



THE FOOT PRACTICE



Lets Take A Walk

Sam Randall
BSc (Hons) Podiatric Medicine
The Foot Practice

The Foot Practice @ Body With Soul, 44 Rochester Park, 139248



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Who is Sam Randall?

- Studied BSc (Hons) Podiatric Medicine at UEL
- Graduated 2007
- Worked on NHS and PP in UK
- Joined NUH Jan 2009
- Foot Practice – March 2010
- Previously worked as a personal trainer/gym instructor



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What is Podiatry?

- Allied Health Profession Focusing on the Foot and Lower Limb
- In UK - 3 year undergrad BSc Hons degree. Leads to membership of SCP and HPC

Podiatrists are able to assess, diagnose, treat and manage a wide variety of lower limb conditions including:



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What is Podiatry

Many sub specialties:

- General Care
- Biomechanics
- Diabetes Care
- Dermatology
- Paediatrics
- Gerontology
- Wound Care
- Nail Surgery
- Foot Surgery



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“A master-piece of engineering
and a work of art”

Leonardo Davinci (ages ago)

“A lot could go wrong”

- Sam Randall (just now)



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Common Foot Problems

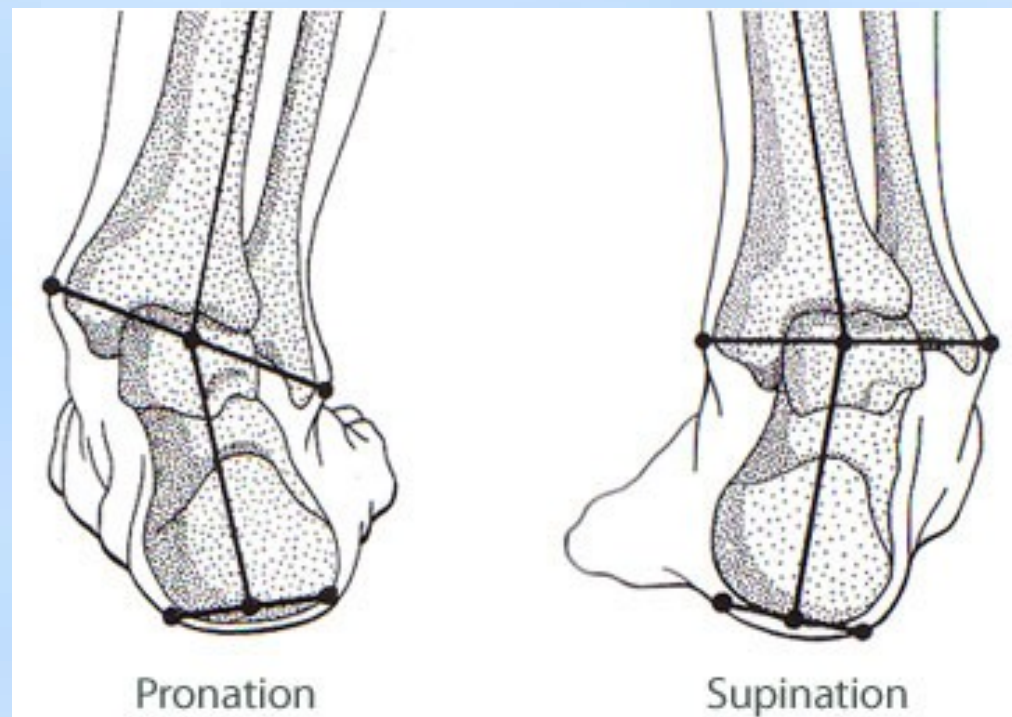
- Plantar Fasciitis
- Bunions
- Lesser Toe Deformities
- Knee Pain
- Fungal Nails
- Achilles Tendonitis
- Recurrent Ankle Sprains
- Corns/ Callus/ Hard Skin
- Childrens Feet
- Diabetic Feet
- In Grown Toenails
- Athletes Foot
- Plantar Warts
- Metatarsalgia
- Flat Feet



