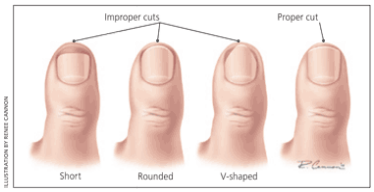
How to cut toenails

1. Toenails should be cut straight across (or slightly curved)

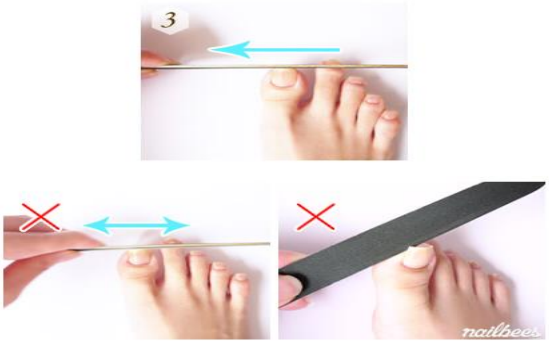
2. Toenails should never be cut too short, leave a little long, as this is another reason why ingrown toenails can occur, it can also leave your Nails susceptible to infection.



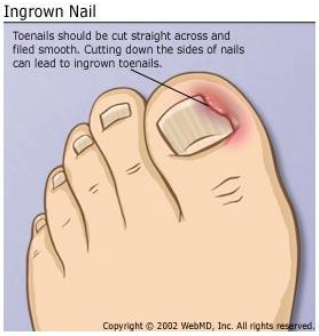
3. Do not cut nails while wet, as they are likely to tear or bend, and not cut smoothly. Cutting dry nails will give you a cleaner smoother cut.

4. Make a few small cuts, don't try to clip each toenail in one cut.

5. The cut nail edge and any sharp corners should be filed smooth, always file in one direction.



6. Never cut the nail down the side to relive an ingrown nail, please seek advice from your nail care practitioner.



COMMON NAIL PROBLEMS

Fungal nails

Fungal infection of nails (tinea unguium) is common. The infection causes thickened and unsightly nails which sometimes become painful.

Between 3 and 8 out of 100 people in the UK will have a fungal nail infection at some stage of their lives. Toenails are more commonly affected than fingernails. It is more common in people aged over 60 and in younger people who share communal showers, such as swimmers or athletes.

How do you develop a fungal nail infection (tinea unguium)?

- Spread from a fungal skin infection. For example, athlete's foot (tinea pedis) is a fungal skin infection of the toes. This may spread to the toenails if the skin infection is not treated early.
- Fingernail infection may occur after a toenail infection has become established. The fungus may spread to a finger if you scratch your itchy toes and toenail.
- Fingernail infections are also more likely to occur if you wash your hands frequently, or have them in water a lot. For example, if you are a cook or a cleaner. Constant washing may damage the protective skin at the base of the nail. This may allow fungi to enter.
- A nail that has recently been damaged is also more likely to become infected.
- You have an increased risk of developing a fungal nail infection if you have various other conditions - for example:
  - Diabetes.
  - Psoriasis.
  - Poor circulation.
  - A poor immune system (for example, if you have AIDS or are on chemotherapy).
  - A general poor state of health.
- Nail infections are more common in people who live in hot or humid climates

- Smoking also increases the risk of developing a nail infection.
- In some cases there is no apparent reason. Fungal germs are common and an infection can occur 'out of the blue'.

What are the symptoms of a fungal nail infection (tinea unguium)?
Often the infection is just in one nail but several may be affected. At first the infection is usually painless. The nail may look thickened and discoloured (often a greeny-yellow colour). Commonly, this is all that occurs and it often causes no other symptoms. However, it can look unsightly.

Sometimes the infection becomes worse. White or yellow patches may appear where the nail has come away from the skin under the nail (the nail bed). Sometimes the whole nail comes away. The nail may become soft and crumble. Bits of nail may fall off. The skin next to the nail may be inflamed or scaly. If left untreated, the infection may eventually destroy the nail and the nail bed, and may become painful. Walking may become uncomfortable if a toenail is affected.

Do I need any tests?
Other nail conditions can sometimes look like a fungal infection. Therefore, to confirm the diagnosis, a doctor will usually take a nail clipping and send it to the laboratory for testing.

What is the treatment for a fungal nail infection (tinea unguium)?

Not treating
This is an option if the infection is mild or causing no symptoms. For example, a single small toenail may be infected and remain painless and of little concern. Some people may prefer not to take treatment because:

- Treatment does not always cure the infection. Cure rates are about 60-80%.
- Treatment that clears the infection does not always restore the nail's appearance to normal.
- The antifungal medicines used for treatment need to be taken for several months - sometimes longer.
- Although rare, unpleasant side-effects sometimes occur with antifungal medicines.

The option to treat can be reviewed at a later date if the infection becomes worse or if you change your mind.

