

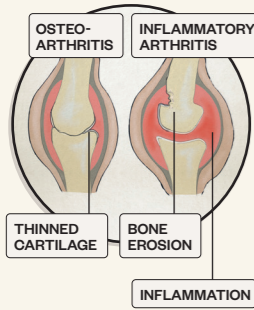
Identifying common foot conditions

Patients visit their pharmacy to seek advice on a variety of conditions affecting their feet. This visual guide for pharmacists and their teams illustrates some common foot conditions, and describes their key features, causes and treatment.

BY DAWN CONNELLY

Causes Treatment

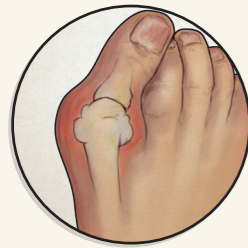
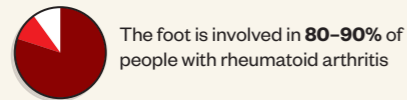
MUSCULOSKELETAL CONDITIONS



ARTHRITIS

Symptoms of arthritis include pain and swelling in a joint or joints, stiffness and reduced range of movement and joint deformity

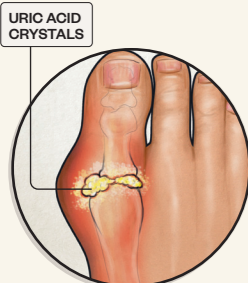
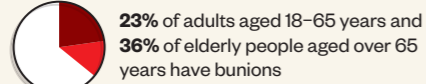
- Osteoarthritis and inflammatory arthritis
- Refer to GP



BUNIONS

Bunions are bony deformities at the base of the big toe, which often cause it to point inwards

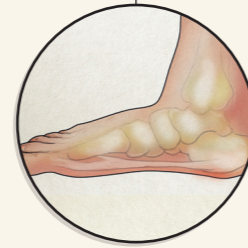
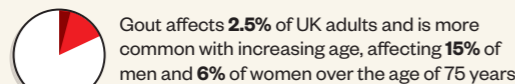
- Family history, arthritis and poorly fitting shoes
- Offer bunion pads, insoles and painkillers if required. Refer to GP or podiatrist if pain interferes with walking. Surgery may be needed (see page S8 for additional information)



GOUT

Gout causes severe pain, swelling and stiffness in one or more joints, accompanied by red, shiny skin

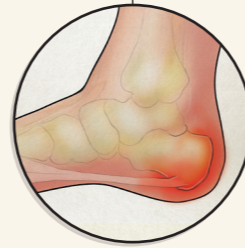
- Build-up of uric acid in the blood
- Refer to GP for treatment of acute attack with non-steroidal anti-inflammatory drugs, colchicine or corticosteroids. Lifestyle changes and prophylactic treatment may be required



FLAT FEET

Flat feet occur when there are no or low arches, causing possible pain in the feet, ankles, lower legs, knees, hips, or lower back

- Hereditary, arthritis or an injury
- If painful, refer to GP or podiatrist for stretches and insoles



PLANTAR FASCIITIS

Plantar fasciitis causes heel pain when weight bearing that is worse in the morning but improves on walking

- Inflammation of the plantar fascia caused by sudden or chronic damage
- Treatment includes rest, good footwear, heel pads, painkillers and exercises. Refer to GP or podiatrist if heel pain persists for several weeks. A steroid injection may be needed in severe cases

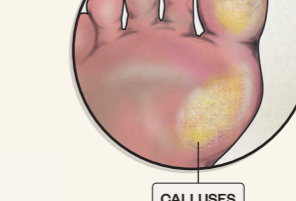


Sources: NHS Choices, BMJ, Patient, National Institute for Health and Clinical Excellence, Journal of Foot and Ankle Research, British Journal of Podiatry and Ankle Research, UK. Editorial adviser: Ian Britton, podiatrist and programme lead for BSc (Hons) Podiatry, Faculty of Health Sciences, University of Southampton.

