

foot notes  
spring 2010

## SOLEDOC

### Thoughts

*We're almost there...*

This winter has been long, foggy bottom long. Those of us living east of the Cascades thrive on our sunshine. We are intolerant of dark, rainy, gray weeks.

It wears on our psyche and when that is coupled with the concerns of the economy and which direction it will turn, more angst is created. Our politicians and hopeful "talking heads" tell us what they believe we want to hear. Some of us like the truth. We would like the truth about the action and inaction of our officials, parents, children, doctors, contractors, and brokers, to name a few.

We'd like to know the truth about the unexpected death of the young Olympian athlete, Nodar Kumaritashvili, in the luge event.

We as patients and doctors would like to have absolutely predictable outcomes in our health, our surgeries, and diets.

If all of the predictions we wished for were accurate and true, the words "potential," "probable," and "likely" would not exist in our language.

Not all things in life are a crapshoot, but fallibility, unpredictability, and just plain bad luck exist in our lives every day.

I like to wake up every morning believing an hour and a half of exercise has benefit for me, and that doing so is subsequently relayed to the health and betterment of life for both me and my patients. I hope the same is true this spring and summer for all of you in your endeavors of living.

The motivational jargon when I was hiking and biking with my children was "It's just around the corner" and "We're almost there." It seemed to be true at the time, and I believe it again today: Once people get off the starting line and believe in themselves...*they are almost there.*



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THANK YOU FOR ALL YOUR REFERRALS. WE APPRECIATE THEM.



**O**pen wounds and ulcers of the foot can be difficult to treat, especially for people with diabetes. In a recent survey, nearly 20 percent of people with diabetes reported that they have had a foot sore that wouldn't heal.

Open sores on the feet can also be the result of inflammatory bowel disease or skin cancer.

Research results released in 2009 from a study of a new wound powder show promise in treating these stubborn open sores. The new wound-dressing powder used in the study forms a flexible film which acts similarly to a layer of skin, helping to retain moisture, protect the wound, and allow enough air needed for the wound to close.

Focusing on unusual wounds with irregular shapes and causes, the study, which was led by a Temple University podiatrist, demonstrated that the powder dressing was effective in helping to close the tough-to-treat foot wounds. It also helped to prepare wounds for additional treatments such as skin grafts and sutures. While more research is needed before the treatment is considered for more standard wounds, the study is giving us new avenues to investigate to help our patients heal more quickly and easily.



## NEW POWDER SHOWS PROMISE IN TREATING FOOT WOUNDS

## Relief for pregnant feet

**E**xpectant mothers are often urged to get off their feet, and for good reason. The additional weight of pregnancy can alter a woman's center of gravity that, in turn, can cause a swayback posture called lordosis. This plus the extra pounds puts pressure on the feet that can add to a variety of pregnancy-related issues.

### SWELLING

Fluid retention, extra blood accumulation (especially in the last months of pregnancy), and hormones can cause feet to swell. This is where putting your feet up can help, along with foot stretches and sitting with the feet flat on the floor (uncross your legs and ankles when seated).

### CRAMPING

The hormone progesterone relaxes the blood vessels to prevent high blood

pressure caused by the increased blood volume of pregnancy. This, along with pelvic pressure from increased weight that compresses the veins and reduces circulation to the feet, can cause foot and leg cramps. Stretches, especially rotating the ankles, and wearing supportive shoes can help.

### FLAT FEET

The extra body weight can flatten the arches, causing the feet to roll inward when walking, which is called overpronation. Replace high heels with comfortable shoes with arch support and a sole and heel that provide shock absorption. You may want to consider over-the-counter, arch-supporting shoe inserts.

For specialized treatment of pregnancy-related foot and ankle problems, ask your obstetrician about a podiatry referral.



# Splints can improve walking after a stroke

For people who suffer strokes that cause difficulty walking, a new review of clinical studies shows that ankle and foot splints help restore the ability to walk and maintain balance.

The Cochrane Collaboration research analyzed 14 clinical studies involving 429 participants which demonstrated that stroke patients who used splints had improved walking and balance.

According to Kyle Covington of Duke University School of Medicine, “This review confirms...that the lower-extremity splints make an immediate, positive impact on a patient’s balance and walking ability.”



## When tiptoe means **TROUBLE**

**H**ave you ever noticed how babies learning to toddle tend to walk on their tiptoes? Called toe walking or “equinus gait,” it is common and unremarkable, especially if everything else is normal. Even if it extends from toddlerhood into early childhood, many cases of toe walking are just habit and will be outgrown.

Even so, it’s worth keeping an eye on because, in some instances, toe walking can be a sign of a condition that needs evaluation and treatment.

Spinal-cord abnormalities and neuromuscular conditions such as cerebral palsy or muscular dystrophy can cause toe walking in a child. Also, differences in leg length or an Achilles tendon that is too short can also result in toe walking.

Depending on the cause and the severity, treatment options may range from physical therapy and stretching exercises to casting, muscle-relaxant injections, or even surgery.

To rule out causes other than just habit, it’s important to have your child’s toe walking evaluated.

## GET READY FOR BAREFOOT SEASON

### *How to remove splinters*

Nothing ruins the carefree feeling of going barefoot more than a splinter in your foot. It can mean pain and problems if not properly removed.

**If it’s tiny and doesn’t hurt**, you can usually leave it alone; a superficial sliver will work its way out as the body’s immune system sheds it naturally.

**If it’s tiny and painful**—like a cactus spine or nettle—touch the area lightly with sticky tape and pull. If that fails, apply wax hair remover, then peel.

**If it’s large**—like a thorn—get a needle and tweezers, sterilize with rubbing alcohol, and use the needle to expose the splinter’s end and the tweezers to pull it out. Wash and apply antibiotic ointment.

### CALL US IF:

- You can’t get it all out.
- It’s deeply embedded.
- It has a barb on the end (like a fishhook).
- The pain gets worse.
- You develop a fever or it starts to look infected.
- You are diabetic or have peripheral vascular disease. (If you have either of these health conditions, never attempt self-treatment; call our office for an appointment.)



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# FEET *need* SUN PROTECTION

When the heavy socks and shoes come off and the sandals come out this spring and summer, remember to protect the skin on your feet from the sun. When applying sunscreen, remember that the harmful rays of the sun can do serious damage to any unprotected skin, including that on your feet.

All types of skin cancer, including squamous cell and basal cell carcinoma, occur on the foot, but according to the American College of Foot and Ankle Surgeons, the deadliest form of cancer—melanoma—is the most common skin cancer found on the foot.

Early detection is key to effective treatment, but oftentimes, early warning signs go unnoticed and people don't take the same precautions against sun exposure to the feet as they do for other areas of the body. As a result, this form of skin cancer is not diagnosed until later stages.

Make sure to use sunscreen on your feet and toes, and inspect your feet regularly. When you're toweling off after a swim or bath, or changing your shoes, take a moment to look over your feet, including the soles, in between your toes, and even under the toenails. Look for abnormal-looking or changing moles, spots, or freckles, and make sure to call us for an appointment to have any suspicious areas examined right away.

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FOOT  
A  
C  
T

The average person takes 8,000 to 10,000 steps a day, which adds up to about 115,000 miles over a lifetime. That's enough to go around the circumference of the earth four times.