However, treatment is usually advised if:

- Symptoms are troublesome. For example, if walking is uncomfortable due to an affected nail.
- Abnormal-looking nails cause distress.
- You have diabetes, vascular disease or a connective tissue disorder (because of a higher risk for secondary bacterial infections and cellulitis).
- The nail infection is thought to be the source of a fungal skin infection on your body.
- You have, or are likely to develop, severe problems with your immune system. For example, if you are to have certain types of cancer treatment.

Medication

Antifungal tablets will often clear a fungal nail infection. The medication will also clear any associated fungal skin infection, such as athlete's foot (tinea pedis). Your doctor will usually recommend one of the following two medicines. The one chosen may depend on the type of fungus causing the infection. Both of these medicines cause side-effects in a small number of people, so read the packet that comes with the medicine for a full list of cautions and possible side-effects.

- Terbinafine tablets. The usual adult dose is 250 mg once a day; for between six weeks and three months for fingernails, and for three to six months for toenails. Visible improvement can be expected after the end of two months of treatment for fingernails and three months of treatment for toenails.
- Itraconazole tablets. This is usually given as pulsed treatment. That is, for an adult: 200 mg twice a day for one week, with subsequent courses repeated after a further 21 days. Fingernail infections require two pulsed courses and toenail infections require at least three pulsed courses.

Studies suggest that in about 5 in 10 cases the nail will look fully normal again after treatment. In about a further 2 in 10 cases the fungus will be cleared from the nail after treatment but the nail does not look fully normal again. Fingernails tend to respond better to treatment than toenails do. One reason for treatment to fail is because some people stop their medication too early.

Antifungal nail paint (nail lacquer)

A nail lacquer that contains the antifungal medicine amorolfine is an alternative for most (but not all) types of fungi that infect nails. You can buy amorolfine nail lacquer from

pharmacies as well as obtaining it on prescription. However, this tends not to work as well as medication taken by mouth. Your doctor will advise if it is a suitable option for your type of infection. For example, it may be useful if the infection is just towards the end of the nail. This treatment does not tend to work so well if the infection is near the skin, or involves the skin around the nail.

The nail lacquer has to be put on exactly as prescribed for the best chance of success. You may need six months of nail lacquer treatment for fingernails and up to a year for toenails.

Tioconazole is another solution that can be applied to the nail. It is available on prescription, although research trials suggest it does not work as well as amorolfine.

Nail removal

If other treatments have failed, an option is to have the nail removed by a small operation done under local anaesthetic. This is combined with treatment with antifungal medication.

Newer options

Research is looking at newer methods of treating fungal nail infections. These include laser treatment and ultrasound. Initial results are positive but more evidence is needed about the long-term results of the treatments.

What to look out for with treatment

The fungi that are killed with treatment remain in the nail until the nail grows out. Fresh, healthy nail growing from the base of the nail is a sign that treatment is working. After you finish a course of treatment, it will take several months for the old infected part of the nail to grow out and be clipped off. The non-infected fresh new nail continues growing forward. When it reaches the end of the finger or toe, the nail will often look normal again.

Fingernails grow faster than toenails, so it may appear they are quicker to get back to normal. It may take up to a year after starting treatment before toenails look completely normal again and six months for fingernails to look completely normal.

Consult a doctor if there does not seem to be any healthy new nail beginning to grow after a few weeks of treatment. However, the infection can still respond to treatment even after you finish a course of medication. This is because the antifungal medication stays in the nail for about nine months after you stop taking medication

What can I do to help?
Take medication as directed and do not give up without discussing this with a doctor.

Side-effects are uncommon with modern medication but tell a doctor if you notice any problems with treatment.

