

# Feet Fix'n

Winter 2013

*Serving the Community for over 15 Years!*



## Make sure the gift *keeps on giving*

Not all gifts come wrapped up in fancy paper with a bow on top. Good foot and ankle health is one such gift. Each of us can choose to maintain it, or we can choose to neglect it. It's up to us.

We are here to partner with you if you don't want to take your feet and ankles for granted or suffer in silence. We can perform foot and ankle exams, treat everything from ingrown nails to ankle fractures to diabetic foot wounds, and recommend

footwear or prescribe orthotics, among a host of other services.

We are honored to serve you and are grateful for the trust you have placed in us. Without our patients, we wouldn't be able to practice what we love to do—optimize your foot and ankle health. Ours is a relationship we take very seriously.

May you enjoy this wonderful time of year, and have a blessed 2013.

**Dr. Nancy A. Jagodzinski**

Board Certified  
Podiatric Physician & Surgeon



## Plantar fasciitis in athletes and others

Plantar fasciitis, which results in heel pain usually felt with the first steps of the morning, is inflammation of the fibrous band that runs along the bottom of the foot from the heel to the toes.

This ailment is often caused by overuse. Athletes who suffer from this injury may have overstepped their bounds a bit in training, or they may have suffered an injury, such as a pulled calf muscle, which has led to plantar fasciitis. In other situations, an arch that is very low or exceptionally high may be the cause of the problem.

### In athletes

For athletes, the injury should be iced immediately. The athlete should abstain from activity until the discomfort is gone. Splinting and taping are often prescribed to help the plantar fascia recover. Exercises that stretch the plantar fascia are frequently recommended to avoid a repeat of the problem.

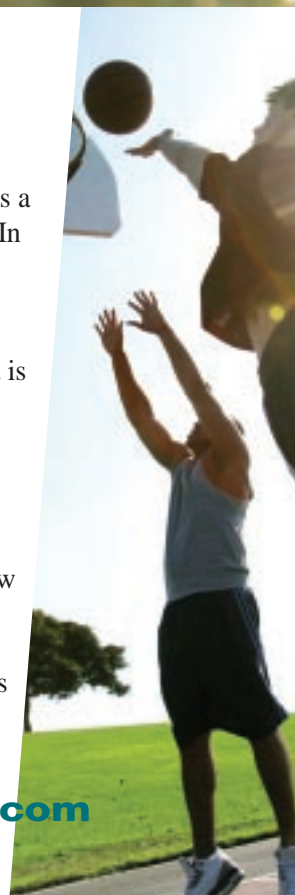
### In others

Plantar fasciitis has become so common, it has been referred to as an epidemic. One reason for this may be the "graying of America." Plantar fasciitis tends to affect people between the ages of 40 and 60, and this age group now makes up the largest percentage of our population.

Often, this problem can be treated conservatively to relieve pain. Orthotics, therapy, anti-inflammatory medications, and other treatment modalities may all be attempted before resorting to surgery. Indeed, many patients who undergo conservative treatments are pain-free within a year.

Surgery to release the plantar fascia is generally only recommended when conservative treatments have failed.

**Request an appointment at our website—[www.feetfxn.com](http://www.feetfxn.com)**



# Do blisters rub you the wrong way?

Blisters are caused by excessive, repeated friction on the skin. Over time, the top layer of skin separates from the second layer. Fluid fills the space between these layers of skin to provide protection from continued rubbing, causing the bubble appearance.

Blisters can be painful and serve as a platform for infection. They can also change the way we walk or run. This can lead to unnatural pressure on other parts of the body, resulting in fatigue or injury.

Poorly fitting shoes and excessive moisture are culprits in blister formation. Moisture-wicking socks made of synthetic blends (e.g., polypropylene) can help reduce friction and keep feet dry. When engaging in physical activity, always have a spare pair on hand.

Anti-blistering products include petroleum jelly, anti-chafing lubricants, and drying agents such as foot powders and prescription antiperspirants.

