

PUTTING YOUR BEST FOOT FORWARD

By Christine Steele

Your feet are some of your most important assets. You need to take care of them because you use them every day.

From the moment you wake up in the morning and swing that first leg out of bed to put your foot on the floor to the end of your day when you lift it up to climb back in, you are likely on your feet for a good part of the day.

Foot and ankle problems can play a huge role in your daily life, and Podiatrists Drs. Sarah Cullen and Drennan Josey know all about the issues that can affect the feet.

Both lifelong athletes, the now husband and wife team met in medical school at Temple University in Philadelphia. They went on to complete their surgical residencies together in Boston, at St. Elizabeth's Hospital, which is affiliated with Tufts University.

"We were fortunate to be able to work with some of the most acknowledged doctors in our fields," said Dr. Cullen. "We were trained in revisional surgery, diabetic surgery, elective surgery and pediatric surgery."

After completing their residencies, the couple returned to Dr. Josey's native South Carolina and joined Dr. Charles Gudas at Associated Foot & Ankle Specialists. They became the owners of the practice just over a year ago.

"We are fortunate to have the opportunity to continue the legacy Dr. Gudas established in Charleston of foot and ankle care," Dr. Cullen said.

Both board-qualified foot surgeons, Drs. Cullen and Josey specialize in treating a wide range of foot and ankle issues, including sports injuries, tendon ruptures and tears, bone fractures, bunions and toe deformities, flat feet, arthritis, neurological disorders and diabetic foot care.

They shared with us some common foot issues, causes and their treatment approaches.

"Every patient receives their own customized treatment approach based on their diagnosis and severity. We always start with conservative treatment approaches first before considering surgery," Dr. Cullen explained.

BUNION

A bunion is a bony “bump” that can form on the inside of your foot. Also called hallux valgus, it’s a deformity of the big toe joint caused by the position of the bones, ligaments and tendons changing over time. This ultimately causes the first metatarsal bone to drift inward and the big toe to drift outward. Bunions vary in severity from mild to severe and may or may not be painful.

CAUSES: Wearing shoes that are too narrow or high heels, trauma, genetics, being a female, flat feet or types of arthritis or neuromuscular conditions put you at higher risk for developing a bunion.

TREATMENTS: Start with wearing shoes with a wide toe box and an arch support or orthotic. Bunion spacers, splints, padding and anti-inflammatories can also help minimize pain.

“Treatment depends on how severe the deformity is and if it’s painful,” said Dr. Cullen. “Sometimes people get pain right at the spot where the bump is on the inside of their shoe, but people also can get aching or sharp pain in the big toe joint. When you have a bunion, the joint isn’t perfectly aligned, so you’re more likely to develop arthritis within the joint, which can be painful. We look at all of these components when we’re evaluating patients.”

There is no real fix for a bunion without surgery, but the doctors don’t generally recommend surgery unless the pain affects a person’s daily activities.

Bunion surgery ranges from minimally invasive to more aggressive, depending on the severity of the deformity.

MORTON'S NEUROMA

A neuroma is a nerve on the bottom of your foot that gets “pinched” over time, which causes the nerve to become thick, inflamed and painful. This most often occurs between the third and fourth toes. Symptoms include burning, tingling, numbness, the feeling of walking on a pebble or a bunched up sock, cramping and radiating pain.

CAUSES: High-arched feet, wearing narrow or high-heeled shoes, genetics, trauma and activities that place pressure on the ball of your foot like jumping, ballet and yoga.

TREATMENTS: Wearing shoes with a wide toe box, avoiding high heels, cortisone injections, ice, orthotics and anti-inflammatories. A metatarsal pad on the bottom of your foot can also help offload the neuroma. Surgical removal of the neuroma also is an option when conservative treatment fails.

INGROWN TOENAILS

A condition where the corner of a toenail grows into the flesh. This condition most often affects the big toe and is painful, especially when wearing shoes. If bacteria enters into the area, it can cause a painful infection with redness, swelling and pus, which is called a paronychia.

CAUSES: Improper nail trimming, trauma or injury to a nail, fungal infections, tight shoes, bunions, naturally curved nails.

TREATMENTS: To prevent ingrown toenails, it’s important to always cut straight across and to avoid digging into the corners. Treatment typically involves a minor in-office surgery where a local anesthetic is used to numb the affected toe before removing the painful nail border with sterile tools. A patient may require antibiotics if there is an infection. There also are options for permanent removal, which is done with a chemical treatment.

PLANTAR FASCIITIS

Inflammation of the plantar fascia, the thickest and largest ligament in your foot, which runs from your heel bone to your toes. Symptoms include heel pain, which is described as stabbing, sharp or burning. Patients complain of “first step in the morning” pain which can improve with walking throughout the day. A heel spur is often associated with plantar fasciitis.

CAUSES: Flat feet, high arches, overuse, new exercise routines, wearing flat or unsupportive shoes, barefoot walking and obesity. People in certain occupations that require heavy walking, such as mailmen, military men and women and construction workers, are more at risk.

TREATMENTS: Most plantar fasciitis can be treated conservatively with physical therapy, ice, arch supports, corticosteroid injections, anti-inflammatories, stretching, padding and night splints. Surgery is an option for patients not responding to conservative treatment.

DIABETIC FOOT CARE/PERIPHERAL NEUROPATHY

Foot care is of ultimate importance for diabetics.

“It’s one of the first places people see problems because of how small the nerves and arteries are in our feet,” explained Dr. Cullen.

Diabetics are at a high risk of developing peripheral neuropathy, which is when you lose sensation in your feet. Symptoms can include burning, numbness and stinging. Diabetics are prone to developing calluses, which can become raw and lead to ulcers, infections and even amputations.

“That’s why preventive care is the most important thing for diabetics,” said Dr. Cullen. “A lot of people will cut themselves when they’re trying to trim their toenails, especially if their nails are thick or have a fungus. Diabetics are more prone to infections, and these cuts can snowball out of control.”

PREVENTIVE CARE: Diabetics should never walk barefoot, even in the house. Always wear clean white socks so you can see drainage on the bottom if you step on something or cut your foot. Keep your feet well-moisturized. See a podiatrist once every three months for nail trims and callus shaves to make sure they don’t turn into ulcers. Podiatrists also can check the blood flow in your feet and legs and can prescribe diabetic shoes.

“There are thousands of conditions that can affect the foot and ankle,” explained Dr. Cullen. “So it’s important to consult a podiatrist as soon as possible if you have a foot or ankle issue that is affecting your daily activities.” 