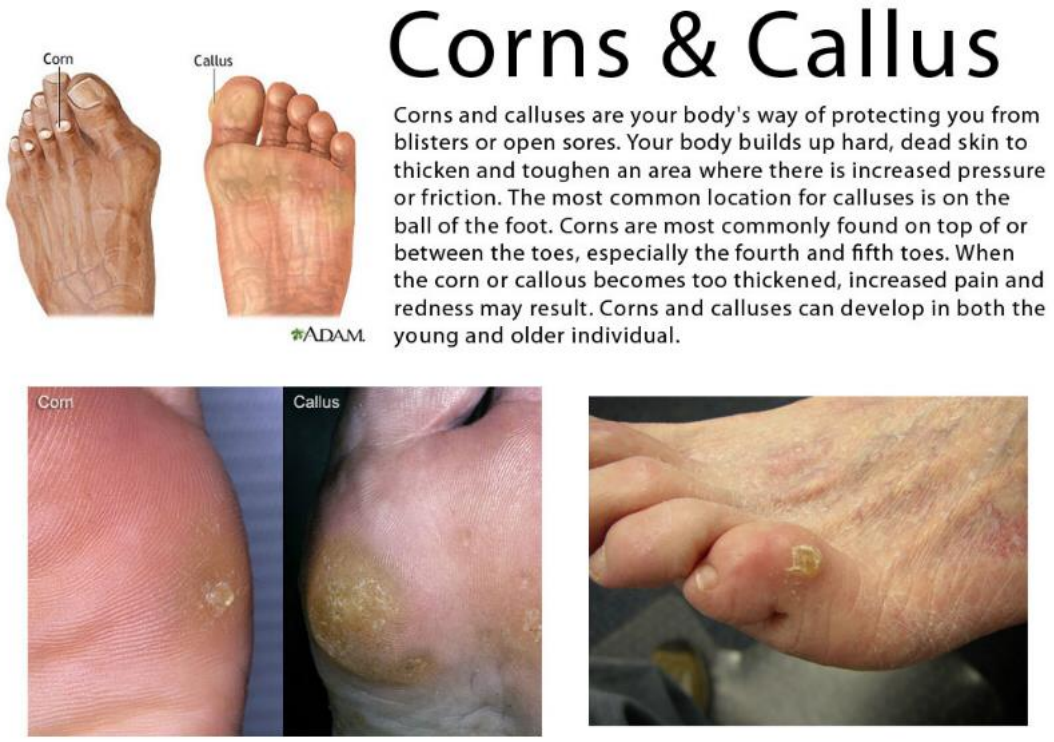
Tips on nail care if you have a nail infection, with or without taking medication, include the following:

- Keep your nails cut short and file down any thickened nail.
- Use a separate pair of scissors to cut the infected nail(s) to prevent contaminating the other nails. Do not share nail scissors with anyone else (for the same reason).
- Avoid injury and irritants to your nails. For example, if fingers are affected, use cotton and vinyl gloves for wet work. Use heavy cotton gloves for dry work.
- If toenails are affected, wear properly fitted shoes with a wide toe box.
- Keep your feet cool and dry as much as possible.

- Try to avoid injury to nails, which may increase the risk of developing a nail infection.
- Wear footwear such as flip-flops in public places, such as communal bathing/shower places, locker rooms, etc.
- Avoid towel sharing.
- Consider replacing old footwear, as this could be contaminated with fungal spores.[1]

[1] www.Patient.info

CORNS AND CALLUS



Corns and calluses on the feet are thickened areas of skin that can become painful. They are caused by excessive pressure or rubbing (friction) on the skin. The common cause is wearing poorly fitting shoes. A person who is qualified to diagnose and treat foot disorders (a podiatrist) can cut away (pare) corns and calluses and can advise on footwear, shoe insoles and padding to prevent recurrences.

A corn is a small area of skin which has become thickened due to pressure on it. A corn is roughly round in shape. Corns press into the deeper layers of skin and can be painful.

- Hard corns commonly occur on the top of the smaller toes or on the outer side of the little toe. These are the areas where poorly fitted shoes tend to rub most.
- Soft corns sometimes form in between the toes, most commonly between the fourth and fifth toes. These are softer because the sweat between the toes keeps them moist. Soft corns can sometimes become infected.

Calluses

A callus is larger and broader than a corn and has a less well-defined edge. These tend to form on the underside of your foot (the sole). They commonly form over the bony area just underneath your toes. This area takes much of your weight when you walk. They are usually painless but can become painful.

What causes corns and calluses?

The small bones of the toes and feet are broader and more lumpy near to the small joints of the toes. If there is extra rubbing (friction) or pressure on the skin overlying a small rough area of bone, this will cause the skin to thicken. This may lead to corns or calluses forming.

The common causes of rubbing and pressure are tight or poorly fitting shoes which tend to cause corns on the top of the toes and side of the little toe. Also, too much walking or running which tends to cause calluses on the sole of the feet. So if you do sports or activities that involve repeated pressure on your feet then this will increase your risk of developing a callus.

Corns and calluses are more likely to develop if you have very prominent bony toes, thin skin, or any deformities of the toes or feet which cause the skin to rub more easily inside shoes. People with bunions are more likely to develop corns and calluses.

What are the treatments for corns and calluses?

If you develop a painful corn or callus it is best to obtain expert advice from a person qualified to diagnose and treat foot disorders (a podiatrist - previously called a chiropodist). You should not cut corns yourself, especially if you are elderly or have diabetes.

Treatments such as corn plasters will reduce the pressure on your corn but will not actually treat the corn.

Trimming (paring down)

The thickened skin of a corn or callus can be pared down by a podiatrist by using a scalpel blade. The pain is usually much reduced as the corn or callus is pared down and the pressure on the underlying tissues eased. Sometimes, repeated or regular trimming sessions are

needed. Once a corn or callus has been pared down, it may not return if you use good footwear.

