



# *Got Feet?*

An Informative Guide About  
Foot, Ankle, & Leg Health

**Dr. Alan T. Shih**  
Director of Podiatry Services



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*About Foot, Ankle, & Leg Health*

Dr. Alan T. Shih

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## **Why I Wrote This Book**

I'm often asked why I chose to become a foot doctor. I'm passionate about my profession, as it helps to serve a childhood dream of mine; to help people walk. I believe that an active lifestyle is integral to health and wellness. By getting people back on their feet, many can retain their health, and the tremendous wealth that good health can provide. I have spent several years dedicated to becoming a specialist in the care and treatment of the legs, ankle, and feet. My name is Dr. Alan T. Shih and I am a founder & Director of Podiatry services at Head to Toe Healthcare, PLC.

Because of my unique training in the care of the legs, ankle, and feet, I see people every day who suffer from foot pain. So often my patients tell me that they've been experiencing symptoms, including pain, for very long periods of time before they finally come in to see me. In some cases they've waited years!

Why do people suffer needlessly for years when a trip to see a foot & ankle specialist may alleviate their condition or pain? I've come to understand that sometimes fear of the unknown is stronger than the pain or inconveniences many potential patients face.

I've also learned that many of these consumers would have come in sooner if they only had enough information to help them understand their foot pain and the incredible options that state-of-the-art podiatric medicine offers today.

So, I created this publication. I wrote it for you, your family, and friends. I also wrote it to fulfill my personal mission to get more people back on their feet. I hope it is helpful and that it answers your questions. If after reading it you think you might be helped by seeing a podiatrist, I hope you consider Head to Toe Healthcare, PLC. My staff and I will do everything we can to treat your condition, reduce or eliminate your pain, and make you feel at home.

Dedicated to your health,

*Dr. Alan T. Shih*

## What Causes Foot Pain?

The most common foot problems are:

- **Athlete's Foot** or **Tinea Pedis** is an infection that is caused by various types of fungus. It is passed in public areas where people typically are in their bare feet such as water parks, pools, and hotel showers. Athlete's foot can be as mild as itching and scaling to as severe as quite painful inflammation and blisters. Like all fungus it thrives in dark, moist areas like the spaces between your toes and then spreads to other areas of your feet. In some cases, over-the-counter anti-fungals can treat the fungus.
- **Bunions** are caused by your big toe joints becoming incorrectly aligned. This causes the first joint on your big toe to slant outward and the second joint then angles toward your other toes. Your joints then begin to swell. It causes a bump of bone on the inside of the foot that can become very painful.
- **Corns** and **Calluses** are frequently symptoms of other foot conditions. These common foot ailments are actually thickening of the skin, often caused by friction from within the foot – a bone protuberance, bone misalignment, or by friction from outside-shoes repeatedly pressing or rubbing. Calluses can be located anywhere on the foot but are usually located on the soles of the feet. Corns form on the toes or in between toes in which case they are called “soft corns”.
- **Diabetic Neuropathy** is characterized by numbness and lack of feeling in the feet as well as burning and tingling pain that can later develop. It is a complication of diabetes that affects the nerves that causes this condition. Since diabetic neuropathy can cause a person to lose his or her ability to feel pain, it is possible for a patient to develop minor cuts and sores without realizing it.



If left untreated these minor wounds can develop into ulcers and sometimes even lead to amputation. A severe result of diabetic neuropathy may be Charcot Foot.