Infographic: Alisdair Macdonald.co.uk

SKIN, NAIL AND SOFT TISSUE CONDITIONS

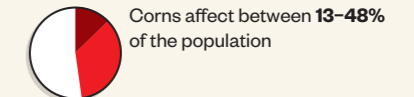
For additional information see pages S8-S12



CORNS AND CALLUSES

Corns are small circles of thick skin on the tops and sides of toes or on the soles of the feet and calluses are larger areas of rough, thickened, yellowish skin, often found on the balls of the feet

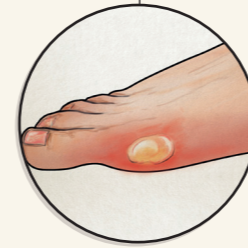
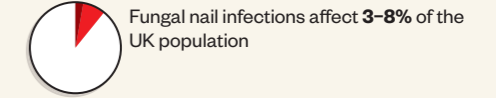
- Excessive pressure or friction, often from poorly fitting shoes. Certain activities, for example, running
- Advise patient to remove pressure and apply rehydration cream, corn plasters, pads or salicylic acid products (but not for those with poor circulation or diabetes). If severe, refer to a podiatrist for skin removal



FUNGAL NAIL INFECTION

Infected nails are thickened, distorted, white, black, yellow or green and sometimes surrounded by inflamed, painful skin

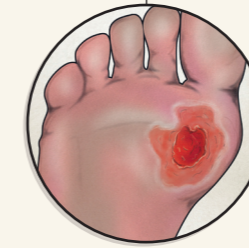
- Fungal infection that thrives in moist, warm conditions. Commonly follows a fungal skin infection
- Offer antifungal nail laquer or solution. Refer patients who do not respond to topical treatment to a podiatrist or GP



BLISTERS

Blisters are small fluid-filled pockets that form within the upper layers of skin

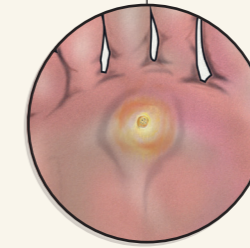
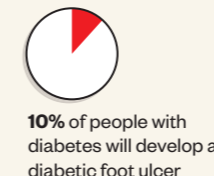
- Poorly-fitting shoes, heat, chemicals or diseases such as chickenpox
- Advise patient not to burst the blister. Cover with plaster or gauze if needed. Refer to GP if infected



DIABETIC ULCER

A diabetic ulcer is a patch of broken down skin with visible underlying tissue

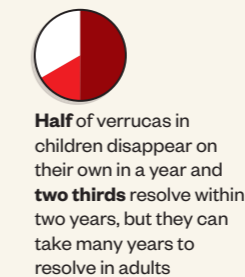
- High or fluctuating blood sugar levels and poor circulation delay skin repair after minor injury. The peripheral neuropathy means the injury may go unnoticed
- Refer urgently to the local multidisciplinary diabetes team or GP — patient should be seen within 24 hours (see page S13)



VERRUCAS

Verrucas are areas of flat, rough skin with a cluster of black dots in the centre; approximately 1-10mm diameter. They can appear in pairs or groups

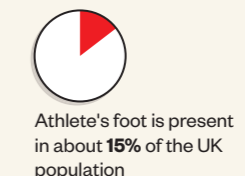
- Human papilloma virus (HPV), transmitted by skin-to-skin contact or via contaminated surfaces
- Salicylic acid products can speed up the healing process; refer to a podiatrist if treatment is unsuccessful



ATHLETE'S FOOT

Athlete's foot causes dry, red, scaly, flaky, itchy and painful skin between the toes, starting with the little toe

- Fungal infection that thrives in moist, warm conditions
- Advise patient to keep toes clean and dry, and apply antifungal cream, spray or powder. Refer to GP if no improvement after one week of treatment. Likely to recur even after successful treatment



INGROWN TOENAIL

Toenails can grow into the skin at the side of the nailbed, causing redness, inflammation and sometimes infection

- Poorly fitting shoes or socks, badly trimmed nails, nail trauma, moist skin
- Advise patient to keep their feet clean and cut nails straight across. Offer an antiseptic cream or spray, but refer to GP or podiatrist if severely inflamed, bleeding or producing pus. Surgery may be required in severe cases

