

Canadian Association
of Wound Care



Association canadienne
du soin des plaies



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eXPLORATION

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Feet were originally designed to last 25 or 30 years before their owners succumbed to a saber-toothed tiger or some other affliction. In today's world, people are living into their 80's and 90's after spending most of their lives walking on hard surfaces in designer shoes made for fashion, not function. Yet one of the most critical issues towards maintaining health is to remain mobile. To do this, the feet are the critical limiting part of the body whose comfort and function can make or break your health. This article reviews the positive "steps" that can be taken to promote the best functioning feet possible. Medical conditions like diabetes, arthritis or poor circulation need medical attention above and beyond these suggestions.

If the Shoe Fits

Women have many more problems with their feet than men do. The reason is largely the fashionable footwear women have worn over the years to 'look good.' However when the fashionable shoe is removed, the resultant bunions, hammer toes, corns and callouses are hardly good looking. Many store clerks are not adequately trained in shoe fitting, therefore shopping for and buying the right shoe is up to the purchaser!

What to look for:

Shoes need to be lace-ups (4 or more eyes) and have removable inserts. The heel fit should be snug with good firm heel cups. There should be good depth in the toe-box, your toes should *not* be crowded.

The shoe should always fit with 1/2" to 3/4" space from the longest toe to the end of the shoe when standing, but the heel should still be snug. Running or walking shoes are the best bet for the money. The insert needs to be able to be pulled out and if the shoe doesn't have one, or it is glued in, look for a different pair. Once the insert is out, the new owner should stand on it and make sure their foot isn't hanging over the edges and that there is a " " at the toe tip. Often the foot is too wide, and longer shoes are tried to compensate for the narrow width. *Try a different shoe!* Measuring the foot on the insert takes the unseen guesswork out of the equation.

Teachable Footnote: Buy the right shoe



- Lace-up shoes
- Removable inserts
- Firm heel cups
- " " at the toe tip
- Measure your foot while standing on the insert

Beware of Lower Extremity Swelling

All too often seniors arrive in the office with a deep depression on their legs caused by the tight elastic top of their socks. This is a sign of swelling. If the foot and lower leg are swelling, then the perfect fitting shoe in the morning is too tight by the afternoon. Not only is this bad for the foot, but this swelling may be a sign that there is something wrong and a Health Care Professional needs to be consulted. The calf muscles of the lower leg act as a pump to move the venous (deoxygenated) blood back up to the heart to receive oxygen. Activating the 'calf pump' within the leg is done when walking effectively with a heel to toe gait or move your foot up and down at the ankle. Discourage a shuffling gait as this does not activate the calf pump and can contribute to swelling. Sitting and especially crossing the legs restricts the circulation and also can cause swelling. When standing, encourage frequent movements and shift weight back and forth. When lying, if feet are swollen, elevate legs above the level of the heart to promote gravitational drainage. If legs cramp or the feet turn dusky when they are elevated, or there is trouble breathing, then stop elevating the feet and encourage a visit to the Health Care Professional. This swelling can be caused by poor venous circulation (blood returning from the feet back up to the heart) and compression stockings up to the knees may be needed. The Health Care Professional needs to help with purchasing these special compression stockings as there are many sizes, pressures and types available.

Teachable Footnote: Promote good circulation to the foot



- Avoid poorly fitting shoes and socks
- Walking effectively or exercising improves circulation
- Crossing legs or sitting still with legs down for long periods interferes with circulation
- Swelling of the foot/lower leg needs to be medically investigated
- Be aware that smoking significantly intereferes with your circulation

Skin and Toe Nail Care

Keeping nails well trimmed is important but may result in complications. Many factors can occur to hinder safe self-care. Failing eyesight, back problems, thickened nails and poor equipment head the list. If nails can't be safely cut it is time to seek professional assistance. Nail care is available through many senior centers, the Victoria Order of Nurses, Podiatrists and salons that do pedicures. Some individuals with foot problems may fall into a high-risk group. Individuals with complicating factors like poor circulation or advancing diabetes should be referred to a specialty clinic or at least a skilled Health Care Professional. (If you have diabetes, see:

<http://www.bphc.hrsa.dhhs.gov/leap/> for self help and guidance). Dry skin is a good host for fungal infections, it is also less elastic and can crack to become a doorway for bacterial infections. Callous buildup is usually pressure related, from improper fitting and poorly cushioned shoes, but can be accelerated by dry skin. There are many good creams available to reduce dry skin, avoid those that are heavily scented. Use creams containing uric or lactic acids for callous buildup but only for a week or two at a time. These creams should be applied directly after a bath for best results, avoiding the spaces between the toes. Discourage walking in open sandals or bare footed around the house as this can promote hypercallousing. Pumices are good to use for hypercalloused areas, but certain rules apply. Steel files may be too aggressive for some feet, therefore the use of a stone pumice like the white Dr. Scholl's pumice is recommended . Always pumice the dry foot.