- **Fungal Nails** are caused by an infection that occurs within your nails. Fungal nails can be quite painful and impede your ability to walk or run. The fungus can cause the nail to become discolored, misshapen, and malodorous. Sometimes we can prescribe oral or topical medication and remove the diseased nail. In other cases we can surgically remove the infected nail and eliminate the fungus completely. This can allow a new healthy nail to grow.
- **Gout** is a form of arthritis that is caused by an inflammation in your joints due to an accumulation of urate crystals in your body. This happens when your body either produces too much uric acid or excretes too little uric acid, which is a by-product of breaking down the protein you eat. Symptoms include severe and sudden attacks of pain, redness, and tenderness in joints. Gout most commonly occurs in the big toe joint.
- **Hammertoe** occurs when the muscles in your feet become unbalanced and your toe develops a sideways bend in your middle toe joint. Hammertoes are often associated with bunions that can contribute to the development of hammertoes. Pain can result from the friction and pressure hammertoes can create in shoes.
- **Ingrown toenails** are caused by a portion of your nail pressing into the flesh of your toe resulting in pain. There are many causes for ingrown toenails such as lack of or improper nail trimming, poorly fitting shoes, injuries, genes, or fungus. Proper shoe selection and careful attention to regular nail trimming can help prevent this painful condition.
- **Neuromas** occur most commonly between the third and fourth toes. They are caused by a pinching of the nerves between the metatarsals, which results in inflammation. As the irritation

continues, the nerve gets larger and causes sharp pain, cramping, and burning. Shoes that are too tight will aggravate the condition.

- **Plantar fasciitis**, a common cause of heel pain on the bottom of the foot and inflammation in the band of the tissue (the plantar fascia) that runs from the heel to the toes. The pain from plantar fasciitis is usually a sharp, stabbing pain on the inside of the bottom of the heel that can feel like a knife sticking into your heel.
- **Sports Injuries** are being seen with increasing frequency as Americans continue to make regular exercise part of their overall fitness plan. Sports injuries to the foot and ankle can be caused by trauma, improper warm-up, overuse, improper footwear, and playing on hard surfaces. Podiatrists who treat sports injuries have a working knowledge of individual sports and the commonly associated injuries. They also have a thorough understanding of the best treatments for these injuries.



## What Can a Podiatrist Do About Foot Pain?

Let's start at the beginning and answer the question, **“What is a Podiatrist?”**

A podiatrist is a specialist who focuses on your feet and ankles. We are quite simply “The Experts” on your feet and ankles and should be the very first doctor you call when you experience pain or other problems with them. I've listed many of the foot problems podiatrists treat in this book.

The DPM after our name stands for Doctor of Podiatric Medicine. When medically necessary, podiatrists can perform surgery to correct or remedy problems. Before we recommend surgery, we will explore the many conservative therapies and remedies that are available for our patients and then recommend the very best course of treatment. As medical science advances and new therapies become available to the public, podiatrists are increasingly able to offer their patients some of the most state-of-the-art care

available. I'm constantly amazed at the new therapies I can offer my patients and will discuss several of them.

## **Conservative Foot Care**

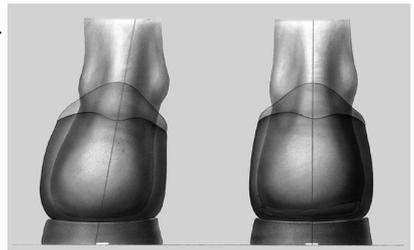
Also known as non-surgical treatment, conservative foot care is being used to treat many foot problems with dramatic results. Any initial visit to a podiatrist's office will start with a patient history and physical examination. Diagnostic X-rays and laboratory tests can also be used to help determine the best course of treatment.

Non-surgical treatments may be called for in many cases including medical conditions which preclude the option of elective surgery, time commitment constraints, and elderly patients with many medical conditions. Patients with arthritis, diabetes, and circulatory foot problems may all be helped by non-surgical treatments. In spite of not being able to opt for foot surgery many patients find great relief from pain and discomfort through the use of conservative foot care treatments.

There are a wide variety of non-surgical treatments being used by podiatrists today. Injections, oral and topical medications, and foot, ankle, or toe strappings are all examples of conservative foot care. Other options are physical therapy, walking casts, and orthotics.

## **Orthotics**

Custom-made foot supports that are worn under your heel and the arch of your foot are referred to as orthotics. These devices are molded to be anatomically matched to your foot and they do more than just provide support. Orthotics are designed to realign your foot to a neutral or natural position to alleviate pain in your feet, legs and back, as well as to restore balance, improve sports performance, and relieve foot fatigue.



