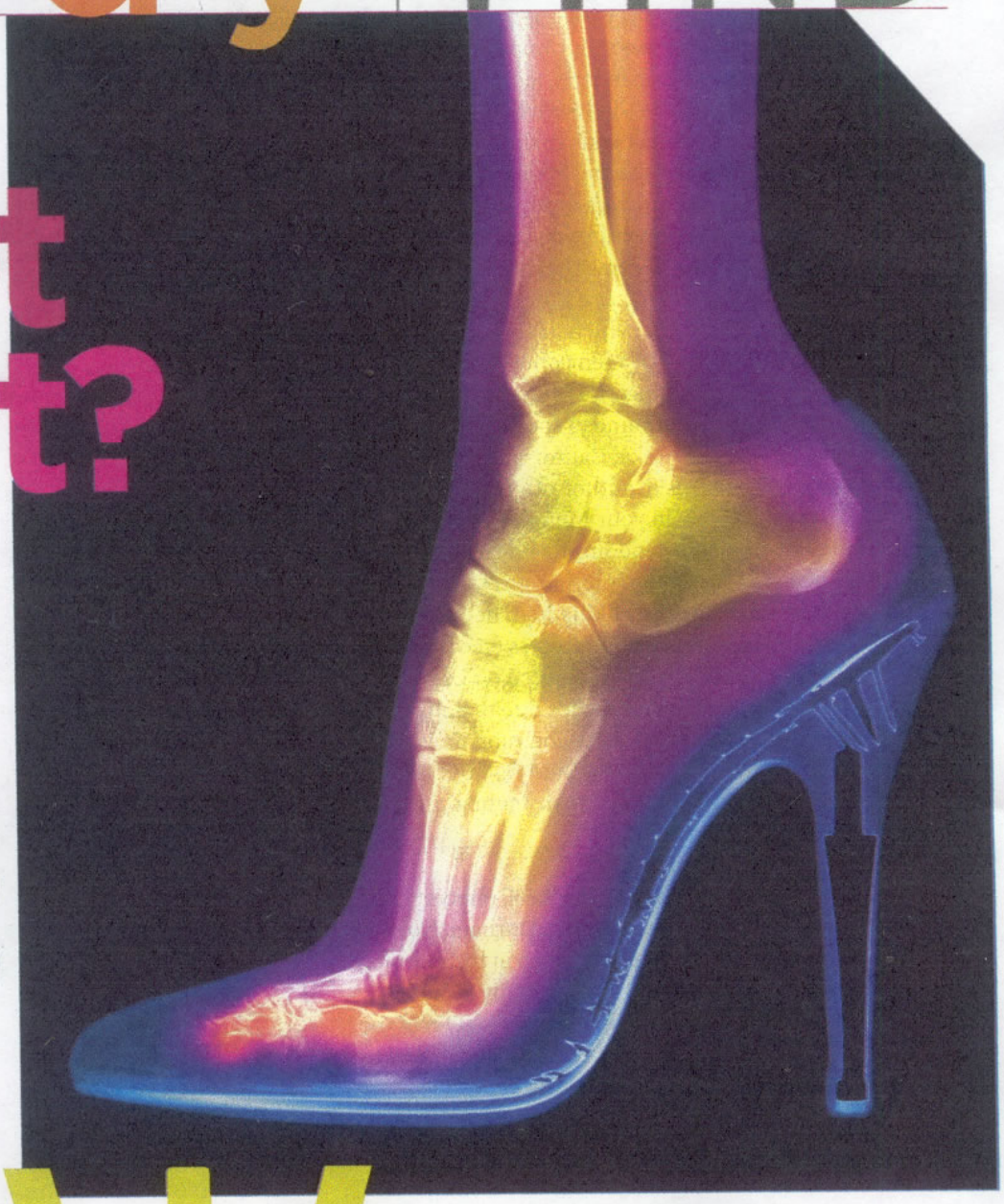
Feet Hurt?

