



**Dr. Nancy A. Jagodzinski**  
Board Certified  
Podiatric Physician & Surgeon



*Serving the Community for over 15 Years!*

## Flip-flops aren't all bad... just mostly

Flip-flops are popular; many love their open, breezy feel in warm weather, and they're easy to slip on and off.

Flip-flops have their niche. When worn from the changing area to poolside and back, in the locker room, or for short stretches over hot surfaces, they play a useful role, protecting the feet from athlete's foot, plantar warts, and burns.

But how do flip-flops harm thee? Let us count the ways.

Flip-flops offer no support for feet—no arch support, no heel cushioning, no shock absorption. Feet are more susceptible to tendonitis, arch pain, and heel pain. The ankles are more vulnerable to sprains, too.

Flip-flops provide little protection to toes, putting them at increased risk of stubs, glass cuts, and puncture wounds.

The rubber-plastic material of flip-flops can cause blisters and irritation. Toe-thong friction with toes can cause nasty fungal infections. The unnatural toe gripping to keep flip-flops on the feet can lead to hammertoes.

Flip-flops were never meant to be everyday shoes. Never wear them for sports, hiking, or for any extended walking. For a good summer alternative to flip-flops, the American Podiatric Medical Association Web site has recommendations for sandals from companies such as Wolky, Chaco, and Dansk.

Flip-flops may not be the ultimate plague on humanity, but they're most assuredly detrimental to your feet and ankles when worn extensively. We urge you to exercise caution with this footwear.



## *A quick overview of*

## MEDICARE AND PODIATRY

As we get older, the wear and tear on our bodies becomes more pronounced...if we dare admit it, that is. Our feet and ankles are certainly susceptible to the effects of aging. But does Medicare cover podiatric services?

The answer is "yes," but there's a big qualifier: *The service must be medically necessary.*

That means Medicare covers services to treat an injury or health condition of the foot or ankle, or a disease such as diabetes, arthritis, vascular disease, and other chronic conditions.

Medicare will *not* cover routine care, such as corn, callus, or nail care, unless it's part of medically necessary treatment of a condition or disease of the ankle or foot. A foot exam every six months is covered for those with peripheral neuropathy as long as the patient hasn't seen a podiatrist for another reason in between visits. Patients using certain medications or who have a severe nail condition might be eligible as well.

What's covered by Medicare is ever-shifting from year to year, so you'll need to stay on your toes. Please see the Medicare Web site at [www.Medicare.gov](http://www.Medicare.gov) for additional details.

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



# Tendin' to an Achilles tendon rupture

A quick cut in a basketball game, a miscalculation of the number of steps remaining on the stairs, or an inadvertent step into a hole—all these actions can lead to a rupture of your Achilles tendon, the strong, fibrous cord of tissue that connects your calf to your heel bone.

Oftentimes, you will hear a pop or snap, and then feel pain in your ankle/lower leg area that prevents you from walking properly. A gap or indentation may also appear about two inches above the ankle. If you experience these conditions, get medical attention immediately.

Any sudden increase in stress on your Achilles tendon can lead to a rupture. People most at risk are those between the ages of 30 and 40 who are weekend warriors when it comes to sports. They're at an age where they haven't quite realized or acknowledged that they're not as young as they used to be. The Achilles tendon gets thinner as we age.

Inactivity can also weaken the Achilles tendon. Gender plays a role, too. Five times more men than women rupture their Achilles tendon.

Steroid injections to alleviate ankle pain and inflammation can weaken the Achilles tendon as well.

There are surgical and nonsurgical options to treat an Achilles tendon rupture. Which one to choose depends on age, activity level, and severity of injury.

If you suspect you've ruptured your Achilles tendon, please contact our office. We'll examine you thoroughly and go over your options to get you back on your feet as quickly as possible.



## The Thompson test

The Thompson test is a simple podiatric test used to determine whether someone has ruptured their Achilles tendon.

The patient lies face-down on the exam table. The feet extend beyond the end of the table. The examiner will then squeeze the calf muscle. This squeeze, in a normal patient, should prompt the toes to point downward as the Achilles tendon pulls the foot. If the patient has a ruptured Achilles tendon, the foot will not move. This is referred to as a positive Thompson test.

## Don't let PAD cast a plaque cloud over you

Peripheral arterial disease (PAD) is a restriction of blood flow to the legs and feet caused by plaque buildup (atherosclerosis) in the arteries, the same cause of heart attacks and strokes. Oxygen deprivation inhibits healing of foot and leg conditions.

Causes of PAD include high blood pressure, high cholesterol, diabetes, smoking, lack of exercise, and genetic predisposition. A case of PAD in the feet or calves means there's a good chance it's occurring elsewhere in the body.

Many people don't feel any symptoms until the disease has progressed. Those who do have symptoms may experience the following: leg pain or cramping when walking (intermittent claudication); leg pain while lying down; numbness in the legs or feet; cold legs or feet; change in leg or foot color; loss of hair on the feet or legs; changes in toenail color or thickness; and sores on the feet, toes, or legs that don't heal.

Diagnosing PAD is simple and painless. An ankle-brachial index test is conducted by the use of a handheld ultrasound probe that measures the blood pressure in the ankle. The blood pressure in the ankle should nearly match that taken in the arm. If there's a significant difference, PAD may be present.

Treatment may involve lifestyle changes such as adopting a healthier diet, exercising regularly, and knocking off the smoking—the usual suspects. Various cardiovascular medications may be prescribed to improve your condition.