When treating a blister, the goal is to ward off infection and promote healing. Signs of infection include pus draining from the blister, very red or warm skin around the blister, and red streaks leading away from the blister. If your blister appears infected, it's time to call our office for an appointment.

Small unbroken blisters that don't cause discomfort can simply be covered with a Band-Aid. Larger, painful blisters may need to be drained. While some patients may attempt to drain a blister with a sterile needle, we suggest you schedule an appointment with our office for an evaluation of your situation, especially if you are diabetic. **(If you are diabetic, never self-treat a blister.)**

Blisters are persistent foes. Vigilance on your part can keep them at bay.



## Reducing the risks of falls for seniors

Our feet are our base of support. When that base of support is impacted by foot and ankle disorders, balance can be affected when standing and walking. Poor balance may lead to falling, a concern that mounts the older we get.

As we age, muscle tissue thins out and foot and ankle muscles weaken; arches falter, resulting in flatter feet; bunions become more likely; and hammertoes and claw toes are more apt to develop. Any one of these conditions can tip the first domino in a chain reaction that leads to balance issues and falls.

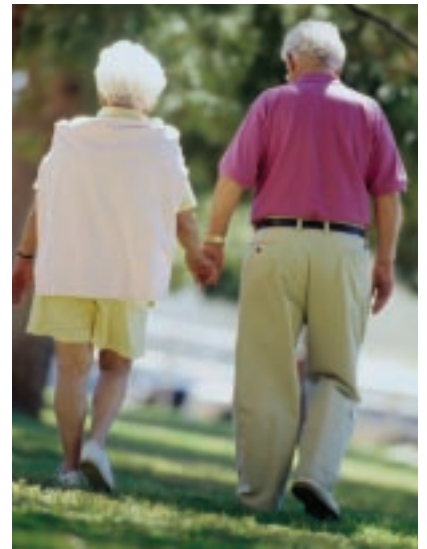
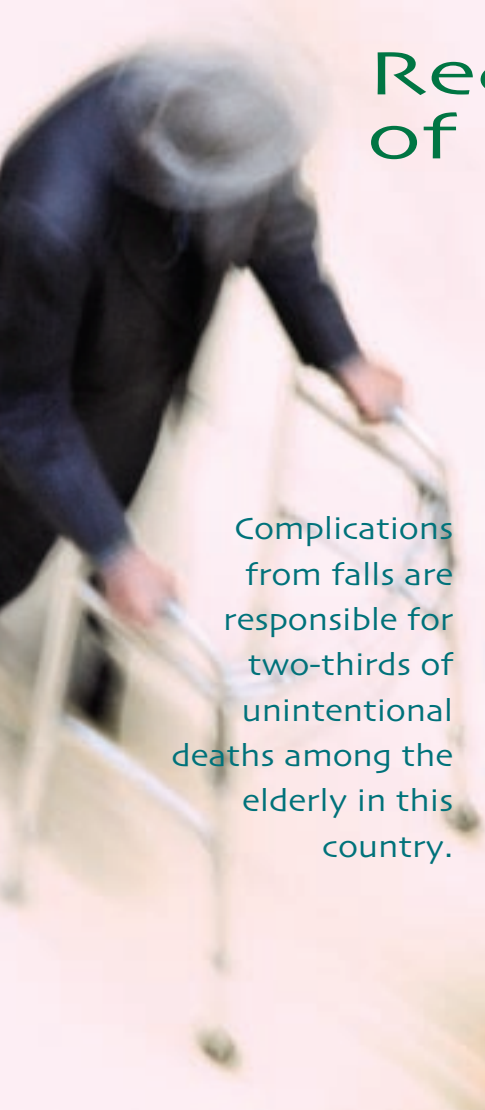
Improper footwear plays a significant role in falls, too. High heels, narrow heels, and excessively thick and soft soles have negative consequences for feet. Shoes with a low, broad heel and thin, firm midsoles are well-suited for feet. Falls also tick upward when seniors shed their shoes and go barefoot or just wear socks (or slippers).

