



# Feet Fix'n

winter 2010/11

*Serving the Community for over 15 Years!*

*Sending the joy of the  
season from us to you.*

**Dr. Nancy A.  
Jagodzenski**

Board Certified  
Podiatric Physician & Surgeon



## Feel as if you're walking on marbles?

### *It could be Morton's neuroma*

If you've ever experienced a feeling like you're walking on marbles, with a nagging pain under the ball of your foot in the region of the third and fourth toes, you may have a condition called Morton's neuroma.

Tight footwear, foot injuries, or repetitive trauma (like from jogging or high-impact aerobics) may irritate the nerve junction, leading to a growth of thickened nerve tissue, pain, and tingling in the foot.

Neuromas are more common in women than men. Amanda S. is typical of the patients we see with Morton's neuroma. Amanda, a school secretary and mom of twin girls, came to us complaining of intense forefoot pain that was interfering with her job and home life. The pain was much worse when she wore shoes.

At first, she thought the problem started from walking with a stone in her shoe, but there was nothing in her shoe. Then she thought the problem was the shoe itself, so she bought several new pairs. Nothing helped. The outside of her foot looked normal—no visible bumps, lumps, or bruises.

She found herself sitting down a lot during the day, removing

her shoes, and massaging her foot for relief.

Amanda finally made an appointment for an exam. When the ball of her foot was squeezed and pressure was applied to the space between her third and fourth toes, there was an audible "click"—a classic sign of Morton's neuroma.

Nearly 80 percent of people with Morton's neuroma respond well to a combination of corticosteroid injections, better-fitting footwear, and custom-made orthotics.

A corticosteroid injection brought immediate relief, but Amanda's pain returned after a couple of weeks. We discussed computer scanned custom-made orthotics for her shoes, but because the neuroma was large, surgical removal was the best option.

We performed the outpatient procedure and sent her home with a prescription for mild painkillers, rest and elevation, and a recommendation to purchase a pair of good-fitting athletic shoes to wear once the foot had healed.

If you feel as if you're walking on marbles, call us. You have nothing to lose but the pain!

Google maps

## We're on the map!



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

## Little bones can cause big pain

The two smallest bones in the body are in the feet. About the size of peas, the sesamoids are located near the base of the great toes and act like pulleys to provide a smooth surface for tendons to glide over during walking.

Sesamoids can become inflamed or break, causing intense pain in the ball of the foot under the great toe when the toe is moved up and down. Ballet dancers, runners, and baseball catchers are more susceptible to this injury, but inflammation of the sesamoids is also common in people who go barefoot or wear thin-soled shoes.

Conservative treatment includes rest, ice, anti-inflammatory medication, and wearing soft-soled, low-heeled shoes with cushioning under the toe. Depending on the extent of the injury, we may tape the toe or recommend a corticosteroid injection.

If symptoms persist, or the sesamoid is fractured, a stiff-soled shoe or a short leg brace may be required to immobilize the area. Be prepared to be patient; the pain from this little bone may take several months to go away.



## Active kids prone to overuse heel injury

Physically active children between ages 8 and 14 are prone to a common condition known as Sever's disease, an overuse injury that affects the heel.

Sever's is more common in boys who have short Achilles tendons and flat feet; girls may also be affected. It's more prevalent in kids who participate in sports that involve repetitive jumping and pounding, like gymnastics, basketball, and soccer.

The first sign is pain and tenderness up the back of the heel that may cause limping. Although many kids with this complaint will be able to continue with their activities, running may worsen the pain.

We treat mild cases with a heel insert or arch pad in the shoe of the affected foot, stretching exercises for the Achilles tendon, and avoiding high-impact activities for six to eight weeks.

An accurate diagnosis will tell us if the child needs a custom-made insole, known as an orthotic, and whether a below-knee cast is required, depending on the extent of the problem. The pain may take time to go away and might reoccur as the child continues to grow.

## Test your shoe IQ

**1. When was the last time you had your feet measured?**

- A. Last time you bought shoes
- B. When you were a child
- C. Never

**2. When should you shop for new shoes?**

- A. Morning
- B. Afternoon
- C. Anytime

**3. Is your shoe size always the same?**

- A. Yes
- B. No
- C. Not necessarily

**4. What is the best way to test a shoe for fit?**

- A. Standing
- B. Sitting
- C. Walking around

**5. How much space should there be between the end of the shoe and your longest toe?**

- A.  $\frac{1}{4}$  inch
- B.  $\frac{1}{2}$  inch
- C. None

**6. Should there be a finger space between your heel and shoe for comfort?**

- A. Yes
- B. No
- C. Don't know

**7. Is it OK to wear pointed-toe or high-heeled shoes?**

- A. Always
- B. Never
- C. Sometimes

**8. Slip-on shoes are easiest on the feet.**

- A. Agree
- B. Disagree
- C. Don't know

**9. Is it OK to buy shoes that need to be broken in?**

- A. Yes
- B. No
- C. Maybe

**10. What factor is most important when buying a shoe?**

- A. Fit
- B. Cost
- C. Style

Answers  
on page  
3.