Research shows that the majority of foot problems can be directly connected to skeletal imbalance. More people tend to have some amount of either hyperpronation (flat feet) or hypersupination (high arches). The presence of these conditions can cause the foot to be unstable during normal everyday activity. This constant stress on the feet can lead to pain in the feet, ankles, legs, knees, hips, and back. Orthotics can improve function in the foot by compensating for existing imbalances and in most cases can relieve or prevent the associated pains.

How do you know if the use of orthotics is right for you? If you have an obvious imbalance that causes such symptoms as flat feet or high arches, or if you have external misalignments such as “knock knees”, “bow knees”, in-toeing, or out-toeing you are probably a good candidate for orthotics. If you participate in an activity that places stress on your feet or if your work requires you to be on your feet for extended periods orthotics could be beneficial. The use of orthotics is just one of the conservative foot treatments used in our offices. They can be used to treat foot, heel, and arch pain, some calluses, diabetic ulcers and pressure sores, arthritis, abnormal foot function, and to prevent sports injuries or improve sports function. Orthotics can be used to treat children as well as adults. The best way to find out if orthotics can help you is to make an appointment with us for an exam.

## **Foot and Ankle Surgery**

In some cases foot problems do not respond to conservative treatments. A podiatrist can best determine when foot surgery might be beneficial. In cases when pain or deformity persists surgery may be needed to restore full foot function.

Prior to surgery a podiatric surgeon will review your medical history and perform an examination. Specific medical tests may be required before undergoing foot and ankle surgery. These tests may include X-rays, blood tests, urinalysis, and blood flow studies to determine the circulatory status of your feet and legs.

The length and method of postoperative care that is needed is determined by the type of surgery performed. All postoperative care

includes some degree of rest, ice, compression, and elevation. Other elements can include bandages, splints, surgical shoes, casts, crutches, and canes. Recovery can be quickened by carefully following your podiatrist's instructions.

## **How Does a Podiatrist Treat Common Ailments?**

Now that we know what a podiatrist is and some of the treatments available let's take a look at some specific foot problems and the treatments we can offer to reduce or eliminate your pain. It is impossible to discuss all the potential problems that can affect your foot health in a book of this size, but what I want to tell you about here are the problems we see most often at our office.

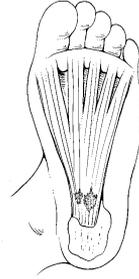
### **Heel Pain**

Pain is the body's way of telling us that we may have suffered an injury or contracted an illness. Pain that occurs in our heels alerts us to seek medical attention. Because a variety of causes exist for heel pain, it is very important to have any type of heel pain properly diagnosed by a podiatrist.

The heel bone is the largest of the 26 bones found in the human foot. The foot also has 33 joints and a network of more than 100 tendons, muscles, and ligaments. The heel bone is subject to a variety of outside influences that can affect its ability to function properly. Symptoms of heel pain that should be treated by a podiatrist include pain on the bottom of the heel or the back of the heel, pain that worsens upon rising, and pain that increases in severity over a period of months. The most common causes of heel pain on the bottom of the foot are plantar fasciitis, medial calcaneal nerve entrapment, and fat pad atrophy. The most common causes of posterior heel pain or pain behind the heel are Achilles tendonitis, heel bursitis, and heel bumps.

## Plantar Fasciitis

This is the most common cause of heel pain on the bottom of the foot and is an inflammation in the band of tissue (the plantar fascia) that runs from the heel to the toes. This condition is most often caused by poor foot structure such as overly flat feet or high arches. It can also be caused by multiple factors including wearing non-supportive footwear on hard surfaces, spending long hours on your feet, and weight-bearing activity to name a few. The pain from plantar fasciitis is usually a sharp, stabbing pain on the inside of the bottom of the heel that can feel like a knife sticking into your heel. Pain from plantar fasciitis is usually most severe when you first stand on your feet in the morning. It will usually subside, but can return with prolonged standing or walking or getting up after long periods of sitting.