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Pronation & Supination

- Pronation = Foot rolling into flatter position
- Supination = Foot moving into higher arched position





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Flat Feet

- Popularly associated with injuries
- Are they a problem?
 - Little evidence linking foot position and injury
- Position vs Movement
(Flat foot vs Pronation)
- Probably a problem





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Plantar Fasciitis (a.k.a. Heel Spurs)

- Pain in heel in a.m.
- Eases off after few steps – can come back later in the day
- **NOT** Caused by heel spurs!!!
- Caused by foot Pronation, tight calves, footwear





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Bunions (Hallux Abductovalgus)

- 2:1 Female:Male
- 25-40% Prevalence
- Multifactorial Cause
 - Foot Structure, Footwear, Walking surface, Activity.
- No cure other than surgery/prevention
- Braces, splints, toe separators, marigold paste etc.. doesn't work!





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Knee Pain

Patello Femoral Pain Syndrome

(Chondromalacia Patellae)

- Pain in knees
- Unspecific
- Hurts sit-stand, after activity and doing stairs
- Physio and Insoles work equally well



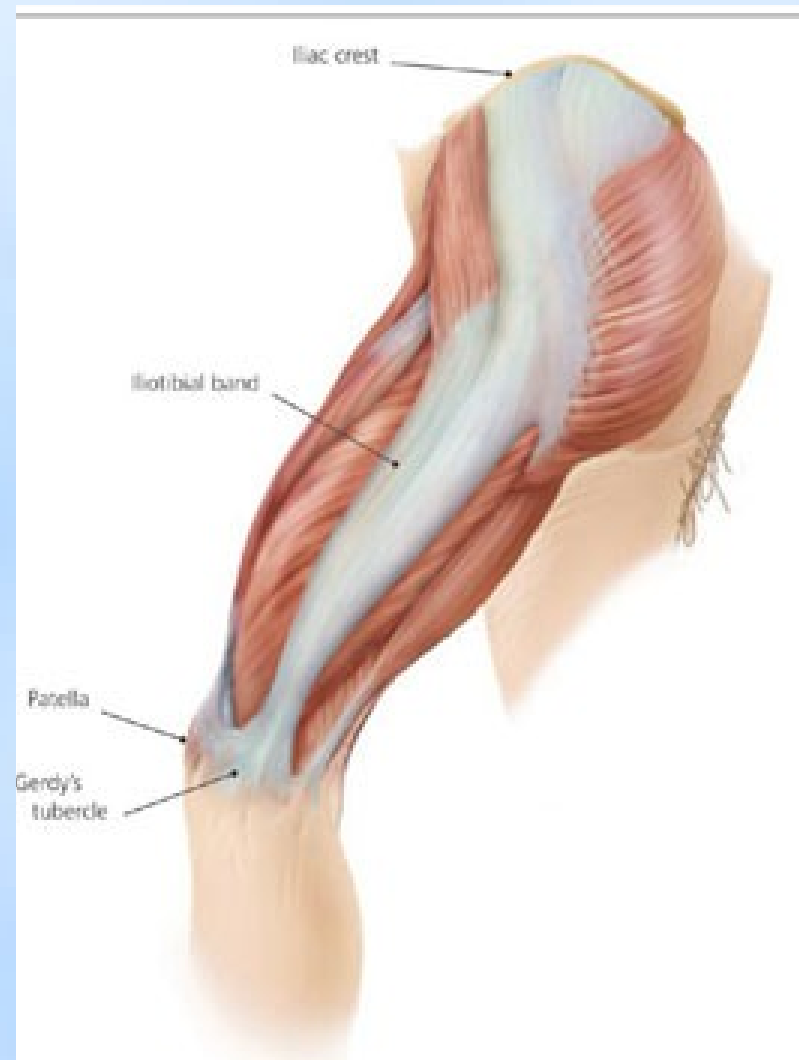


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Knee Pain

Runners Knee

- Pain on outside of knee
- Due to abnormal movement/anatomy
- Stretching, exercises, good shoes, insoles, ice, acupuncture...