If the skin seems to be thickening up again, a recurrence may be prevented by rubbing down the thickening skin with a pumice stone or emery paper once a week. Many people can do this themselves. It is best to soak your foot in warm water for 20 minutes to soften the thick skin before using a pumice stone or emery paper. A moisturising cream used regularly on a trimmed corn or callus will keep the skin softened and easier to rub down.

Chemical treatment

There are different types of medicated products which work by chemically paring down the thickened, dead skin on corns and calluses. These usually contain salicylic acid, which is also present in many wart-removal products.

Salicylic acid is a keratolytic, which means it dissolves the protein (keratin) that makes up most of both the corn and the thick layer of dead skin which usually tops it. It is important to use these products as directed in the package directions; these products are gentle and safe for most people. Salicylic acid treatments are available in different forms including drops, pads and plasters.

All these treatments will turn the top of your skin white and then you will be able trim or peel away the dead tissue. This results in the corn sticking out less, which will make it less painful.

Although these products can work well, they should not be used if you have diabetes or poor circulation. This is because your skin is less likely to heal well after using salicylic acid and there is a risk that an ulcer may develop.

Shoes and footwear

Tight or poorly fitting shoes are thought to be the main cause of most corns and calluses. Sometimes a rough seam or stitching in a shoe may rub enough to cause a corn. The aim is to wear shoes that reduce pressure and rubbing on the toes and forefeet. Shoes should have plenty of room for the toes and have soft uppers and low heels. In addition, extra width is needed if corns develop on the outer side of the little toe. Extra height is needed if corns develop on the top of abnormal toes such as 'hammer' or 'claw' toes.

Correcting poor footwear will reduce any rubbing or friction on your skin. In many cases, a corn or callus will go away if rubbing or pressure is stopped with improved footwear. If you have had a corn or callus pared away, a recurrence will usually be prevented by wearing good footwear. If you are able, going barefoot when not outdoors will also help.

Some people with abnormalities of their feet or toes will need special shoes to prevent rubbing. A podiatrist can advise you about this.

Footpads and toe protection

Depending on the site of a corn or callus, a cushioning pad or shoe insole may be of benefit. For example, for a callus under the foot, a soft shoe inlay may cushion the skin and help the callus to heal. If there is a corn between your toes, a special sleeve worn around your toe may ease the pressure. A special toe splint may also help to keep your toes apart to allow a corn between toes to heal. A podiatrist will be able to advise you on any appropriate padding, insoles or appliances you may need.

Surgery

If you have a foot or toe abnormality causing recurring problems, an operation may be advised if all else fails. For example, an operation may be needed to straighten a deformed toe, or to cut out a part of a bone that is sticking out from a toe and causing problems. If you need an operation then you will be referred to a surgeon who will be able to discuss this with you in more detail.

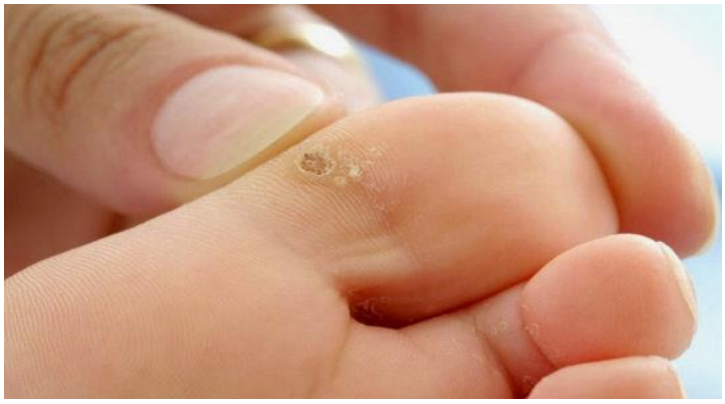
Infection

Occasionally corns or calluses can become infected. If this happens then your skin around the corn (or callus) will become red and sore. Your doctor will be able to prescribe medicines called antibiotics if this happen.[2]

[2] www.patient.info

Verrucas

Warts are usually harmless but may be unsightly. Warts on the feet are called verrucas (or verrucae) and are sometimes painful. Warts and verrucas usually clear in time without treatment. If required, they can often be cleared more quickly with treatment. Most commonly, treatment involves applying salicylic acid or freezing with liquid nitrogen or a cold spray.



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What are warts and verrucas?

- Warts are small rough lumps on the skin. They are caused by a virus (human papillomavirus) which causes a reaction in the skin. Warts can occur anywhere on the body but occur most commonly on hands and feet. They range in size from 1 mm to over 1 cm. Sometimes only one or two warts develop. Sometimes several occur in the same area of skin. The shape and size of warts vary and they are sometimes classed by how they look. Examples are:

    - Common warts.
    - Plane (flat) warts.
    - Filiform (finger-like) warts.
    - Mosaic warts - when several warts join together.
- Verrucas are warts on the soles of the feet. They are the same as warts on any other part of the body. However, they may look flatter, as they tend to get trodden in.

Who gets warts and verrucas and are they harmful?