## Heel Spurs



Sometimes heels spurs are found in people with plantar fasciitis, but they are rarely the source of pain. Heel spurs are bony growths on the underside of the heel bone caused by tension from a tight plantar fascia ligament. They result from strain on the muscles and ligaments of the foot,

stretching of the plantar fascia, and repeated tearing away of the lining or membrane that covers the heel bone. Close to 70% of patients with plantar fasciitis have a heel spur that can be seen on an X-ray. Plantar fasciitis and heel spurs are often confused and they are related, but they are not the same condition.

## **Ingrown Toenail**

When a toenail is ingrown, the nail is curved downward and grows into the skin, usually at the nail borders (the sides of the nail). This “digging in” of the nail irritates the skin, often creating pain, redness, swelling, and warmth in the toe. If an ingrown nail causes a break in the skin, bacteria may enter and cause an infection in the area, which is often marked by drainage and redness of the toe.

While self treatment with trimming the nail or soaking may help alleviate the condition, oftentimes a podiatrist is best suited to resolve this condition. A very common and simple in-office procedure is often performed. This involves removing the offending nail border, following the numbing of the toe. To prevent the reoccurrence of this painful nail condition, removal of the nail root (only to the side of the nail in many cases) enjoys tremendous success for many who have undergone this procedure.

## **Achilles Tendonitis**

Achilles, the Greek mythology hero, was vulnerable only at his heel. Achilles shared this trait with the rest of us and that is why this tendon which connects the calf muscles to the heel bone bears his name today. The Achilles tendon is the largest tendon in the human body and is very strong, but is also the tendon we rupture the most often. Everyone who is active can suffer from Achilles tendonitis, a common overuse injury and inflammation of the tendon.

Symptoms of Achilles tendonitis include mild pain after exercise or running that gradually worsens, a noticeable sense of sluggishness in your leg, and episodes of diffuse or localized pain, sometimes severe, along the tendon during or a few hours after running. Other symptoms can be swelling, morning tenderness in the Achilles tendon, or stiffness that generally diminishes as the tendon warms up with use.

Treatment depends on the degree of injury to the tendon, but normally includes rest, which may mean a total withdrawal from running or exercise for a week, or simply switching to another exercise, such as

swimming, that does not stress the Achilles tendon. Treatment can also include nonsteroidal anti-inflammatory medication, orthoses, braces specifically designed to restrict motion of the tendon, and appropriate exercises to strengthen weak muscles or stretching to increase flexibility.

## **Arch Pain**

This condition may be caused by plantar fasciitis, however other conditions may also cause this pain. A large tendon that helps to support the arch, called the Tibialis Posterior Tendon may develop tendonitis similar to the Achilles.

Anti-inflammatory medications along with orthotics, and/or braces are generally common first line measures. For more severe injuries, casting or even surgery may be indicated.

## **Arthritis**

Over 30 million American adults report being told by a doctor that they have some type of arthritis. It is a major cause of lost work time and serious disability for many people. Although arthritis is mainly a disease of adults, children may also have it. When a patient has arthritis, it means that the cartilage and even the lining of their joints has become swollen and inflamed.

There are numerous types of arthritis. The reason that your feet seem to be more susceptible to arthritis than other parts of your body is that your feet have so many joints that can be affected. The odds are just stacked against your feet. In addition, your feet and ankles bear the full weight of your entire body every single day.

## **Bunions**

Bunions are caused by your big toe joints becoming incorrectly aligned. This causes the first joint on your big toe to slant outward and the second joint then angles toward your other toes. Your joints then begin to swell. It causes a bump of bone on the foot that can become very painful if left untreated.

Bunions can be hereditary, but also can be aggravated by shoes that aren't a good fit. Surgery is often recommended to correct the problem.

Most bunions can be treated without surgery by wearing protective pads to cushion the painful area, and of course, avoiding ill-fitting shoes in the first place.

