

Learn how to treat your feet when they stray into unhealthy territory

by R.J. Ignelzi

As the temperature climbs and the clouds clear, everyone enjoys kicking up their heels and going footloose and shoe free.

TAKING STEPS - Learn how to treat your feet before they meet the street. CNS Photo by Earnie Grafton. But after weeks of summer sandal use, your tender tootsies should be looked after. Minor maladies often can be remedied by a good pedicure or some simple TLC. But, when the problem escalates to pain and possible infection, it's time to see the podiatrist. (Diabetics should always seek a doctor's care and not attempt home treatments.)

Here's a look at what you may find when you bare your soles and how to get a foothold on the problems:

BUNION

This bony outgrowth at the base of the big toe joint is often tender and swollen. Bunions can be an inherited deformity exacerbated by tight, pointed, high-heel shoes.

"If other females in your family have bunions, there's a good chance you will, too," says Dr. Karen Anderson, a podiatrist at Scripps Memorial Hospital in San Diego.

What you can do: Switch to flat shoes that are wide across the toes and ball of the foot. Open-toed sandals should offer some relief. Have leather shoes spot stretched at the big toe joint.

A toe-spacer, a small cushion placed between the first and second toes, may help keep bones straight so that the bunion won't get worse. Ibuprofen or naproxen can help reduce inflammation.

When to see a doctor: A bunion won't disappear on its own, so get to a podiatrist when there's persistent pain.

Ultrasound and massage can help calm the inflammation. Orthotics, special corrective insoles, can be prescribed to help support the foot. Surgery should be a last resort. A bunionectomy involves not only shaving off the existing bump but also breaking and repositioning the bone of the big toe to prevent a recurrence. It can take several months before the swelling eases enough to wear street shoes again.

CORNS AND CALLUSES

Calluses are hardened layers of skin that build up in response to friction. A corn is a callus on the top or end of a toe. Shoes that are too tight or too loose can be the culprit.

What you can do: Wear shoes and socks that fit properly and don't rub and irritate. Dr. Clifford Wolf, a podiatrist at Palomar Pomerado Health in San Diego County, suggests soaking feet in 5 tablespoons of dishwashing soap dissolved in warm water for five minutes at least three times a week. Then gently scrub off the loose skin with a thick emery board (the type designed for acrylic nails) and apply a moisturizer.

Don't use a razor to shave down calluses, because it could cause an infection. Caution is urged when using chemical corn and callus removers because these products may cause burns and blistering.

When to see a doctor: If a corn or callus persists or becomes painful despite self-care efforts, a podiatrist can pare down thickened skin or trim a large corn with a scalpel. Orthotics may be prescribed to prevent recurring corns and calluses if there's an underlying foot deformity.

HAMMERTOES

This is a deformity of the toe joints in one or all of the middle toes, which causes them to bend into a clawlike position. Eventually, this can get painful and interfere with walking.

People with high arches or long second toes are more likely to develop them, and they're often caused by an inherited imbalance in the muscles of the foot. The problem is exacerbated by wearing shoes that are too short or heels that are too high.

What you can do: Hammertoes can cause corns to form on top of the clawed toes that rub against shoes. (See recommended corn treatments above.)

Metatarsal pads can be placed in the shoe just behind the weight-bearing ball of the foot. The pad will push on the metatarsal, relaxing the toe's tension and help it lay straighter, Anderson says.

Wear shoes with ample room in the toe box or have the shoes spot stretched at any pressure points. Over-the-counter flexible toe straps can give temporary relief by straightening toes so they don't bunch up inside shoes.

When to see a doctor: You need to see a podiatrist if there's pain and you're having trouble balancing on your tiptoes, Anderson says.

If your toe has become tight and inflexible, you may need surgery. The procedure used will depend on how much flexibility is left in the toe. The surgeon may simply make an incision and release the tendon or realign the tendons and remove some pieces of bone to straighten the toe. It can take five to six weeks after surgery before you're able to wear street shoes again.

INGROWN TOENAIL

The edge of the nail cuts into the skin and can create pain and swelling. If the ingrown nail causes a break in the skin, an infection can set in.

Ingrown toenails can have a genetic link, but can also be caused by trauma or pressure on the toe. Cutting the toenails too short can encourage the skin around the nail to fold over it, and tight shoes can exacerbate the problem.