Most people develop one or more warts at some time in their lives, usually before the age of 20. About 1 in 10 people in the UK have warts at any one time. Almost as many as 1 in 3 children or young people may have warts. They are not usually harmful. Sometimes verrucas are painful if they press on a sensitive part of the foot. Some people find their warts unsightly. Warts at the end of fingers may interfere with fine tasks.

Are warts contagious?

Yes - however, the risk of passing them on to others is low. When something is called 'contagious', it means it can be passed on by touching. You need close skin-to-skin contact to pass the virus on directly. You are more at risk of being infected if your skin is damaged, or if it is wet and macerated, and in contact with roughened surfaces. For example, in swimming pools and communal washing areas.

You can also spread the wart virus to other areas of your body. For example, warts may spread round the nails, lips and surrounding skin if you bite warts on your fingers, or nearby nails, or if you suck fingers with warts on. If you have a poor immune system you may develop lots of warts which are difficult to clear. (For example, if you have AIDS, if you are on chemotherapy, etc.)

- To reduce the chance of passing on warts to others:
    - Don't share towels.
    - When swimming, cover any wart or verruca with a waterproof plaster.
    - If you have a verruca, wear flip-flops in communal shower rooms and don't share shoes or socks.
- To reduce the chance of warts spreading to other areas of your body:
    - Don't scratch warts or pick them.
    - Don't bite nails or suck fingers that have warts.
    - If you have a verruca, change your socks or tights daily.

To treat or not to treat?

There is no need to treat warts if they are not causing you any problems. Half the number of children with warts will find they have disappeared within a year without any treatment. Two thirds will have gone within two years. The chance that a wart will go quickly is greatest in children and young people. Sometimes warts last longer, particularly in adults.

Treatment can often clear warts more quickly. However, treatments are time-consuming and some can be painful. Parents often want treatment for their children; however, children are often not bothered by warts. In most cases, simply waiting for them to go is usually the best thing to do.

On balance it is usually only worth treating a wart or verruca if it is troublesome. For example, if it is painful or you find it ugly and conspicuous.

What are the treatment options?

Salicylic acid

There are various lotions, paints and special plasters that contain salicylic acid. This acid burns off the top layer of the wart. You can buy salicylic acid at pharmacies, or your doctor may prescribe one. It usually comes as a paint or a gel. Read the instructions in the packet on how to use the brand you buy or are prescribed, or ask your pharmacist for advice. Usually:

- You need to apply it each day for up to three months. Persevere - if you give up too soon, it will not work.
- Before applying the salicylic acid, rub off the dead tissue from the top of the wart, with an emery file (or similar).
- It is best if you soak the wart in water for 5-10 minutes before applying salicylic acid.
- You should not apply salicylic acid to the face because of the risk of skin irritation which may cause scarring.
- If you have diabetes or poor circulation, you should use salicylic acid only on the advice of a doctor.

If you put the acid on correctly each day you have a reasonable chance of clearing the warts within three months. Studies vary when trying to determine the success rate. However, a review of lots of studies definitely showed evidence that salicylic acid is better than no treatment. It also showed it is the treatment option with the best evidence that it works. Tips for success include:

- Try not to get the acid on the skin next to the wart, as it may become irritated. You can protect the nearby skin by putting some Vaseline® on the normal skin beforehand, or by putting on a plaster with a hole in it which just exposes the wart for treatment.
- If the surrounding skin does become sore, stop the treatment for a few days until it settles. Then re-start treatment. There is also a small risk that you may get a skin allergy to the treatment. If this occurs, the surrounding skin becomes red and itchy.
- It may take two weeks or more before you notice any improvement. It can take up to three months of daily applications for warts to go completely.
- Acid lotions and paints are flammable. Keep them away from open fires and flames.

Freezing treatment (cryotherapy)

Freezing warts may also be effective. Many GPs and practice nurses are skilled at this. Liquid nitrogen is commonly used. The nitrogen is sprayed on or applied to the wart. Liquid nitrogen is very cold and the freezing and thawing destroys the wart tissue. To clear the wart fully it can need up to 4-6 treatment sessions, sometimes more. Each treatment session is a couple of weeks or so apart.

Freezing treatment can be painful. Sometimes a small blister develops for a day or so on the nearby skin after treatment. Also, there is a slight risk of scarring the nearby skin or nail or damaging underlying tissues such as tendons or nerves. It is not suitable for younger children or for people with poor circulation.

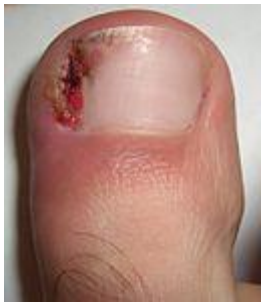
Again, the studies done on freezing treatment vary considerably in their results. Some seem to show it is more effective than salicylic acid; others show it does not have any convincing benefit. It is certainly more expensive than salicylic acid, however. Therefore many NHS services, such as some GP practices, no longer offer it as an option. This is because salicylic acid is cheaper and the evidence that it works is more convincing.