## Diabetes

Diabetes can affect many parts of the body, especially the feet. According to the American Diabetes Association, about 15.7 million Americans (5.9 percent of the United States population) have diabetes. It is very important that a diabetic gives their feet very special care. A small problem in a healthy person could become a severe one to a diabetic.

Diabetes can affect the feet in a number of different ways. The first is infection, which is one of the most common complications of the diabetic foot. Because diabetes causes reduced immune response, a diabetic patient's ability to fight infection is decreased. Early treatment of infection is a critical component to success. If neglected, infection of the foot can cause gangrene, ulceration, bone infection, and even amputation.

Foot ulcers are local skin defects with inflammation or infection. They can be caused by lack of circulation, infection, lack of protection, and improperly fitting shoes. A break in the skin without proper treatment may become an ulcer. Diabetics are at risk for developing foot ulcers.

Another complication of diabetes called neuropathy causes decreased sensation to pain and temperature. This may cause a patient to underestimate a foot problem. It may also be responsible for an absence of perspiration leading to dry, cracking skin that can more easily become infected.

When your feet lose their feeling, they are at risk for becoming deformed. When this happens, your feet are more prone to developing ulcers. Another way the foot becomes deformed is through the bone condition **Charcot (pronounced "sharko") Foot**. This is one of the most serious foot problems a diabetic can face. It warps the shape of the foot when bones fracture and disintegrate, and yet one continues to walk on it because it doesn't hurt. Diabetic foot ulcers and early phases of Charcot fractures can be treated with non-surgical measures.

## **Foot Drop & the Common Peroneal Nerve**

'Drop Foot' is a deficit in being able to lift up your foot or your toes, so your foot drags. This typically results from a compromised nerve, most frequently the Common Peroneal Nerve. This nerve entrapment may result in varying degrees of severity from slight numbness or buzzing from your knee to the top of your toes, to weakness or sensation of slight in-toeing of the affected leg, to not being able to lift the foot at all.

Treatments may include a splint called an AFO (Ankle Foot Orthosis) Device, medication to decrease inflammation, and possibly surgery to decompress the entrapped nerve.

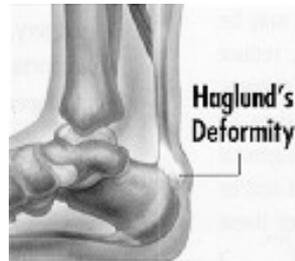
## **Fungal Nails**

Fungal infections of the nail bed, matrix, or nail plate are responsible for over 50% of all cases of thick, discolored toenails. Fungal nails can be initiated by tight footwear, minor trauma caused by exercise, communal showers, and diseases that influence the immune system.

Treatment for fungal nails varies by the nature of the infection and the severity. A podiatrist can detect a fungal infection early and formulate a suitable treatment plan. This can include topical or oral medication, debridement, and in some cases, surgery.

## **Haglund's Deformity**

Another name for Haglund's Deformity is 'pump bump'. The heel bone enlarges in the back area where the Achilles tendon attaches to the bone. This sometimes painful deformity generally is associated with bursitis caused by pressure against the shoe, and can be aggravated by the heel counter of shoes. Sometimes something as simple as changing your shoes can alleviate the symptoms.



## Hammertoe

Hammertoe is a flexible or rigid contraction usually affecting the second, third, fourth, or fifth toe. In



this condition, the toe is bent at the middle joint, resembling a hammer. Muscle imbalance leads to a bending or “buckling” of the toe joints. These buckled or contracted positions create any number of problems within and on top of the toe deformity. It is important to treat hammertoes early. As they advance and lose flexibility the only option for correction may be surgery. Hammertoes can cause complications such as corns or calluses at the point where they come into contact with the shoes. As with many foot problems one of the causes of hammertoes can be improperly fitted shoes.

Podiatrists have a variety of ways to treat hammertoes, including surgery, better shoes designed with extra room for toes, corn pads, straps, and cushions.