As you age, your foot's structure can take a pounding. But whatever that bump, pain or ache in your heel, arch or toe, new treatments can save you, says Priscilla Grant



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WE KNOW BETTER. Really, we do. But who can resist that oh-so-sexy pair of shoes (admittedly, a tad too tight and a touch too high)? Tomorrow, we'll be nicer to our feet. But what if the day comes when our long-suffering feet finally speak up—loud and clear—about all they've endured? That day may be closer than you think. "The forties are a dramatic decade for women and foot pain," says New York City podiatrist Suzanne M. Levine. "It hits suddenly: Age-related structural changes, plus years of wearing high heels or ill-fitting shoes, finally catch up with you." →

As we age, foot muscles become less robust and springy, and that changes how the foot moves and absorbs impact. Pregnancy hormones can cause ligaments to relax permanently, lengthening feet; so can a few extra pounds. And with age, your natural shock absorbers—the fat pads cushioning the bottoms of feet—grow thinner, leaving bones and ligaments less protected. Plus, with today's fitness emphasis on high-impact activities such as running and cross-training, it means our poor feet take much more of a pounding.

Women also seem to have a much higher threshold than men for foot pain, which delays our seeking medical help. "I have women come in my office and say, 'This has been going on for a year,' and I think, 'Wow, why didn't you come in sooner? You wouldn't be limping!'" says Eureka, California, podiatrist Christine Dobrowolski, author of *Those Aching Feet*.

Lest you tremble in your Manolos, foot specialists have a battery of new and improved treatments for pain. And shoe technology has progressed so that even dress shoes (we're talking high heels) reflect better knowledge of foot mechanics (see box, "Ease Your Pain and Still Wear the Shoes You Love," right). If your feet hurt, chances are it's due to one of the following four foot woes, very common in women our age. Check out the treatments and find out how women like you have kicked their foot pain.

HEEL HELL: PLANTAR FASCIITIS

It was just a sore, bruised-feeling heel, remembers Norma Holder, 53, a hairdresser in Durham, North Carolina. But it got worse. "I'd get up in the morning and I could hardly put any weight on my right foot." The diagnosis: plantar fasciitis—inflammation of the fascia, the thick, fibrous band connecting the heel to the ball of the foot, which maintains the arch and absorbs shock. The telltale sign is intense pain in the morning, when you take your first steps, because the fascia is stiff. Women with a tendency to overpronate (meaning the foot rolls too far inward) and those with medium or high arches are prone to plantar fasciitis. There are many other causes as well—being overweight, spending long hours on your feet, exercising (especially running and jumping), failing to stretch. "Even wearing flat shoes like loafers or flip-flops, or walking barefoot in the sand—which allows the foot muscles to move excessively—can bring on plantar fasciitis," says podiatrist Rock Positano, of the Hospital for Special Surgery in New York City. "It's a problem that takes patience and effort to clear up, and you really have to invest the time."

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EASE YOUR PAIN AND STILL WEAR THE SHOES YOU LOVE

Shoe-shopping often comes down to the choice between stylish and sensible. But podiatrists say you can have both—most of the time, as long as you keep your foot shape and architecture in mind. "Don't try to wedge a square foot into a triangular piece of leather," says podiatrist Noreen Oswell. Have a low arch? Look for a straighter sole. If you have high arches, look for soles with a curved shape and more cushioning at the arch. Be sure the widest part of your foot corresponds to the widest part of the shoe. To up the comfort factor for any shoe, check out these doctor-approved shopping tactics:

- **FOR EVERYDAY WEAR** For the shoes you wear most often, Christine Dobrowolski recommends a thicker sole (for shock absorption) and a chunkier, lower heel—one with only ½- to ¾-inch lift. "It will look higher because of the thickness of the sole," she says. Before buying, hold the shoe at both ends and try to twist it. Any shoe you plan to walk and stand in should not twist. "And it shouldn't fold like a sandwich," Dobrowolski stresses, "it should bend only where your foot bends—at the toes."
- **FOR HIGH HEELS** Choose a style with a heel that is 1½ inches high and isn't too pointy or wobbly. The upper material should be flexible—medium-soft leather, suede or cloth—that will give on contact with any bony bumps. The toe box should be roomy enough so that not only are toes not scrunched, but can actually wiggle around, says Oswell. Mary Janes and T-straps may have roomier toe boxes.
- **FOR SUMMER WEAR** Avoid sandals with super-skinny straps, which cut and exert pressure, says Oswell. Soles should be rubber or rubber-like, for traction and shock absorption (or have a shoemaker add a rubber insert).
- **FOR STILETTOS** Know what podiatrists call those pointy-toed 4-inch spikes? Practice builders. Nevertheless, Suzanne M. Levine, author of *Your Feet Don't Have to Hurt*, believes that fashion-minded women can wear high heels without pain. "You can still find a width and depth of the toe box to accommodate your foot and feel comfortable," she says. "Even long, pointy shapes may actually have room for toes." Whatever the shape, don't wear them all day long. "I always change my shoes, especially for walking," says Levine. "For evening, if I'm going to wear what I call my limousine shoes, I put them them on for a limited time, and bring along a pair of lower-heeled shoes to switch into."
- **FOR ANY SHOE** Do what foot docs do to up their comfort—use orthotics or inserts. Custom orthotics, available through podiatrists, can be specially designed to wear in high heels and ease pressure on the front of the foot. There are also over-the-counter orthotics for heeled shoes, such as Walking Balance (*www.eneslow.com*), and Levine's own Ortho Chics (*www.institutebeaute.com*).

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Holder tried the spectrum of conventional treatments. Her podiatrist injected her heel with **cortisone to reduce the inflammation**, and fitted her for custom orthotics to support her arch. She was better for a few weeks, but the pain returned. Holder then tried the prescription anti-inflammatory drug Celebrex, which eased the swelling, but upset her stomach. She went for physical therapy, which included ultrasound and **electrical stimulation**, and did exercises, such as picking up marbles with her toes to stretch the fascia. Every night, she rolled her foot over a frozen water bottle to quell inflammation. She even wore a surgical boot for 12 weeks to keep the fascia in an extended position. Nothing she tried worked for long.

Holder's pain was so bad that surgery—avoidable in more than 90 percent of cases—seemed her only recourse. On her feet all day, she even considered quitting her job so she wouldn't have to go under the knife. Then her podiatrist recommended a relatively new procedure called orthotripsy, or extracorporeal shock-wave (ESW) therapy, which employs the same technology used to break up kidney stones. The **super-strong ultrasound waves** are purported to stimulate healing, encourage the growth of new blood vessels and inhibit pain receptors. In 2000, the use of the shock-wave device was FDA-approved for heel pain, but results vary. Nevertheless, patients and podiatrists have welcomed it as an alternative to surgery.

Orthotripsy is not cheap; Holder's procedure, including her doctor's fee, was $5,500, of which she paid $500 out of pocket. (Her insurance company made her go through the full range of conservative treatments for six months before they would approve it.) "I was back on my feet and working in two days," says Holder. More than a year later, she's doing well, able to work four days a week, and is walking for exercise. "That's something I couldn't do before."

Not all plantar fasciitis sufferers are that lucky. Heel pain hit Kelley Hester, 45, a retail merchandiser in Allen, Texas, fast and hard: "I'm a runner, so it really hobbled me. I couldn't run, couldn't walk, couldn't do anything that put pressure on my foot." She tried

Body+MIND

conservative treatments for seven months—and even had orthotripsy. "When that didn't work, I said to my doctor, 'I've got to do something, because I can't continue like this.'"

Hester's **surgery**, which severed the fascia at its insertion point in the heel, took only 30 minutes. Her foot was tightly compressed for two days, then she walked around wearing a knee-high surgical boot for three weeks. Except for an aching back (because the boot added two inches to that leg), her recovery went smoothly. In a month, she was back to walking, and she resumed running after six weeks. When her left heel acted up a year later, she had surgery. She was back in regular shoes after three months, and began running again after six months. That foot is still a little stiff, but, she feels great to be back running three miles, five times a week. Is she tempting fate? The answer varies with the doctor. Rock Positano takes a more conservative approach: "If you've had plantar fasciitis, you're forever at increased risk. Depending on the degree and cause of the pain, I'd probably recommend cross-training twice a week with a non-impact activity, such as cycling, to give the fascia a break."

