



HIGH-HEEL HELL

- DR. SARGON B. ODISHO -

► **IN THE LONG RUN, THE PRICE TO PAY FOR FASHIONING HIGH-HEELED SHOES IS LARGER THAN YOU MIGHT THINK. FROM THE BOARDROOM TO BAR-HOPPING, IT'S JUST A MATTER OF TIME BEFORE YOU DEVELOP A PUMP-RELATED PROBLEM—NOT TO MENTION THE LONG-TERM EFFECTS THE PERFECT PAIR OF STILETTOS WILL HAVE ON YOUR FEET.**

Selling women's shoes for several years and now treating common foot ailments makes me sort of an expert in the field of high-heel health. I can't keep you from wearing high heels—I'm not that brave—but I can offer the following insight on how to protect your feet and how to recognize when your "barking dogs" need to see the doc.

The simple fix is making the right purchase. Get your true fit (you all can't be size seven), and to do so, shop for shoes later in the day. Be certain to address pain early. And switch heel heights and shoe types throughout the week.

Over the years, a **quick fix** I've learned is to place a thin pad under the insole where the ball of your foot rests; this will push your foot back into the wider part of the toe box. Also, apply some gentle pressure to the back seam of the shoe to loosen up the heel. Keep in mind that most fancy shoe peddlers have little manual stretching devices that can widen a shoe's toe box for you.

In addition to a lovely array of toenail disorders, stress fractures, and skin deformities, the following are some of the most common heel syndromes that strut into the office.

Corns and calluses: Thick, hardened layers of skin develop as a result of friction; easily treated by noninvasive measures and addressing the cause.

Plantar fasciitis: Bone or nerve irritation from too much tension, inflammation, or scar tissue in the ligament extending along the bottom of the foot to the heel; treated conservatively in the early stages, but can progress to more severe stages warranting outpatient endoscopic surgical correction.

Bunions: Bony bumps that form on the joints of toes; treatments range from toe splints/wedges to surgical correction, depending on the degree of severity.

Neuromas: Growth of nerve tissue known as Morton's neuroma or planar neuroma, most commonly between your third and fourth toes. Symptoms include sharp, burning pain in the ball

of your foot accompanied by stinging or numbness in your toes. Acupuncture can ease the pain, while custom orthotics or padding can correct the condition.

Metatarsalgia: Joint pain in the ball of the foot caused by an increase in weight and pressure; treated conservatively for pain, but corrected by custom orthotics.

Hammertoe: Deformity in which the toe curls at the middle joint; can be alleviated with custom padding.

Pump bump: Inflamed and painful bony enlargement on the back of your heel; easily treated by noninvasive measures and addressing the cause.

Ankle equines: Medical term for shortened calf muscles and Achilles tendons due to excessive, prolonged wearing of high heels; managed by sufficient stretching of the calves.

Custom orthotics are the perfect answer for proper arch support and biomechanical misalignment—and can prevent majority of the conditions mentioned here. And, yes, they make them for heels. There also are several minor medical procedures a podiatrist can perform in the office—with little downtime—to correct bony defects or severe soft tissue complaints.

You can find a complete list of common ailments, their signs/symptoms, tips on self-management, and alternative/conventional treatments at www.gcwellness.com. Better yet, make an appointment to speak with our in-house podiatrist, Dr. Rick Thornton.

You wear it well,

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