## Stress Fractures

An incomplete break in the bone caused by overuse is known as a stress fracture. Symptoms can include pain, swelling, and redness. Up to 15% of all sports injuries are stress fractures. A podiatrist needs to perform an examination and look at X-rays of the injury in order to diagnose a stress fracture. Treatments include immobilization of the foot with the use of a cast, medications, and in some cases orthotic devices to prevent further injury.

## Sprains

An ankle sprain occurs by stretching or tearing one or more ligaments on either or both sides of the ankle. Ignoring a sprain won't help it heal any faster. Ankle injuries that are serious enough to cause disabling pain should be treated by a podiatrist. Further examination may even reveal a torn ligament or bone fracture. Common treatments for sprains include rest, elevation, compression, and ice. More serious sprains may call for crutches or other walking devices.

## **Warts**

Warts are caused by a virus that generally enters the body through small nicks or abrasions in the skin. When they occur on the soles of the feet they are known as plantar warts. Due to the amount of pressure that is put on the feet in the course of a day, plantar warts can become quite painful. Teenagers between the ages of 12–16 are most commonly infected by warts but they can occur at any age. Warts are often contracted by walking barefoot on dirty surfaces or ground. The virus thrives in warm, moist environments like showers and swimming pools.

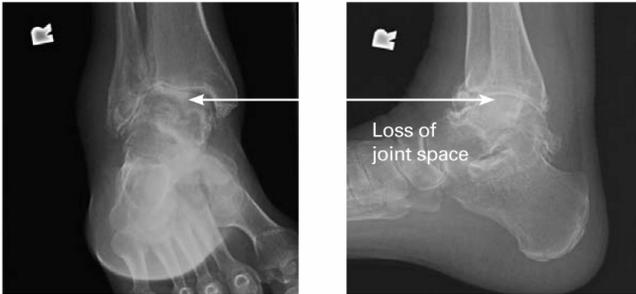
If you suspect that you or a family member has a plantar wart, see a podiatrist to get a correct diagnosis and treatment plan. Treatments may include the use of a wart-removal preparation or surgery performed under local anesthesia to safely remove the wart.

## **Advanced Procedures for the Foot & Ankle**

### **Total Ankle Implant**

While total hip and knee implants enjoy tremendous success in the U.S., ankle implants have had a much more limited success. This is primarily due to the anatomical considerations. The load across this much smaller joint is exponentially higher than the other lower extremity joints. Additionally, unlike the hip and knee which are essentially two bones coming together to form the joint, the ankle joint is three bones forming the ankle joint; functioning in a complex harmony. In the author's humble opinion, many of the ankle implants that disturb the anatomy of the joint, in particular the syndesmosis (the joint between the tibia & fibular or leg bones) make most ankle implants of limited value for many. However, more recently, the Tornier Ankle implant has been made available in the U.S. which preserves the ankle anatomy to a much greater extent. While it is still early to determine if this implant will become a mainstay, this latest generation implant could have a substantially greater indication for a variety of patients. See next page for x-rays showing images before and after the Tornier Ankle implant.

### X-rays Pre Surgery



### X-rays Post Surgery

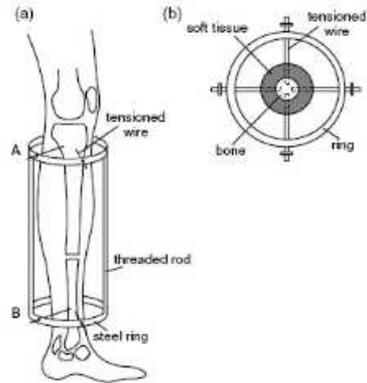


### **Ilizarov Technique**

The Ilizarov technique has one of the highest complication rates in orthopedics. However, that being said, it is an extremely powerful tool for complex deformities. In a clubfoot deformity, where one's foot is twisted such that they are essentially walking on the top of their foot. While relatively uncommon in the US, many third world countries have children with this terrible deformity. A single surgery to correct this deformity will not be sufficient, because nerves, blood vessels, skin, muscles, tendons, and bone need to 'stretch' and change shape over a course of several months. This is a deformity that an Ilizarov technique may be well suited.