## Frequently asked questions: *Shoe choices for diabetics*

*Q. Why should people with diabetes choose the right shoes?*

A. People with diabetes are at high risk for developing foot ulcers. Shoes that pinch or rub may cause sores that can quickly lead to difficult-to-heal or infected ulcers, which increases the risk of amputation. Proper-fitting shoes are critical to maintaining good foot health for those with diabetes.

*Q. Do I need custom shoes, or can I wear off-the-shelf footwear?*

A. Talk with us about what kind of shoes will best fit your situation. We can advise you if unmodified standard shoes will be safe for you to wear, as long as they are properly fitted and have key features designed to optimize foot stability and reduce friction. If you have problem joints, bunions, hammertoes, or foot ulcers, you may need shoe inserts or specially made therapeutic shoes.

*Q. What should I look for in an off-the-shelf shoe?*

A. The shoe should be long enough so your toes don't hit the end of the shoe, and roomy enough to let you wiggle your toes without allowing the foot to slip from side to side.

Choose breathable materials such as leather or cloth; avoid shoes with stiff or scratchy seams that can irritate your foot.

Choose a shoe with a firm, padded inner heel and a removable sock liner.

*Q. What style of shoe should I avoid?*

A. Women with diabetes should not wear shoes with heels higher than one inch. Higher heeled shoes put too much pressure on the ball of the foot, make the back of the foot unsteady, and cause the foot to shift, resulting in calluses, blisters, and ulcers.

Men and women should avoid sandals with toe thongs that cause irritation, and slip-on loafers that provide inadequate support.



## Answers to *Test your shoe IQ*

(from page 2)

**1-A.** You should always have your feet measured.

**2-B.** Your feet swell as the day progresses.

**3-C.** Age and weight changes may affect foot size.

**4-C.** Walking will help you judge shoe comfort.

**5-B.** ½ inch or the width of a fingertip.

**6-B.** The shoe's heel should fit snugly.

**7-C.** Save fashion shoes for occasional use.

**8-B.** Feet work harder to keep on slip-on shoes.

**9-B.** Stitching patterns often prevent shoes from stretching.

**10-A.** A poor-fitting shoe will cost more in the long run.

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**RETURN SERVICE REQUESTED**



### **REMINDER:**

Please remember to  
bring in your shoes  
for the homeless.

Please visit us online at  
[www.feetfxn.com](http://www.feetfxn.com)

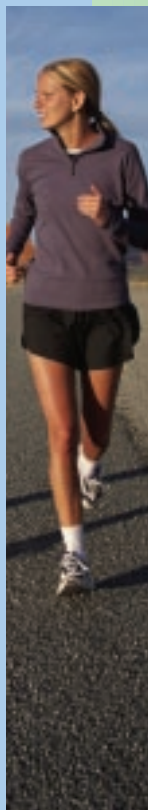
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The information included in this newsletter is not intended as a substitute for professional podiatric advice. For your specific situation, please consult the appropriate health-care professional.

## Toning footwear: Fact or fiction?

### **FACT**

1. Shoes with rocker bottoms are a current fad.
2. Rocker-bottom shoes, or "Pods," can be found in a variety of brands and designs.
3. "Pods" are not a cure-all to tone the entire body.
4. Toning shoes should be used to complement exercise programs.
5. Toning footwear targets specific muscle groups.
6. Excessive use could lead to overuse injuries.
7. People with tight Achilles tendons may not be able to tolerate toning footwear.
8. Only some brands have the American Podiatric Medical Association's Seal of Acceptance.
9. Warm-up or stretching exercises should always be done, regardless of footwear.



### **FICTION**

1. Everyone needs to try rocker-bottom toning shoes.
2. All toning products are designed with the same quality and with equal purpose.
3. "Pods" will guarantee you a toned body.
4. Wearing toning shoes means you can skip other exercises.
5. All muscles will benefit from toning footwear.
6. Benefits will be greater if the shoes are worn all the time.
7. Everyone can benefit from "Pods," even those with muscle or balance issues.
8. The American Podiatric Medical Association says all toning footwear is beneficial to foot health.
9. Warm-up or stretching exercises aren't necessary when wearing "Pods."

**From the office of**  
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#### **Days & Hours**

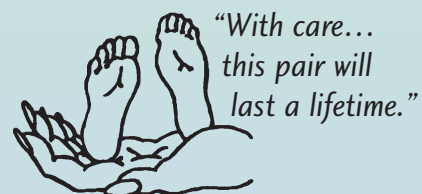
Mon.	9:00 a.m.-7:00 p.m.
Tues.	9:00 a.m.-7:00 p.m.
Wed.	9:00 a.m.-7:00 p.m.
Thurs.	9:00 a.m.-7:00 p.m.
Fri.	9:00 a.m.-7:00 p.m.
Sat.	9:00 a.m.-4:00 p.m.

**Appointment and**  
**Emergency Phone:**

**(630) 778-7670**

**Web site:**

**[www.feetfxn.com](http://www.feetfxn.com)**



*Season's Greetings!*