of you who don't know, a bunion is if you have basically a hard, painful bump at the base of the big toe towards the inside of the foot. A lot of times, the big toe will start to drift over and push into the second toe right next to it. And it's often caused by tight fitting shoes that force the toes to bend inward. There's also a very strong genetic component to it, so if mom, grandma or somebody in the family has them, there's a chance that you might develop them over time. And typically, we really start to notice them between your 40s to your 60s is when people typically come in and complain of pain.

Ways that you can kind of prevent this from happening or at least from getting worse is to wear shoes that have a wide and a deep toe box. A toe box is where your foot fits into the shoe. You want to just have a little bit of a wider toe box to help prevent that big toe from getting pushed over. Most shoes these days are not designed for the anatomic nature of the foot, it's more for style. The other thing you can do is avoid heels that are higher than about two inches in height. So if you do have that painful swelling or that tenderness near the joint, right at the inside of the big toe joint, likely you do have a bunion. There are a lot of over the counter type treatments for these, usually they're different pads, different ways that you can prevent that from rubbing on the inside of your shoe. I'd recommend a non-medicated bunion pad, but a lot of times, the shoe selection is probably the most important treatment for this conservatively.

Many times, though, conservative treatment isn't quite enough, and if you do have a painful bunion, and it's something that we've tried, conservative treatment's not helping, there are some options to fix them, and yes, it is a structural deformity, and there are a number of different ways to fix a bunion and some of them are, one option that I do offer here is a minimally invasive bunionectomy, where literally the incision is one or two stitches. You're able to walk on it that same day, you're hopefully in a shoe within four weeks, and people tend to do very well. In fact, we had a younger gal who we're doing a marketing campaign with now who had done that minimally invasive approach and she was up and active on it pretty quickly.

Katie Johnson:Yeah. It's a plain impressive story. How about corns and calluses? Those are kind
of pesky little things, but you certainly feel them when you have them.

Dr. Schmid: Yeah. Corns and calluses can happen from a number of different reasons. Usually it's a mechanical problem. So it's excessive pressure and excessive rubbing. So you're going to find those in places where you might have a little bit of a deformity of the foot or if you don't have quite enough padding or if you're walking and shoe's just a little bit off. So calluses and corns are basically areas of thickened skin on the foot. Ways to spot it, it's kind of a rough, dull areas of skin, sometimes it's raised or round. Some people will confuse them with warts on occasion. Really, the way to prevent corns and calluses from happening is to, again, find a good fitting pair of shoes, something with good support. Oftentimes, especially if corns and calluses are in the toes, kind of a wide and deep toe box.

The other options are over the counter pads, corn pads, gel pads, toe spacers or separators that can be used, and you can find those in just about every pharmacy that has a foot care section. Those are all good first line options for corns and calluses. On occasion, we can certainly shave them or trim them down for you, but a lot of times, we evaluate the structure of the foot and determine, what's the underlying problem, and we try to address that in the office. Katie Johnson: Good. Next one is one I'm a little bit concerned about for myself. Hammer toe. Dr. Schmid: Yeah, so hammer toe, it usually happens on the little toes and it happens when the toe starts to kind of curl up and back. Usually this happens because of basically a mechanical imbalance of the toe. There are a lot of tendons that run into the toes, and if, for example, you have a flat foot or you just have a slightly off positioning of the foot, it gives a mechanical advantage to one set of tendons over the other, so the toe will start to contract over time. Typical first line treatment for hammer toe, a lot of times again, and this seems to be a common theme on this talk, is finding shoes with a little bit of a wider and a deeper toe box to accommodate for their toes. There are also, again, a number of pads and splints that can be worn, a lot of them over the counter type stuff. I do dispense a few of them in the office here that help either straighten out the toe or pad the toe so that it doesn't abnormally rub in the shoe. If those don't work, there are ways to straighten out the toe surgically, and it's a minor procedure that you are up and walking on that foot the same day and just takes a couple weeks to heal. Katie Johnson: Yeah, based on this, I think we might have to do a show on finding a good shoe fit because that sounds very important. Ingrown toenails, another common foot problem. Pretty easy to spot, I think, with that tenderness where the nail meets the skin of the toe, but how do we prevent and treat those? Dr. Schmid: Yeah, again, usually ingrown toenails, it's pain along the side border of the nails. Usually, it happens in the big toenails. A lot of times, you might notice some swelling and redness, even maybe some drainage coming out of there, redness, signs of infection. Ways to prevent you from getting these, usually it's about trimming your toenails straight across, no shorter than the top of the toes. Avoid rounding off your toenails when you cut them. A lot of times, what will happen is you'll cut the nail, but you'll miss a little piece on the corner, and that spike kind of gets caught in there and it now becomes ingrown because of that. So you want to make sure you're cutting them straight across. Wear shoes that are not too tight fitting. That rubbing of the shoe can cause that nail to become ingrown. Ways that we treat this, oftentimes, I have patients that come in and have done bathroom surgery, and it typically doesn't go too well. If you do get an ingrown toenail and it's causing you pain, certainly come in and have it addressed, and a lot of times, we do remove it here in the office. I numb up the toe, after that,

you don't have any pain, and oftentimes, I get patients that'll come in who'll say, "I should have had this done months ago." There's more anxiety over it than I think there should be, but people tend to recover very well from it.