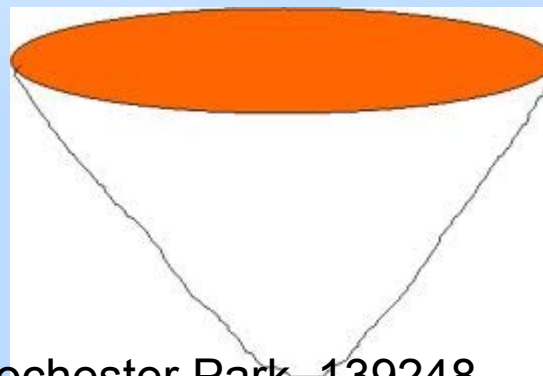




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Corns/Callus

- Caused by Friction/Shearing
- Footwear
- Foot motion
- Can use scraper/file, urea based cream, scalpel (Podiatrist)
- Callus => Corns
- Hard skin grows gets pushed into foot due to pressure from floor





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Verrucae (Plantar Warts)

- Virus that lives in skin
- Causes skin to grow wrong
- Difficult and labour intensive to treat
- Best start is try OTC then see podiatrist/ dermatologist





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Blisters

- Ensure that shoes fit correctly.
- Protect the potential 'hot spots'
 - second skin and / or taping.
- In boots: ensure all seams are flat inside. Take care of the boots, do not leave them on radiators or near heaters. Ensure boots broken in.
- Keep feet as dry as possible. Wet shoes, boots and socks will cause blisters far quicker than dry ones.
- Wherever possible change socks regularly and use foot powder to help keep them dry.





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Blisters

- The first sign of blisters will be redness over the skin, possibly at the back of the heel, the instep or toes.
- Apply a second skin dressing or blister plaster and tape the effected area.
- Ensure the feet are dry and change socks (unless you are in the middle of a race).
- Short term measure:cover effected area in petroleum jelly. This should provide instant relief from pain but as the heat from the foot melts the petroleum jelly it will run away and be ineffective.
- Treatment
- If the blister has not burst then it may be necessary to make a small hole at the edge with a steralsised pin or needle.
- Do not drain a blood filled blister.
- Drain the fluid but leave as much of the skin as possible covering the wound. This is an important protective layer.
- Clean the blister with a sterilizing wipe. Cover the wound with a second skin or blister plaster - take the time to apply it correctly.
- For additional security apply tape over top of dressing.



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Any Questions?

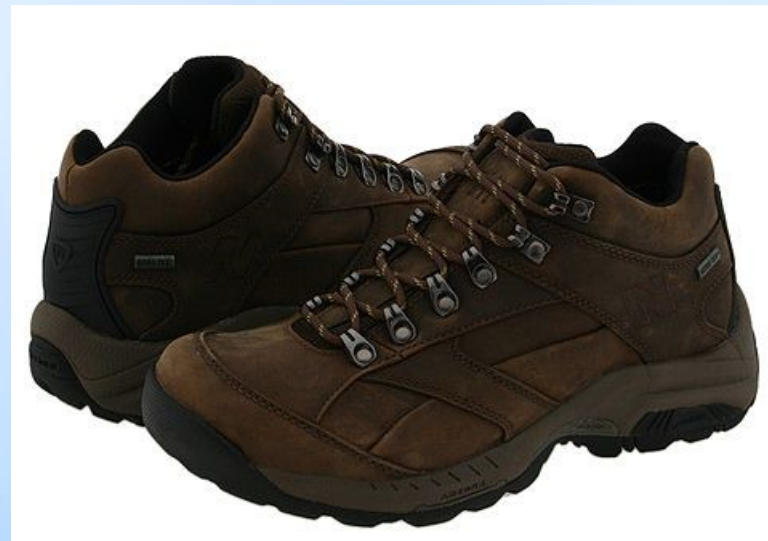




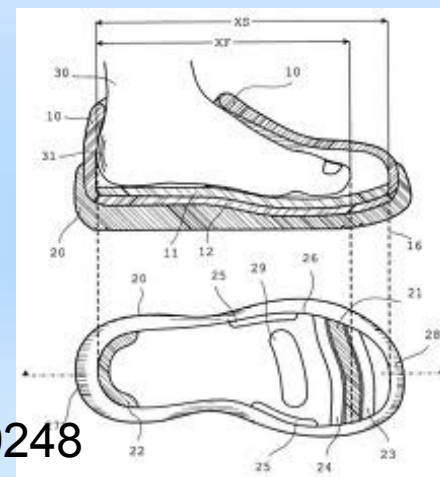
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Walking Footwear