In the most severe cases, bypass surgery may be necessary.

Don't ignore the signs of PAD. If not corrected, it can lead to ulceration, infection, gangrene, and possibly amputation—serious conditions, one and all.



# Toe the line on melanoma

Melanoma is the deadliest form of skin cancer. One particular melanoma, acral lentiginous melanoma (ALM), known as “hidden melanoma,” crops up in areas that aren’t generally examined, or are more difficult to examine. Underneath the toenail is one such place.

The insidious aspect of ALM is that it can mimic other, less serious conditions. The first sign of an ALM under the nail may be a “nail streak,” a dark, narrow stripe that runs the length of the nail. The nail of the big toe is most commonly affected, but no toe is exempt. This discoloration is sometimes mistaken for a bruise (hematoma). Many people have fixed nail streaks that are completely

harmless, but if the streak gradually enlarges, is very darkly pigmented, was not a result of recent trauma, or the nail is lifting up from the nail bed, it’s time to have your toe examined. If it’s a bruise, the streak will eventually “grow out” with your toenail.

Some ALMs are of a nonpigmented variety and develop without an obvious streak, resembling a chronic infection of the nail bed.

*If caught early*, most ALM cases are curable. The procedure to remove it generally takes less than an hour under local anesthesia. The toenail will need to be either partially or totally removed.

Feet are just as susceptible to melanoma as the rest of the body. Make sure to keep an eye on things to ensure not just your foot health, but your overall health as well.

## Cookouts can affect your foot health?

Extensive research conducted by the Harvard School of Public Health indicates that processed meats such as hot dogs and cold cuts increase one’s risk of diabetes—and to a shocking degree.

A daily serving of 50 grams—the equivalent of one hot dog or two slices of cold cuts—translates into a 50 percent increase in developing diabetes. Unprocessed red meats also increase diabetes risk, but not to as great a degree.

The 50-percent increase applies to all people, overweight or not. Being overweight and/or sedentary jacks up the risk even further.

Processed red meats contain nitrates, which are preservatives that may increase insulin resistance in the body, leading to diabetes.

Diabetes weakens the blood vessels of the body as well as impedes nerve response. Weakened blood vessels can affect circulation in the feet and cause diabetic peripheral neuropathy if not addressed in a timely way.

Substituting whole-grain foods, nuts, poultry, and fish for processed (and unprocessed) red meats can address one’s protein needs. Again, moderation is key. A couple of hot dogs once in a while or a sandwich here and there, and you’ll likely be fine. But making processed and unprocessed red meats a staple of one’s daily diet is an open invitation to trouble.

## Can your feet clear a room?

Smelly, nasty, stinky, evil—there are a lot of terms for foul-smelling feet. Sufferers of this condition have likely heard them all, but there are successful antidotes.

Sweat is comprised mainly of water and salt, so by itself it’s not the cause of bad odor. However, moisture creates an ideal environment for *brevibacteria* and other fungi to grow. These fungi ingest dead skin cells, leading to the generation of odor-causing waste matter.

Reducing the amount of sweat or drawing sweat away from the skin is essential to fighting foot odor, along with diminishing the amount of bacteria.

Wear shoes made of a material that lets the feet breathe, such as leather, canvas, or mesh. This will improve air circulation and help evaporate moisture. Avoid constrictive footwear such as boots or plastic shoes, at least for any extended duration.

Do not wear the same pair of shoes two days in a row; this gives them a chance to dry out.

As for socks, avoid nylon, which doesn’t absorb sweat as well or allow the feet to breathe. Socks made of a blend of natural and synthetic fibers that wick moisture are a good choice. Change your socks at least once a day.

Bathe your feet daily and dry thoroughly, especially between the toes. There are antibacterial soaps that may be helpful.

Foot powders are available to keep feet dry, as well as odor-eating, absorbent shoe inserts. If your case is more severe, come see us. We may prescribe strong antiperspirant creams or powders, or medication to combat bacteria and curtail the amount of sweat.





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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.

## Getting the skinny on plantar fasciitis

The plantar fascia is the thick band of tissue that extends from your heel bone to your toes. It serves as a shock absorber and supports the arch of the foot.

When the plantar fascia is overstressed, small tears can crop up. Repeated incidents can lead to irritation and inflammation.

Many times this condition greets a person in the morning with a stabbing pain in the heel upon their rising from bed and taking their first few steps, although pain can occur anywhere on the fascia, not just the heel. When the foot limbers up, the pain usually recedes but often returns after long periods of standing or after sitting for extended stretches.

Plantar fasciitis most commonly plagues those who are obese, people who regularly wear shoes with inadequate support, those who have jobs involving a lot of standing on hard surfaces, long-distance runners, and pregnant women.

Ignore it if you will, but you won't be doing yourself any favors. This condition can hinder regular activities and cause foot, knee, hip, and back problems due to changes in the way a person walks.

Plantar fasciitis generally develops slowly; healing occurs at the same rate.

Don't let plantar fasciitis spoil your fun, or your more mundane activities. Contact our office to schedule an appointment. We'll give you a thorough evaluation and advise you on which treatment is best for you. Possible treatments include rest, physical therapy, night splints, orthotics, a stretching regimen, cortisone injection(s) therapy, medications, or, in rare cases, surgery.

As with most medical conditions, prevention is the best policy.

From the office of  
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### 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.
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