Teachable Footnote: Trim those nails, pumice those callouses, hydrate those feet!



- If you can't be safe, have professional nail care done every 6-8 weeks
- Moisturize your feet during dry times
- Use acid-containing foot creams for heavy callouses
- Use a natural stone pumice to (dry) sand heavy callous build-up
- Protect feet with good fitting in footwear

indoors

Feet Need Stretching and Exercising Too!

One of the most common "hidden" problems associated with advancing age is tight ankle dorsiflexors. (see: <http://www.ptjournal//PTJournal/September1999/v79n9p827.html>.) In other words, tight calf to ankle muscles and tendons (Achilles) are directly responsible for many foot problems. By treating the symptom, and not the problem, the foot ailment will resurface in many different ways (all unpleasant!). Dorsiflexion is the motion of bending the foot up towards the face. The tight muscles of the calf, in effect, elevate the heel just the same as high heels do, and change the way you walk. The result is that much of the weight of walking goes to the toes instead of up the leg. This can result in forefoot pain called metatarsalgia or even small fractures that are very painful. The long term side effects include bunions, hammer toes, metatarsalgia and most commonly plantar fasciitis or heel pain. As mentioned earlier, tight dorsiflexors can result in a shuffling gait. This type of ineffective walking (shuffling) also makes leg and ankle swelling more likely to happen as the calf pump responsible for returning the blood to the heart is poorly activated. The best method of treating these conditions is to avoid them or stop the progress by stretching these ankle dorsiflexion muscles. If the foot barely makes a 90 degree angle with the leg, then start dorsiflexion exercises for 1 minute, repeat 3 times, and try to do this 5 times a day (see: <http://www.haemophilia.org.za/HemAnk-1.htm>). Hopefully, this will improve the range of motion after a month and a maintenance exercise program can be initiated. If there is no improvement, then a 'Ôprostretch' apparatus may be needed (see: <http://prostretch.com/>).

Teachable Footnote: Stretch ankle dorsiflexors



- Are there tight dorsiflexors?
- Initiate 2-4 weeks of dorsiflexor stretches
<http://www.haemophilia.org.za/HemAnk-1.htm>
- If dorsiflexors are still tight after a month, try a prostretch apparatus.
<http://prostretch.com/>

My Feet Hurt!

"My feet hurt!" is a very common complaint heard by Health Care professionals. When the feet are well past the warranty period, breakdowns are more frequent. In 100 years we will just bioengineer a new pair of feet and replace the old worn out ones. Retreads are the best we can do today, and lots of TLC! Surgery sounds like a new beginning, but should be reserved until the non-surgical options are exhausted. Even if foot surgery is performed, if you haven't altered the

circumstances that caused the problem in the first place, the condition will likely return or transfer to a neighboring location soon enough.

Teachable Footnote: General Foot Care



- Wear shoes that fit well for periods of high activity (walking or shopping)
- Reserve fancy footwear for periods of low activity (sitting or limited walking)
- Wear firm soled slippers, sandals or shoes inside the house
- Safe, routine skin and nail care should be provided by self or trained professional
- Drug store inserts or orthotics may be effective for minor foot pain or
- Consider custom orthotics for ongoing or worse pain in the feet
- Stretch ankle dorsiflexors
- Walk effectively using a heel to toe gait
- See your Health Care Professional if you have diabetes, arthritic foot problems, poor circulation, or ongoing swelling of your feet/ankles

This article gives a good overview of the preventative maintenance that can be done on aging feet. Some foot problems are genetically predetermined or the result of earlier factors. Foot problems didn't occur over night and they can't be resolved overnight. The aim of treatment is lifestyle alteration, symptom control and **putting a stop** to the deterioration of foot form and function.

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