There are freezing treatments available over the counter, which you can apply yourself. However, these cannot provide such a cold freeze as liquid nitrogen. They are probably less effective, although again the results of studies are not totally clear.

Combined treatment

Another option is treatment with salicylic acid plus cryotherapy. In between the freezing sessions, you apply salicylic acid daily to your wart. You should not use the salicylic acid until any blistering, scabs or soreness from the cryotherapy have settled.[3]

Ingrowing toenail



An ingrowing toenail is a common condition which may cause discomfort or become infected. Various treatments can be given by a doctor or a person qualified to diagnose and treat foot disorders (a chiropodist). See a doctor if you have symptoms of infection around the nail, particularly if you have diabetes, a poor immune system or other foot problems.

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What is an ingrowing toenail?

The nail becomes ingrowing when the side of the nail cuts into the skin next to the nail. This can become painful. The skin next to the nail may also become infected or inflamed. Any toe can be affected, but it is usually the big toe. It is a common problem, especially in teenagers and young adults.

What causes ingrowing toenails?

Ingrowing toenails are usually caused by a sharp spike of nail growing into the skin beside it. This can happen as a result of various factors. Not trimming your nails correctly, wearing

[3] www.patient.info

poorly-fitting shoes or tight socks, and sweating a lot (during exercise for example) can all contribute. Shoes which force the toes towards each other encourage the nail to grow into the skin. For example, tight shoes, high heels and pointed-toe shoes. Active, sporty people may be more prone to ingrowing toenails as they sweat more. Ingrowing toenails may occur more often in people who have nails which are deformed in some way. Often there is no apparent reason why it occurs.

It is also more common in people who cut their toenails very short and round. The correct way of cutting nails is straight across (see below). This helps the nail to grow normally and may prevent ingrowing toenails from developing.

Other possible causes are injury to the nail, a fungal infection of the nail, or possibly, medication such as isotretinoin.

When a spike of nail pierces the skin of the toe, it allows the germs that are normally harmlessly present on the skin to get underneath the skin and cause infection.

What are the symptoms of an ingrowing toenail?

Early on, the skin around the ingrowing nail may become reddened and feel slightly tender. If it progresses and becomes infected, it may become more swollen, red and painful. If the infection gets worse, there may be some yellow or green fluid (pus) oozing from around the nail. It will become even more painful and there may be an overgrowth of skin around the nail.

What is the treatment for an ingrowing toenail?
Ingrowing toenails are usually treated by a GP or a person qualified to diagnose and treat foot disorders (a chiropodist). A newer term for chiropodist is podiatrist. In some cases, surgery is helpful.

If caught early
If the ingrowing part of the nail is small, it may be prevented from becoming worse, and sometimes cured, by the following. This treatment may be given by a podiatrist or GP, or you may be shown how to do it yourself:

- Soak the toe in water for 10 minutes to soften the folds of skin around the affected nail.

- Then, using a cotton wool bud, push the skin fold over the ingrown nail down and away from the nail. Do this starting at the root of the nail and move the cotton wool bud towards the end of the nail.
- Repeat each day for a few weeks, allowing the nail to grow.
- As the end of the nail grows forward, push a tiny piece of cotton wool or dental floss under it to help the nail grow over the skin and not grow into it. Change the cotton wool or dental floss each time you soak your foot.
- Do not cut the nail but allow it to grow forward until it is clear of the end of the toe. Then cut it straight across and not rounded off at the end.

There are variations on this method - the principle is to keep the skin from growing over the edge of the nail.

If the nail fold becomes infected
Symptoms of infection are increasing pain, swelling and redness near the ingrowing nail, and yellow or green fluid (pus) near the nail or under the nearby skin. If the infection is getting worse, you may have a throbbing pain, redness spreading over the toe, or a high temperature (fever).

Antibiotics may be needed to treat infection. It can also help to soak your feet in warm salty water, then carefully dry and rest your feet.

When should I see a doctor?
See a doctor if:

- You have persistent and troublesome symptoms from the ingrowing nail.
- You have symptoms of infection (as above). If you also have diabetes or a poor immune system, see a doctor urgently, as infections will need treating quickly.
- You have a condition affecting the nerves or feeling (sensation) in your foot. For example, if you have loss of feeling due to diabetes (diabetic neuropathy) affecting the feet. This is because a loss of sensation can make you unaware of problems in the foot, such as a deep infection. So, you will need careful assessment and monitoring. You may be referred to a foot clinic or podiatrist.