Katie Johnson:Easily treated. Plantar fascitis. Kind of a big medical term, but a common
problem affecting the heel of the foot, as I understand it.

Dr. Schmid: Yeah, so this is a really common problem, I see several of these a day every day. It's basically the plantar fascia is a ligament that connects on the bottom of the heel bone and runs along the whole bottom of the arch of the foot, and people will get a small tearing of this ligament and it can be from wearing a bad pair of shoes, working on hard concrete surfaces all day, and actually a tight Achilles tendon leads to this as well. It's very painful, it's like a sharp pain on the bottom of the heel. Most the time, people have pain upon first getting out of bed in the morning or standing after periods of sitting. It usually gets a little better when they've walked on it for a few minutes, but gets worse as the day goes on with activity.

Ways that you can prevent this from happening, wearing a supportive shoe. A lot of times, a poor fitting pair of shoes will lead to this. Something with a firm, what we call heel counter, the part of the shoe that goes along the back of the heel, and something not too flimsy. Finding a good arch support can also be helpful. Not those foot cushions that you find in the store, but something that actually has a firm arch to it, and then certainly icing, taking an anti-inflammatory like Ibuprofen, and doing some stretching exercises of the Achilles tendon can help with this. And certainly if you're trying those and you're still having pain, there are plenty of things that we can do here in the office that can make that feel better.

Katie Johnson: This one makes me cringe a little when I see it. Toenail fungus.

Dr. Schmid: Yeah, so toenail fungus is another really common thing that we see, and especially as you start to become a little bit more elderly or if you have any other medical problems, a lot of times, that will pre-dispense you to getting toenail fungus. Really, the good ways to spot this, nails are kind of yellow, thick, sometimes you get just, it gets brittle, you get this debris that forms underneath the nail, and it can happen to one nail, it can happen to multiple. It takes usually a while for it to spread to all the toes.

Ways you can prevent this from happening. Certainly, you want to change your shoes and your socks regularly. Again, that fungus loves to hang out in that warm, wet environment, so you want to try to keep your feet dry. Sometimes putting a foot powder on will also help with this. Again, wearing sandals in showers, in public showers, I should say. If you do get pedicures, make sure that it's at a licensed salon that uses sanitary practices, so they should be sterilizing their instruments between every person that they use, including the foot bath that they soak your feet in because that's a really common place to spread that fungus.

If you do feel like you have a toenail fungus, there are some over the counter type medications that you can buy, there are topical medications you put on the nail. Quite honestly, they're not terribly effective, especially if the nails get very thick, but I think it's a good first line option. There are other options of treating a toenail fungus, and there's an oral medication that does a very good job of it that I often prescribe, but if you feel that the over the counter stuff is not helping, certainly come in and we can take a look.

Katie Johnson:Perfect. And finally, warts. Common problem anywhere on the body and
anywhere on the foot, particularly when they're on the bottom foot, though, we
see plantar warts too.

Dr. Schmid: Yeah. And plantar warts are another pretty common problem that I see. It's caused by a virus, the virus is in the environment. It's in public showers, it's in the soil, you can pick it up lots of places, and some people are, I think, genetically predisposed to getting these more so than others. But they can spread, so if you do have warts, you want to make sure that you clean out your shower with bleach and take a couple preventative measures so that you're not spreading those to other members of your family.

The other thing is certainly keeping your feet dry, preventing them from cracking open, and that's how that virus gets into the skin. A lot of people will mistake warts as calluses, but they are kind of ... it kind of looks like a callus, but you have skin lines on the bottom of your feet like you do for fingerprints, and oftentimes, those skin lines don't run through a wart, but they will run through a callus, so that's one good way to determine the difference. So usually if you have a wart, there are over the counter medications, usually an acid based medication or a couple medications that freeze the wart and they can sometimes be effective, so that's a good first line option. Also, applying a small piece of duct tape right over the wart, duct tape is very occlusive, and it actually cuts off the oxygen to the surface of that wart. You just want to make sure that that duct tape is about the size of the wart and not too much larger.

But if you feel like these are not helping, there are a number of ways that we do address this in the office. They're very difficult to treat on your own and even with professional help, but we usually get rid of them pretty quickly.

Katie Johnson: Well, this is great information about a lot of common foot problems. Anything else you want our listeners to know about any of the things we've talked about here or foot health in general?

Dr. Schmid: Well, I think it's important to know that foot pain is not normal. Some people think, "Oh, I just have pain and that's how it is." And usually if you have pain in your foot, there is a way to treat that. And you said it earlier, Katie, that when your feet hurt, your whole body hurts, and I hear that very commonly with my patients. So if you do have foot pain, that's not normal, and know that there's likely a treatment to help fix that.

- Katie Johnson: And we're certainly very fortunate to have a team of podiatrists here at Lake Regent Healthcare. Dr. Steve Schmid and Dr. Naomi Schmid working within the orthopedics and sports medicine department here right on the first floor of the main clinic in Fergus Falls. Thanks for sharing your time and your expertise with us and for helping so many people with their foot problems. We appreciate it.
- Dr. Schmid: Thank you for having me.
- Katie Johnson:Dr. Steve Schmid and Katie Johnson on Apple a Day today reminding you there
is so much to do here. Stay healthy for it. Have a great day.