This technique was made famous by a Russian surgeon in the Siberia region of Kurgan. He would see numerous wounded soldiers. If you

can imagine a bone shattered into many small pieces, a typical surgery using screws and plates is not effective. Therefore, he pioneered the idea to use 2 to 3 bicycle spokes to penetrate the skin, enter the bone, and exit on the other side of the leg. These spokes are tensioned tightly and fastened to a ring that encircles the leg or foot. These rings are then fastened to each other by threaded bolts and nuts. This allows an external fixation of fracture sites, with the ability to grow bone and change deformities over time without returning to the operating room.



The drawing (a) represents a general overview of the Ilizarov technique. (b) Represents a cross section.

### **Dellon Nerve Decompression**

Dr. A. Lee Dellon, MD, PhD is arguably the world's foremost authority in Peripheral Nerve Surgery. He has dedicated a life's work to understanding and treating nerve pain. Currently a Professor of Plastic Surgery & Neurosurgery at the John Hopkins University School of Medicine & a retired faculty member of the University of Arizona. Doctor Dellon has won fifteen national research awards, authored 72 book chapters, and published more than 375 articles in peer-reviewed journals. Early in his career as a hand surgeon, he would perform carpal tunnel surgery on various patients including diabetics. Many of his patients experienced profound changes from full recovery of their tingling and weakness in their hands. Many would inquire if he could help them with the tingling and weakness of their feet. Earlier in his career he would respond "no". However, as an educator to many of the brightest minds, he later opened investigation to the possibility of returning sensation to the legs and feet. He discovered much like the carpal tunnel causes a compression of a major nerve in the wrist and hand, the legs and feet had anatomical sites where major nerves were

likely to be pinched. This started a long journey to helping diabetics with their neuropathy.

It is important to note that there are two types of nerves, central and peripheral nerves. The beauty with peripheral nerves is that they regenerate. Unfortunately for Christopher Reeves, central nerves of the spine do not regenerate, but actually degenerate. Thus, his recovery after falling off his horse was relatively poor. While this idea of improving diabetic peripheral neuropathy remains an area of controversy, the author believes in the authenticity of this technique and believes much of the debate is biased as conventional medical training teaches us that diabetic peripheral neuropathy is an irreversible disease progression treated by narcotics, anti-seizure medications, and anti-depressants. For supporters of the Dellon procedure, this may be analogous to this camp stating ‘the world is not flat.’

The most common form of peripheral neuropathy is diabetic peripheral neuropathy which afflicts millions of Americans. More than 60% of non-traumatic lower limb amputations are due to diabetic neuropathy. One in six diabetics will have ulcers of the lower extremity. One in six diabetics who have ulcerations will have amputations. Over 200,000 lower extremity amputations were performed in the United States and Europe last year. This is simply too much!

There may be some optimism for patients suffering from diabetic neuropathy. A new truly miraculous surgical technique is allowing diabetic patients to retain their limbs, live pain-free and have a better quality of life. For patients who had little chance for symptomatic improvement, we may now have the real opportunity to prevent ulcers and amputations. These sites of pressure on the nerves can be treated with surgery to restore sensation to your legs and feet.

## **What Can You Do About Foot Pain?**

The first step in dealing with foot pain is to care for your feet. Your feet are the hardest working part of your body. They carry you wherever you need to go, whenever you need to go there and they do it for years and years. In fact, during your lifetime the average person walks over 115,000 miles on their feet the equivalent of four trips around the entire world. Caring for your precious feet and ankles is the best step to avoid foot pain and is a critical component in eliminating it as well.

Do not ignore pain in your feet and ankles. Healthy feet don't have persistent pain or skin that looks unusual. If your pain doesn't subside quickly, please see a foot and ankle specialist right away. The sooner you have an examination of your feet, the quicker you can begin to get your feet healthy again.