What you can do: Cut toenails straight across, with no rounded corners and not too short. Finish the edge with an emery board and clean the toenail grooves gently with a sterile orangewood stick.

To treat an ingrown toenail, soak it daily in warm water to soften the nail, then press a few strands of absorbent cotton under the nail to keep it from cutting the skin. Follow up with a topical antibiotic ointment. Keep this up until the nail grows out. Wear sandals or shoes with plenty of room in the toe box.

When to see a doctor: If the nail continues to be a problem or if you suspect an infection, get to the podiatrist.

In a simple procedure to help alleviate pain, the doctor may numb the toe and remove part of the nail. To permanently prevent the recurrence of an ingrown nail, the doctor can remove all or part of the nail bed. Normal activities can usually be resumed in a day or two.

PLANTAR WARTS

Growing on the soles of the feet, plantar warts are flat and light-colored with tiny dots and usually develop on the heels or balls of the feet. They're caused by a virus, and they are slightly contagious and thrive in warm, moist environments such as shower floors and public swimming areas.

What you can do: If a wart is small and painless, just leave it alone. Warts usually disappear by themselves within a year or two.

If the wart hurts or is persistent, try an over-the-counter wart remover. These usually contain salicylic acid, so follow directions carefully to avoid a burn. Some doctors, including Dr. Kent Feldman, a podiatrist at Sharp Memorial Hospital, recommend covering the wart with duct tape for six days, then soaking the foot in water and gently rubbing the wart with an emery board or pumice stone. Repeat the process for a couple of months until the wart goes away. It's believed this irritates the wart and surrounding skin, prompting the body's immune system to attack.

When to see a doctor: If the warts are painful or persist despite treatment, see a podiatrist. A doctor can freeze the wart with liquid nitrogen, which causes a blister to form around the wart and the dead tissue sloughs off within a week or so.

TOENAIL FUNGUS

This fungus infection of the nail causes discoloration and thickening under the nail. It not only results in unattractive nails but also can cause pain and even infections of the nail bed. Nail fungus usually develops on nails continually exposed to warm, moist environments, such as sweaty socks and shoes or shower floors.

What you can do: As a home remedy, Wolf suggests brushing some Tinactin powder, an over-the-counter antifungal powder, into and around the nail with an old toothbrush.

Remove nail polish before treating nails for fungus since the polish slows down the treatment. It can take six to nine months for damaged toenails to grow out completely. Once you've had nail fungus, you're at high risk for it. Always wear flip-flops in the locker room. Change shoes and socks often. And take precautions when you get a pedicure.

"Buy your own tools to bring with you to a pedicure. That way you can wash them with soap and water or alcohol and you know they're clean," says Dr. Dean Nakadate, a podiatrist at Scripps Clinic.

When to see a doctor: In addition to shaving down the thick nail created by the fungus so shoes fit more comfortably, a podiatrist can also prescribe medications. Two oral treatments, Sporonox and Lamisil, help a new nail grow free of infection in eight to 12 months. There's a small risk of liver damage with use of the oral antifungal drugs, so blood liver tests are usually a prerequisite to taking these meds.

Penlac, a prescription topical treatment for nail fungus, is less effective, curing less than 10 percent of the patients using it.

This common, stubborn, itchy fungal infection is most often seen between the toes and is somewhat contagious. The infection can result in cracking and peeling skin that may burn. The fungus thrives in damp socks and tight shoes and spreads in warm, moist places such as public showers and gyms.

What you can do: To prevent it, keep your feet clean and dry. Always dry your feet thoroughly after bathing, especially between the toes. Avoid snug, poorly ventilated shoes and damp, sweaty socks. Wear sandals when you can. Instead of cotton socks, wear socks of material that wicks moisture away. Use an antifungal powder or spray daily.

Anderson recommends using over-the-counter treatments until the fungus clears, plus another two weeks.

When to see a doctor: If you have foot fungus that doesn't improve or worsens after self-treatment, see a podiatrist who may culture the skin to determine if symptoms are caused by athlete's foot or another skin disorder. A potent antifungal medication can be prescribed to treat stubborn cases.

Librarian Beth Wood contributed to this article.

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