COMMON FOOT PROBLEMS

Problems
Skin/Nails: Warts, lesions, corns, calluses, fungus, itching, ingrown nails, nail thickening, nail pain or discoloration, injury.

Soft Tissue: Cysts, growths, swelling, bruising, injury, lesions, and neuromas.

Musculoskeletal: Bone, joint, tendon deformity, injury, growths i.e., tendonitis, fractures, sprains, strains, bunions, joint pains, hammertoes, heel spurs, arthritis, contractures, and fasciitis.

Advanced Treatments
Dr. Haase is continuously evaluating the newest advances in procedures, products surgical implants and techniques. When appropriate, these are incorporated into a patient’s treatment plan. Sometimes, however, the tried-and-true methods are still the best.

We offer simple, pain-free, in-office nerve and circulation tests (NCV, ABI) to check for peripheral arterial disease (PAD) and neuropathy. Also, we employ skin biopsy techniques for early screening of melanoma and other cancers or skin diseases.

“Graft jacket” is a regenerative tissue matrix used to heal chronic wounds, reinforce tendon and ligament repair, and augment subcutaneous tissue for painful areas of thin skin under the ball of the foot or heel.

Resorbable implants, screws, pins and wires maintain stability until the intended bone, ligament or tendon has healed. Then they dissolve.

The TOPAZ radio-frequency coblation procedure is a minimally invasive approach for the treatment of many tendon and ligament problems (plantar fasciitis, Achilles tendon, etc.).

Bone growth stimulators are non-invasive, externally worn devices for slow-healing fractures.
What is Podiatry?
Committed to the health of your feet and ankles, podiatric medicine focuses on diagnosing, treating and preventing foot and ankle problems, such as plantar fasciitis. Your podiatric physician is highly trained through years of study and clinical practice, including a bachelor’s degree program and four years of podiatric medical school. In addition, podiatric physicians often have from one to three years of residency training to study foot and ankle care and surgery in greater depth. Once in practice, podiatric physicians continue to stay informed about the latest research and developments in the field.

In treating your feet and ankles, your podiatric physician may also work with your other health care providers to give you appropriate and comprehensive care.

What is Plantar Fasciitis?
The plantar fascia is a ligament-like band running from your heel to the ball of your foot. This band pulls on the heel bone, raising the arch of your foot as it pushes off the ground. However, if your foot moves incorrectly, the plantar fascia may become strained. The fascia may swell and tiny fibers may begin to fray, causing plantar fasciitis.

Causes
Plantar fasciitis is often caused by poor foot mechanics. If your foot flattens too little, the fascia may ache from being pulled to tight.

Related Problems
A heel spur is an extra bone that may grow near the spot where the plantar fascia attaches to the heel. The heel spur may form in response to the plantar fascia’s tug on the heel bone.

Bursitis is the swelling of a bursa, a fluid-filled sac that reduces friction between a ligament and a bone. Bursitis may develop if a swollen plantar fascia presses against a plantar bursa.

Symptoms
With plantar fasciitis, the bottom of your foot may hurt when you stand, especially first thing in the morning. Pain usually occurs on the inside of the foot, near the spot where your heel and arch meet. Pain may lessen after a few steps, but it comes back after rest or with prolonged movement.

A Problem with your Big Toe
Your big toe is the hardest working toe. Every time your foot pushes off the ground, this toe supports most of your body’s weight. Since the big toe is so critical to movement, any problems with it can make walking or even standing painful. A bunion (excess or misalignment bone in the joint) is one of the most common big toe problems. In addition to causing pain, a bunion changes the shape of your foot, making it harder to find shoes that fit. However, you don’t have to hobble for the rest of your life. Bunions can be treated. With your doctor’s help, your feet can feel and look better.

What Causes Bunions?
Although they may develop on the fifth (little) toe, bunions usually occur at the base of the big toe. Bunions are often caused by incorrect foot mechanics. The foot may flatten too much, forcing the toe joint to move beyond normal range. In some cases, joint damage caused by arthritis or an injury produces a bunion. Some people are born with the tendency to develop bunions. If you’re at risk for developing a bunion, wearing high heeled or poorly fitting shoes makes the problem worse.
Types of Bunions
Positional (mild) bunions arise from the growth of new bone. Structural (severe) bunions result when the joint at the base of the toes shifts position. Many bunions are a combination of both types. A bunion is a bony bump, usually near the joint at the base of the big toe.

What is Arthritis?
Degenerative arthritis is a condition that slowly wears away joints (the link where bones meet and move). In the beginning, you may notice that the joint seems stiff. It may even ache. As the joint lining (cartilage) breaks down, the bones rub against each splintered bone, and the joint’s range of motion becomes limited. This movement doesn’t have to cause pain. Talk with your doctor about developing a treatment plan to meet your needs.

Which Joints are Affected?
Your feet pound the pavement every day. They support and propel your body as you move through life. Such constant use takes a toll. Aging, the wear and tear of daily use and injury are the common causes of arthritis. Many people eventually develop some arthritis in their feet.

The Big-Toe Joint
When arthritis affects your big toe, your foot hurts when it pushes off the ground. Arthritis often appears in the big toe along with a bunion (bony bump at the side of the joint).

Other Joints
When arthritis affects the rear or midfoot joints, you feel pain when you put weight on your foot. Arthritis may affect the joint where the ankle and foot meet. It may also affect other joints nearby.

What are Neuromas?
Commonly called a Morton’s neuroma, this problem begins when the outer coating of a nerve in your foot thickens. This thickening is usually caused by irritation that results when two bones repeatedly rub together (often due to ill-fitting shoes or abnormal bone movement). The area between the third and fourth toes is the most commonly affected. The area between the second and third toes is another common irritation point. Nerve problems due to diabetes or alcoholism may also cause neuroma-like symptoms.

Symptoms
The pain from neuromas may start gradually, causing burning, tingling, cramping, or numbness. Symptoms often occur after you’ve been walking or standing for a period. It might feel like you’re stepping on a lamp cord. You may need to take your shoes off and rub your foot. In some cases, the pain radiates from the tip of the toes to the ankle.

What Causes Heel Pain?
Wearing shoes with poor cushioning can irritate the tissue in your heel (plantar fascia). Being overweight or standing for long periods can also irritate the tissue. Running, walking, tennis and other sports that put stress on the heels can cause tiny tears in the tissue. If your lower leg muscles are tight, this is more likely to occur.

Symptoms
You may feel pain on the bottom or in the inside edge of your heel. The pain may be sharp when you get out of bed or when you stand up after sitting for a while. You may feel a dull ache in your heel after you’ve been standing for a long time on a hard surface. Running can also cause a dull ache. If a nerve is irritated, you may feel burning or a shooting pain in your heel.
Diagnosis and Treatment
Your doctor will check your foot and ask about your pain. Be sure to tell him or her exactly where you heel hurts. To treat your pain, you may need to make a change in what you do and the shoes you wear. You may also need to do exercises to stretch the tissue. The tissue can take six months or more to fully heal. In some cases, your doctor may suggest surgery to release the plantar fascia.