For persistent ingrowing toenails
It may be necessary to remove part of the nail. The usual procedure is as follows:

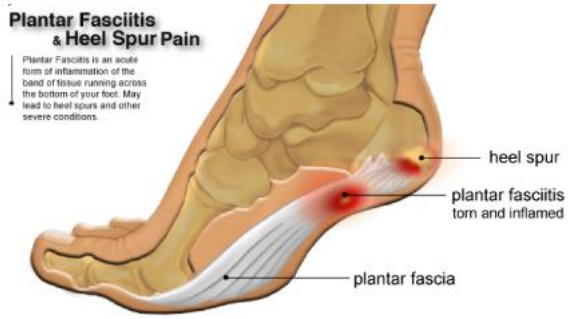
- The toe is made numb and painless by injecting local anaesthetic into the base of the toe.
- The toenail is then cut with scissors longways a few millimetres in from the offending edge.
- It is cut right up to the base of the toenail and the offending edge can then be pulled out.
- A small amount of acid (called phenol) is often put on the exposed part of the nail bed. This helps to stop the edge of nail regrowing and causing another ingrown nail.
- The nail is then dressed.

Once the anaesthetic wears off the toe may be sore so you may need mild painkillers such as paracetamol for a day or so. You will probably have to wear a bandage for about two weeks. During this time you will not be able to have a bath or go swimming. You also will not be able to do any strenuous exercise, such as running. After the operation, the nail will regrow but will be narrower than before.

How can ingrowing toenails be prevented?

- Cut your nails straight across; do not cut them too short or too low at the sides. The corner of the nail should be visible above the skin. (Tip: it is easier to cut nails after a bath or shower, when they are soft.)
- Keep your feet clean and dry. Let air get to your toes when possible.
- Avoid tight shoes and use cotton socks rather than synthetic.
- If you have diabetes, you should take extra care when cutting your nails:
    - Cut the nail straight across or follow the shape of the end of the toe, but be very careful not to cut too low at the sides as above.
    - Gently file any sharp edges with a nail file.
    - If you have any loss of feeling in your feet, you should visit a chiropodist (podiatrist) to have your nails trimmed, rather than doing it yourself.
    - If you can't see your feet or nails very well, you should visit a chiropodist (podiatrist) to have your nails trimmed, rather than doing it yourself.[4]

[4] www.patient.info



Planter Fasciitis Plantar fasciitis is a cause of pain under the heel. It usually goes in time. Treatment may speed up recovery. Treatment includes rest, good footwear, heel pads, painkillers and exercises. A steroid injection or other treatments may be used in more severe cases.

What is plantar fasciitis?

Plantar fasciitis means inflammation of your plantar fascia. Your plantar fascia is a strong band of tissue (like a ligament) that stretches from your heel (calcaneum) to your middle foot bones. It supports the arch of your foot and also acts as a shock-absorber in your foot.

What causes plantar fasciitis?

Repeated small injuries to the fascia (with or without inflammation) are thought to be the cause of plantar fasciitis. The injury is usually near to where the plantar fascia attaches to your heel bone.

You are more likely to injure your plantar fascia in certain situations. For example:

- If you are on your feet for a lot of the time, or if you do lots of walking, running, standing, etc, when you are not used to it or have previously had a more sedentary lifestyle.
- If you have recently started exercising on a different surface - for example, running on the road instead of a track.
- If you have been wearing shoes with poor cushioning or poor arch support.
- If you are overweight - this will put extra strain on your heel.
- If there is overuse or sudden stretching of your sole. For example - athletes who increase running intensity or distance; poor technique starting 'off the blocks', etc.
- If you have a tight Achilles tendon (the big tendon at the bottom of your calf muscles above your heel). This can affect your ability to flex your ankle and make you more likely to damage your plantar fascia.

Plantar fasciitis may be confused with 'Policeman's heel' but they are different. Policeman's heel is plantar calcaneal bursitis - inflammation of the sack of fluid (bursa) under the heel bone. This is not as common as plantar fasciitis.

Often there is no apparent cause for plantar fasciitis, particularly in older people. A common wrong belief is that the pain is due to a bony growth, or 'spur', coming from the heel bone (calcaneum). Many people have a bony spur of the heel bone but not everyone with this develops plantar fasciitis.

How common is plantar fasciitis?

Plantar fasciitis is common. Around 1 in 10 people will develop plantar fasciitis at some time in their life. It is most common in people between the ages of 40 to 60 years. However, it can occur at any age. It is twice as common in women as it is in men. It is also common in athletes.

What are the symptoms of plantar fasciitis?

Pain is the main symptom. This can be anywhere on the underside of your heel. However, commonly, one spot is found as the main source of pain. This is often about 4 cm forward from your heel, and may be tender to touch.

The pain is often worst when you take your first steps on getting up in the morning, or after long periods of rest where no weight is placed on your foot. Gentle exercise may ease things a little as the day goes by. However, a long walk or being on your feet for a long time often makes the pain worse. Resting your foot usually eases the pain.

Sudden stretching of the sole of your foot may make the pain worse - for example, walking up stairs or on tiptoes. You may limp because of pain. Some people have plantar fasciitis in both feet at the same time.