If you're a "seasoned citizen," scheduling a visit with our office—preventive or otherwise—is one of the smartest things you can do. We can recommend a regimen of exercises for your feet and ankles to improve strength and flexibility, guide you in footwear selection and orthoses, and correct functional abnormalities.

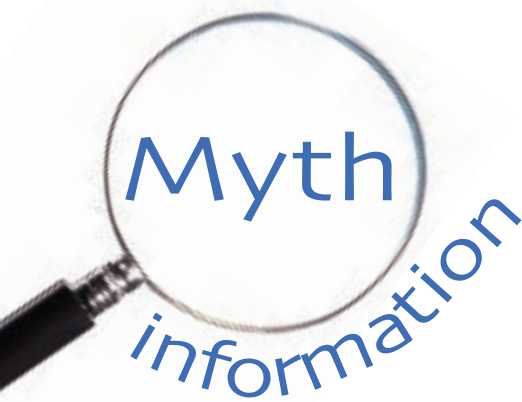
One in three people age 65 and older will suffer a fall, and 15 percent of those falls result in injuries requiring hospitalization. Complications from falls are responsible for two-thirds of unintentional deaths among the elderly in this country.

Seemingly minor foot and ankle conditions should not be ignored. Prevent a possible downward spiral by having these matters tended to promptly and efficiently.

Complications from falls are responsible for two-thirds of unintentional deaths among the elderly in this country.







There are some off-track ideas out there concerning foot and ankle conditions and treatments. Allow us the opportunity to straighten a few of them out:

**Myth #1. If you have a foot or ankle sprain, fracture, or dislocation, apply heat immediately.** Truth is, don't apply heat at all. Heat promotes blood flow, which increases swelling. Swelling puts pressure on nerves, resulting in more intense pain. Ice it instead—every two to four hours, no more than 20 minutes at a time, the first two days after sustaining it. If there's no improvement after 48 hours, give us a call.

**Myth #2. A "fracture," a "break," and a "crack" all mean something different.** Actually, these are all equally valid terms to describe a broken bone.

**Myth #3. If you break a toe, immediate care isn't necessary.** A simple fracture of a toe is painful, which a podiatrist can readily address. Some fractures need to be realigned to assure complete healing. Neglecting treatment may lead to a deformed toe and painful corns. Prompt podiatric attention is always strongly advised.

**Myth #4. "It can't be broken, because I can move it."** This falsehood has kept many people from seeking proper treatment. Chip fractures of foot or ankle bones and toe fractures don't necessarily prevent you from moving these body parts.

**Myth #5. Foot and ankle pain is a natural part of aging.** Pain is not "just the way it is." There is a wide assortment of treatments to ease your foot and ankle discomfort, and plenty of preventive measures as well. Properly fitting footwear is a good start to healthier feet and ankles.

## PREGNANCY'S EFFECT ON WOMEN'S FEET

Pregnancy can be a joyous time for a woman, but there may be a "few" discomforts along the way, including the feet and ankles.

Weight gain will alter an expectant mom's center of gravity, which adds up to extra pressure on feet and ankles, causing muscle fatigue and flattening of the arch. When the foot flattens, the feet roll inward (overpronation), placing severe strain on the plantar fascia; sharp heel pain may result.

Left untreated, flat feet can also cause metatarsalgia—pain on the ball of the foot. However, proper footwear is an ally. Comfy athletic shoes provide needed arch support. Orthotics can cushion the heels and the balls of the feet, and support the arch.

Swelling of the feet, or edema, typically occurs in the third trimester. Altered circulation and a surge in hormonal activity result in blood pooling in the feet and ankles. Elevating the feet as often as possible, wearing socks that won't interfere with circulation, walking, stretching, proper diet, and good hydration are helpful countermeasures.

Foot cramps may also be a nuisance. The best way to handle one is to walk it out. If one strikes in the middle of the night—and you don't feel like getting up—try pressing on the arch of your foot with both hands...if you can reach that far.

Swelling in the feet may necessitate a temporary upping of shoe size to stay as comfortable as possible.