- Laces/Fastening
- Sturdy Heel Counter
- Support/in sole
- Low (not flat) Heel



- Finger distance between toes and end of shoe
- Not too flexible in mid sole
- Forefoot roller
- Space for toes

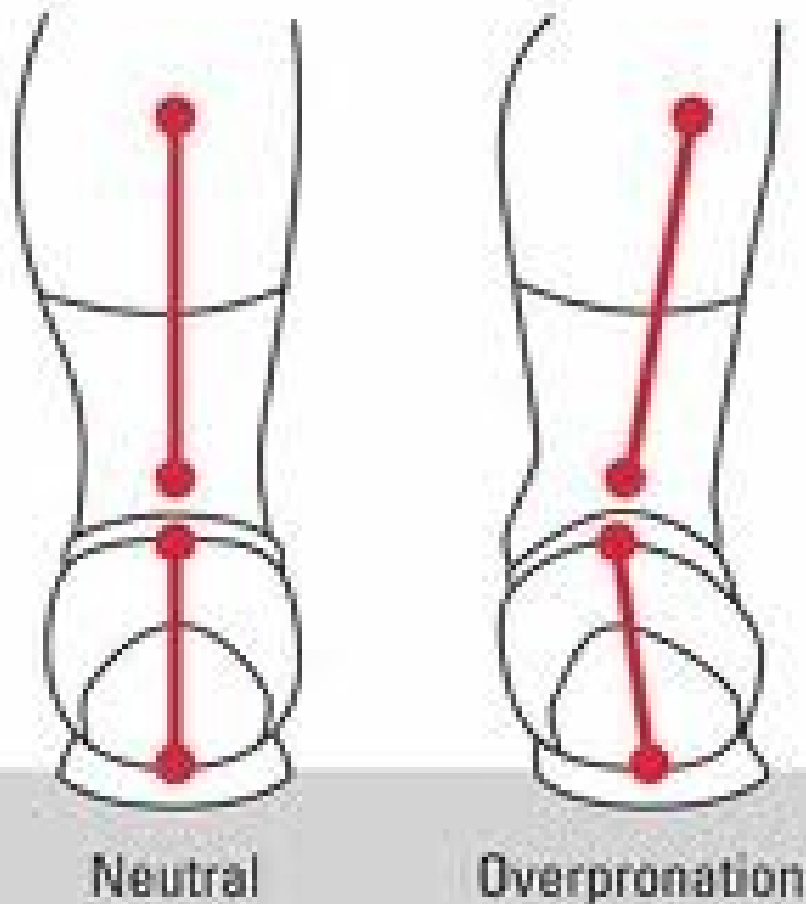




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Running Shoes

- Three Main Types
 - 1) Stability/Motion Control/
Anti pronation
 - 2) Neutral/ Cushioning/
Shock absorbing
 - 3) Minimalist/ Racing





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Insoles

- Aim to reduce forces and movements in foot which cause injury
 - Used as part of a treatment plan
 - Need to be combined with appropriate footwear
 - Not every insole was created equal!
- Correct prescription and manufacture are very important parts to ensure success!!





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Insoles - Beware!

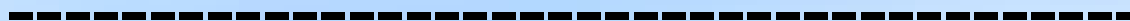
- Some unscrupulous types are promising “correction” of flat foot in 18-24 months
- Also offering screening of children in schools
 - **NO EVIDENCE!!!!**
- Insoles not custom made
- Expensive ~ \$400
- *Please* see a registered podiatrist





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Questions?



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