How is plantar fasciitis diagnosed?

Your doctor can usually diagnose plantar fasciitis just by talking to you and examining your feet. Rarely, tests are needed if the diagnosis is uncertain or to rule out other possible causes of heel pain. These can include X-rays of the heel or an ultrasound scan of the fascia. An ultrasound scan usually shows thickening and swelling of the fascia in plantar fasciitis.

What is the initial treatment for plantar fasciitis?

Usually, the pain will ease in time. 'Fascia' tissue, like 'ligament' tissue, heals quite slowly. It may take several months or more to go. However, the following treatments may help to speed recovery. A combination of different treatments may help. Collectively, these initial treatments are known as 'conservative' treatments for plantar fasciitis.

Rest your foot

This should be done as much as possible. Avoid running, excess walking or standing and undue stretching of your sole. Gentle walking and exercises described below are fine.

Footwear

Do not walk barefoot on hard surfaces. Choose shoes with cushioned heels and a good arch support. A laced sports shoe rather than an open sandal is probably best. Avoid old or worn shoes that may not give a good cushion to your heel.

Heel pads and arch supports

You can buy various pads and shoe inserts to cushion the heel and support the arch of your foot. These work best if you put them in your shoes at all times. The aim is to raise your heel by about 1 cm. If your heel is tender, cut a small hole in the heel pad at the site of the tender spot. This means that the tender part of your heel will not touch anything inside your shoe. Place the inserts/pads in both shoes, even if you only have pain in one foot.

Pain relief

Painkillers such as paracetamol will often ease the pain. Sometimes anti-inflammatory medicines such as ibuprofen are useful. These are painkillers but also reduce inflammation and may work better than ordinary painkillers. Some people find that rubbing a cream or gelthat contains an anti-inflammatory medicine on to their heel is helpful.

An ice pack (such as a bag of frozen peas wrapped in a tea towel) held to your foot for 15-20 minutes may also help to relieve pain.

Exercises

Regular, gentle stretching of your Achilles tendon and plantar fascia may help to ease your symptoms. This is because most people with plantar fasciitis have a slight tightness of their Achilles tendon. If this is the case, it tends to pull at the back of your heel and has a knock-on effect of keeping your plantar fascia tight. Also, when you are asleep overnight, your plantar fascia tends to tighten up (which is why it is usually most painful first thing in the morning). The aim of these exercises is to loosen up the tendons and fascia gently above and below your heel. Your doctor may refer you to a physiotherapist for exercise guidance.

The following exercises, done either with or without shoes on, can be used to help treat plantar fasciitis:

- Stand about 40 cm away from a wall and put both hands on the wall at shoulder height, feet slightly apart, with one foot in front of the other. Bend your front knee but keep your back knee straight and lean in towards the wall to stretch. You should feel your calf muscle tighten. Keep this position for several seconds, then relax. Do this about 10 times then switch to the other leg. Now repeat the same exercise for both legs but this time, bring your back foot forward slightly so that your back knee is also slightly bent. Lean against the wall as before, keep the position, relax and then repeat 10 times before switching to the other leg. Repeat this routine twice a day.
- Stand on the bottom step of some stairs with your legs slightly apart and with your heels just off the end of the step. Hold the stair rails for support. Lower your heels, keeping your knees straight. Again you should feel the stretch in your calves. Keep the position for 20-60 seconds, then relax. Repeat six times. Try to do this exercise twice a day.
- Sit on the floor with your legs out in front of you. Loop a towel around the ball of one of your feet. With your knee straight, pull your toes towards your nose. Hold the position for 30 seconds and repeat three times. Repeat the same exercise for the other foot. Try to do this once a day.
- Sit on a chair with your knees bent at right angles and your feet and heels flat on the floor. Lift your foot upwards, keeping your heel on the floor. Hold the position for a few seconds and then relax. Repeat about 10 times. Try to do this exercise five to six times a day.

- For this exercise you need an object such as a rolling pin or a drinks can. Whilst sitting in a chair, put the object under the arch of your foot. Roll the arch of your foot over the object in different directions. Perform this exercise for a few minutes for each foot at least twice a day. This exercise is best done without shoes on.

Are there any other treatments?

If the above treatments are not helping to relieve your symptoms, or if you are someone such as an athlete who needs a quick recovery, other treatments are available. There is no one specific treatment that appears to stand out as the best.

Steroid injections

A steroid (cortisone) injection is sometimes tried if your pain remains bad despite the above 'conservative' measures. It may relieve the pain in some people for several weeks but does not always cure the problem. It is not always successful and may be sore to have done. Steroids work by reducing inflammation. Sometimes two or three injections are tried over a period of weeks if the first is not successful. Steroid injections do carry some risks, including (rarely) tearing (rupture) of the plantar fascia.[5]

[5] www.patient.info