## **What To Do If You Are In Severe Pain**

Pain is our body's way of telling us that something is wrong. And it usually is true that the more severe the pain, the more serious the problem. If you are experiencing severe foot pain, seek treatment from a podiatrist immediately. Podiatrists specialize in dealing with foot and ankle problems and are experts in helping treat your symptoms. You can reach our office at:

Head to Toe Healthcare, PLC

7406 N. La Cholla Blvd

Tucson, AZ 85741

(520) 545-0202

If you are experiencing an emergency, call 911.

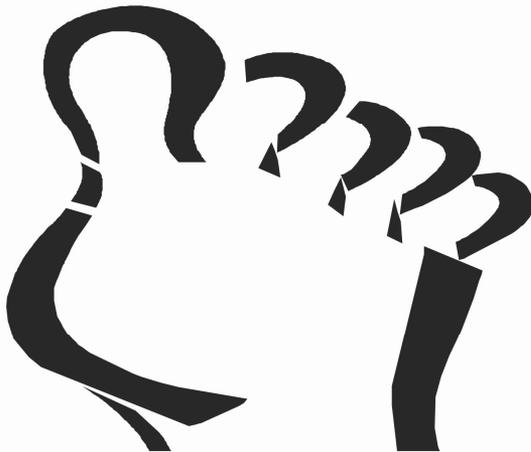
## Final Thoughts

I hope the information in this publication has been helpful. My purpose for sharing it with you is to give you the information you need to take the appropriate actions to care for your feet, ankles, and legs. I hope it helps you understand the pain you or your loved one may be experiencing. I also wrote it to help you see that podiatric medicine has benefited greatly from the advances medical science is making in the treatment of foot, ankle, and leg conditions.

I know that making an appointment to see a doctor isn't always the easiest thing to do, but with knowledge and understanding you can see that we can offer you many treatments that can greatly improve the quality of your life.

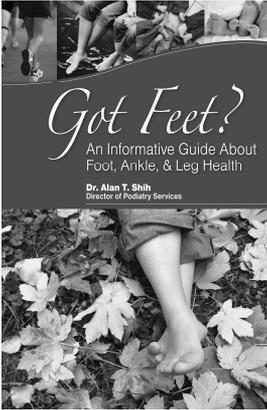
Dedicated to Your Health,

*Alan T Shih, DPM*



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### Got FEET? An Informative Guide to Foot, Ankle, & Leg Health



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# About the Author



**Dr. Alan Shih** is Head to Toe Healthcare's Founder and Director of Podiatry Services. He earned a Bachelor of Science in Movement Science from the University of Michigan and then enrolled in podiatric school at the Dr. William M. Scholl College of Podiatric Medicine. After graduation, he went on to complete a one year internship at Tennessee Valley VA Medical center, and a one year surgical residency program at the Southern Arizona VA Medical center. He followed this with the highest level of surgical training at a level-one trauma center in Chicago – Advocate Illinois Masonic Medical center – where he spent two years.

Upon completion of his residency, Alan had the privilege and unique opportunity to study the Ilizarov technique in its birthplace of Russia for a mini-surgical fellowship. This is training that less than 1% of the podiatric profession has gained. For a brief time following graduation from residency, Alan also enjoyed teaching podiatric students surgical techniques as a visiting lecturer at the Rosalind Franklin School of Medicine in Chicago. Dr. Shih is one of a handful of surgeons in Southern Arizona that has received training and certification in the Tornier Total Ankle Implant System. Alan has received advanced training at the Dellon Institute for Peripheral Nerve Surgery, an affiliate of John Hopkins School of Medicine. About 220 surgeons worldwide, primarily consisting of Plastic, Orthopedic, Neuro, and Podiatric Surgeons, have gained this privilege. Dr. Shih is a member of the American College of Foot and Ankle Surgeons and an author of multiple medical journal articles. Alan is currently in collaboration with the University of Arizona Medical Center, Department of Surgery to continue the advancement and understanding of foot, ankle, and leg disease.

## **Head to Toe Healthcare, PLC's Mission Statement**

*To deliver Advanced Eye & Foot care in a friendly, relaxed, and professional environment. To ensure our patrons are well informed, with an end goal of improved health and quality of life.*

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