Don't let foot pain distract you from this otherwise wonderful time of life. We can help...we're only a phone call away.

## Metatarsalgia — *Ball-of-the-foot pain*

Metatarsalgia is a condition that causes pain in the ball of the foot. The metatarsals are the five bones that extend from the ankle to each of the five toes. The metatarsal heads (the ends of the metatarsals) are in the ball of the foot. Working in concert, they form the metatarsal arch.

When we step, the metatarsal arch flattens, functioning as a shock absorber. If one of the metatarsal heads sits lower than the others, it will bear an inordinate amount of stress with each step and may eventually become inflamed and sore. Because it has dropped, it will displace the fat pad, which cushions the foot and underlying skin.

People with loose ligaments, tendons, and muscles are more susceptible to improper alignment of the metatarsal heads. Those who wear high heels elevate their risk for metatarsalgia, since the angle of the shoe creates greater downward pressure on the metatarsal arch. Injuries that are not properly treated may heal in an abnormal position, allowing a metatarsal head to drop.

Other causes include aging, as the fat pad deteriorates; a sudden sharp impact under the ball of the foot; certain diseases (e.g., rheumatoid arthritis); a stiff ankle or Achilles tendon; bunions; irregular walking patterns; and high arches, to name a few.

Rest, icing, avoidance of high heels, forgoing barefoot walking, and dropping excess weight are good starts to easing or preventing the sting of metatarsalgia.

We can also help with custom orthotics to rebalance your foot and add proper cushioning to restore order. Occasionally, surgery may be the best path to healing.



Dr. Nancy A. Jagodzinski  
Ankle & Foot Center of Fox Valley  
620 N. River Road, Suite 104  
Naperville, IL 60563

RETURN SERVICE REQUESTED



And don't forget to  
bring in your  
shoes for the  
homeless.  
**Thank you!**



© Copyright 2013. Newsletters, Ink. Corp. Printed in the U.S.A.  
www.NewslettersInk.com The information included in this newsletter is not  
intended as a substitute for professional podiatric advice. For your specific  
situation, please consult the appropriate health-care professional.

**From the office of  
Dr. Nancy A. Jagodzinski  
Ankle & Foot Center  
of Fox Valley**

620 N. River Road, Suite 104  
Naperville, IL 60563

**Days & Hours**

Mon.	9:00 a.m.-7:00 p.m.
Tues.	9:00 a.m.-7:00 p.m.
Wed.	9:00 a.m.-7:00 p.m.
Thurs.	9:00 a.m.-7:00 p.m.
Fri.	9:00 a.m.-7:00 p.m.
Sat.	9:00 a.m.-4:00 p.m.

**Appointment and  
Emergency Phone:**

**(630) 778-7670**

**Fax: (630) 778-7671**

**E-mail:  
njagodzinski@sbcglobal.net**

**Website: www.feetfxn.com**

***Co-Pays and Balance due  
at time of service.***

## The benefits of electronic medical records

To keep our practice on the cutting edge of technology, we've incorporated an environmentally friendly electronic medical records (EMR) system.

EMRs allow for quick, complete, and accurate information retrieval, and sharing information with other health-care providers and pharmacies. This eliminates gaps in vital information from one provider to another and having to "interpret" handwriting, improving patient safety. Carrying a pile of paperwork to another health-care provider is now a thing of the past (e.g., when we work in coordination with other doctors).

Information is literally at a health-care provider's fingertips, and can be sent and received within a matter of minutes. The EMR system also cuts down on duplication of X-rays, expensive

imaging and lab tests, documentation, and insurance cards; these are scanned into the patient's permanent record, cutting down on a patient's waiting time and expenses.

Patient information can now be stored at multiple electronic locations, providing a backup in case of unforeseen events.

The EMR system enables us to immediately print prescriptions or fax them to your pharmacy—your medication can be waiting for you by the time you arrive. We can also e-mail appointment reminders to you.

With our EMR system, patient safety is enhanced, waiting times are reduced, redundancy is diminished, and patients save money at the same time.

