

Weekend Doctor

By **DR. THOMAS F. VAIL**

“Don’t cross your eyes, they’ll stay that way!”

Old wives’ tales and myths like this are fun to laugh at. We believed them as children.

“Step on a crack and you’ll break your mother’s back.”

But there are other myths that are no laughing matter, especially when they involve your health.

From bunions to broken toes, I have heard it all. Let me share seven myths about foot care and the realities behind them that I have heard from patients.

Myth: Cutting a notch, a V, in a toenail will relieve the pain of ingrown toenails.

Reality: When a toenail is ingrown, the nail curves downward and grows into the skin. Cutting a V in the toenail does not affect its growth. New nail growth will continue to curve downward.

Cutting a V may actually cause more problems and can be painful in many cases.

Myth: My foot or ankle can’t be broken if I can walk on it.

Reality: It’s entirely possible to walk on a foot or ankle with a broken bone. It depends on your threshold for pain, as well as the severity of the injury. But it’s not a smart idea.

Walking with a broken bone can cause further damage. It is crucial to stay off an injured foot until diagnosis by a foot and ankle surgeon. Until then, apply ice and elevate the foot to reduce pain.

Myth: Shoes cause bunions.

Reality: Bunions are most often caused by an inherited faulty mechanical structure of the foot.

It is not the bunion itself that is inherited, but certain foot types that make a person prone to developing a bunion.

While wearing shoes that crowd the toes together can, over time, make bunions more painful, shoes themselves do not cause bunions.

Although some treatments can ease the pain of bunions, only surgery can correct the deformity.

Myth: A doctor can’t fix a broken toe.

Reality: Nineteen of the 26 bones in the foot are toe bones. There are things we can do to make a broken toe heal better and prevent problems later on, like arthritis or toe deformities.

Broken toes that aren’t treated correctly can also make walking and wearing shoes difficult.

A foot and ankle surgeon will X-ray the toe to learn more about the fracture. If the broken toe is out of alignment, the surgeon may have to insert a pin, screw or plate to reposition the bone.

Myth: Corns have roots.

Reality: A corn is a small build-up of skin caused by friction. Many corns result from a hammertoe deformity, where the toe knuckle rubs against the shoe. The only way to eliminate these corns is to surgically correct the hammertoe condition.

Unlike a callus, a corn has a central core of hard material, but corns do not have roots. Attempting to cut off a corn or applying medicated corn pads can lead to serious infection or even amputation.

A foot and ankle surgeon can safely evaluate and treat corns and the conditions contributing to them.

Myth: Warts can be “suffocated” with duct tape or salve.

Reality: While warts may be living viruses, they cannot be suffocated. Warts can appear anywhere on the skin, but technically only those on the sole of the foot are properly called plantar warts.

Your podiatric physician can prescribe and supervise your use of a safe and appropriate wart-removal preparation. Removal of warts may also be done through a simple surgical procedure performed under local anesthesia.

People with diabetes or circulatory, immunological or neurological problems should be especially careful with the treatment of their warts and seek professional care at all times.

Myth: Heel spurs are “calcium deposits.”

Reality: A heel spur is most often the result of stress on the muscles and fascia of the foot. This stress may form a spur on the bottom of the heel.

While many spurs are painless, others may produce chronic pain.

Based on the condition and the chronic nature of the disease, your podiatrist may suggest orthotics and stretching exercises for pain relief. New conservative treatments such as blood platelet injection or Shockwave therapy used by professional athletes have shown great results.

Heel surgery, as a last resort, can provide relief of pain and restore mobility in many cases.

The type of procedure is based on examination and usually consists of plantar fascia release, with or without heel spur excision.

There have been various modifications and surgical enhancements regarding surgery of the heel.

Your podiatric physician will determine which method is best suited for you.



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