

Happy Feet

Looking after our feet is important, and it becomes even more so as we age.

In this new Covid-19 era we are more conscious of infection control and hygiene than ever before. It shouldn't be any different when it comes to our feet.

Fungal, bacterial infections and cellulitis are all common conditions podiatrists see which can have adverse effects on the feet, and most of these are acquired from lack of infection control.



Ideally speaking a podiatrist or nurse should be treating the feet of aged care residents, but, if not, these are some key things one needs to bear in mind when tending to a person's foot health:

- Hands should be washed thoroughly with appropriate hand soap before putting on sterile gloves.
- A clean set of instruments (clippers, files, etc.) must be used for each person.
- Use disposable paper or plastic liner under the feet to act as a receptacle for the clippings (used towels and other debris may harbour germs). Cleaning then disinfecting with alcohol, ammonia or chlorine or sterilised tools should be used.

Common foot ailments

With body changes over the years, geriatric foot problems can range from small aggravations to debilitating issues. Conditions like corns, calluses and ingrown toenails are more common. This is especially true if footwear doesn't fit properly but the elderly are also more likely to develop problems like athlete's foot and fungal nails, as their immune system may have more trouble managing pathogens.

Fungal infections

Less elastic skin and weaker immunity can invite more fungal infections in seniors. Fungal infections often start on the sole of the foot may be scaly and itchy. If it is not treated, the infection can spread to the toenails. Treatment includes antifungal creams and sometimes pills. Fungus is hard to kill, so medication should be used for as long as directed. Tip: Don't smear cortisone creams on the rash. They weaken the skin's defenses and worsen the infection.

Callus

A callus is formed as a protective layer in response to pressure and friction on the skin. The body develops it for a reason and only a medical professional should be removing it. In fact, a podiatrist or doctor are the only people that should ever be cutting any skin away on a person's feet. A sterile blade should be used to perform this task ensuring that only what is safe to be removed will be.

Bunions

Similar to a callus, bunions are painful bony lumps that grow along the inside of the foot at the joint where the big toe meets the foot. Bunions grow slowly as the big toe angles inward. Tight, narrow, shoes like high heels may worsen them. That's why bunions appear much more often in women. They can run in families, too. Icing, special pads, and shoes that aren't too high help. A doctor might suggest surgery in serious cases.

Corns

Corns form due to friction and pressure which creates a hard layer of skin which tends to be cone shaped and presses into the deep layers of the skin. Tight shoes, wearing no socks in

shoes, and foot deformities are common causes. They can be removed by a health professional which is generally painless. We don't recommend corn pads as they can break down the healthy skin around the corn.

Bone Spurs

One might mistake these smooth bony growths for bunions. With bunions, the bones are out of place. Bone spurs, on the other hand, are growths at the edge of the bones of the foot, often at the heel, mid-foot, or big toe. If they get big enough, they push on nearby nerves and tissues and will hurt. Osteoarthritis or a strained tendon or ligament can cause these growths, which are more common as one ages, especially after age 60.

Ingrown toenails

Sometimes, the side of a nail (usually on the big toe) grows into the skin. It can happen at any age, but it is more common in older people. The toe may swell, hurt, and become infected. Sweaty feet, being overweight, and diabetes all increase the chances for an ingrown toenail. To prevent it, avoid cutting the toenails too short or wearing high shoes.

Do not let anybody that is not medically trained "fix" the ingrown toenail. There are multiple "magic" treatments out there at the moment, none of which have been proven to work long or short term and most of them will actually make the nail worse and have been found to spread infection. In severe cases, a doctor may have to remove the nail root.

Fat pad atrophy

Getting older often can bring extra weight and fat. But the one place one can lose padding is in the feet. That's bad, because one needs the cushioned layer to protect the feet from daily wear. One may feel pain in the ball of the foot and heel. Shoes with cushions or custom-made foam shoe inserts called orthotics may help. Or a foot doctor may suggest another treatment like filler injections to replace the fat pad.

Bursitis

Small fluid-filled sacs, called bursae, help cushion the joints, bones, and tendons. Repeated motion or friction from shoes can make them swell. In the foot, the toes or heel might get red, swollen, and painful. Ice, padding, and non-steroidal anti-inflammatory drugs (NSAIDs) can help. Severe cases may need a corticosteroid shot or even surgery.

Morton's Neuroma

This is very common foot condition. As many as one in three people may have it. Symptoms include pain in the front part of the foot or a feeling like one is walking on a rock or a marble. It happens more often in older women and in those who wear high heels or shoes with tight toe box. Switching footwear, shoe pads, and massage may help. If the pain gets severe, a podiatrist or doctor may suggest steroid shots or surgery.



Hammertoe

This is an abnormal bend in the middle joints of a toe. It's usually the "second" toe, next to the big one. But it can also affect the third, fourth, and fifth toes. One will notice an unusual shape, and may have some pain when it is moved, as well as corns and calluses from the toe rubbing against your shoe. A doctor can treat it with special footwear, pain meds, and sometimes surgery.

Cracked heels

Mature skin makes less oil and elastin, which leaves it drier and less supple. Without regular care, the heels may harden, crack, or hurt. Being overweight worsens the problem. Special

creams called keratolytic help slough off the tough top layer. This may be followed up with a pumice stone to remove dead skin. Applying moisturising lotion every day will also help. If the heels get swollen and red, talk to a doctor as prescription ointment may be required.

Plantar Fasciitis

If one develops pain on the bottom of the heels, it is likely to be plantar fasciitis. The plantar fascia is a long ligament that runs along the sole of the foot and supports the arch. Repeated stress, like jogging, or even everyday strain can irritate it, causing pain and stiffness. If one has high arches or is overweight, one may be more prone to this problem. Rest, ice, over-the-counter pain meds, and calf muscle stretches can help.

Diabetic foot Ulcer

Diabetes can damage the nerves so that one may not feel small cuts or wounds in the feet. The feet may also tingle, feel numb, or have jabbing pain. Foot ulcers can start as something small like a blister, but then get bigger and infected. They are a major cause of amputations in people with diabetes. Keep blood sugar controlled and check the feet often. See a doctor immediately if there is a wound that does not heal.

Foot care tips for winter

Just as with the rest of the body, feet need special care in the winter:

- Keep the feet clean and dry: We want our feet warm in winter but sometimes warm and toasty leads to sweaty and damp. Make sure feet are washed every day and dried well, paying particular attention to between the toes.
- Look at the feet: in winter one tends to jump from the warm shower to warm socks and shoes. Be sure to check the feet every day. If one can't bend to see the feet, a mirror works well. Look for any areas of redness, or irritation to that skin. If one can't do this yourself ask a friend or family member.
- The skin still gets dry in winter. Make sure to keep up the daily moisturizer.
- Keep the feet not too hot and not too cold, just right. Be careful not to warm cold feet up too quickly as this can lead to chill blains and circulation issues. Start with a warm temperature first and then increase the heat. Always check the temperature with the hand first.

Fortunately, investing in foot care can make a significant difference for most foot problems in the elderly. Podiatrists can help individuals and carers manage any discomfort that one has and establish care habits to prevent future issues.

Adapted from: Rachael Harper, Podiatry NZ Board Member
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