JOINT PAIN: BUNIONS

"You might develop a bunion earlier, but the forties and fifties are the time for bunion problems," says Los Angeles podiatrist Noreen Oswell. An unsightly enlargement in the joint at the base of the big toe, a bunion can push your other toes out of alignment as it causes the big toe to angle inward. Bunions are said to run in families, but what's inherited is a foot type—typically, a low- or flat-arched foot, which tends to overpronate and create a muscle imbalance. Shoes that are too tight or too high can exacerbate the problem, and the bunion may become red, swollen and inflamed (did we mention painful?). Bunions can also cause arthritis, which can contribute to the pain as well.

Because bunions develop over time, **do-it-yourself approaches** may keep pain at bay. If you have your shoes stretched at the cobbler's or buy new ones wide and deep enough to accommodate the bunion, you'll still have the bump, but you may not have further pain or

progression, says Oswell. Over-the-counter pads, **toe spacers** and night braces may also help. (These aids are available through podiatrists, medical supply stores or at *www.footsmart.com*.) Podiatrists often recommend orthotics to correct overpronation, reduce pressure and friction on the area and slow the progression of the bunion.

Such noninvasive treatments have pain-proofed Susan Barron's bunion for nearly ten years. Barron, a 48-year-old systems programmer in Arlington, Virginia, wants to avoid surgery. Not only would the recovery time (four to eight weeks) cramp her style, she isn't keen on not being able to exercise. To keep bunion pain at bay, she uses **custom orthotics**. Barron doesn't mind that her feet are "less than attractive"—she respects them for what they do. "Two years ago I hiked the Grand Canyon from rim to rim. And I just got back from doing the Carpathian Mountains in Eastern Europe. I get a lot of miles out of these feet. If they need to look bad, that's okay with me."

FOOT SPECIALISTS HAVE NEW AND IMPROVED TREATMENTS FOR PAIN.

Ugly feet were not okay for Jonna Mitchell, 42, an executive assistant in Durham, North Carolina. As soon as her bunions became visible and painful, she became obsessed with fixing them. "I was very self-conscious," she says. "My doctor made it very clear that surgery was not going to be a piece of cake, but I was going to do it no matter what!"

Surgery for a bunion involves breaking the bone of the big toe joint and inserting a pin and/or screws to stabilize it in a straightened position. Noreen Oswell says that the majority of her patients with mild to moderate bunions need to wear a postoperative boot and are back to walking and exercising in eight weeks. Mitchell's recovery took longer, because her case was extreme. "I had a cast up to my knee for six weeks and had to get around on crutches," she says. "I won't lie. That part sucked." So did having to prop her foot on top of her desk to ease the continual swelling, and not being able to drive. Yet, six months later, she went through it all again—on her left foot. This time, her recovery went better, she says, because she was mentally prepared and her doctor started her on **physical therapy** earlier: For three months, she had ultrasound treatments, did balancing exercises and learned to pick up marbles with her toes to aid healing and increase flexibility in her toe joints.

Eight months after surgery, her pain was gone. A year later, the long incisions on the top of each foot have also faded. She has two screws anchoring the bone in each big toe, and can sense them on cold days. To prevent bunion reformation (it can happen), she wears orthotics. It's been worth it, she says, because she can show off her feet. "I love the way they look now."

NERVE WOES: NEUROMAS

Neuromas are inflamed nerve endings that most commonly crop up between the third and fourth toes, causing forefoot burning and cramping, and sometimes outright pain, as if you have a stone in your shoe. You'll recognize it, believe us: "It's like walking on a toothache in the ball of your foot," says Rock Positano, who notes they're most likely the result of trauma or an abnormal foot motion that causes damage to nerves over time. Spending long hours on your feet, or habitually wearing tight shoes or high heels doesn't help, either.

"In my twenties, I was like one of Cinderella's stepsisters, squeezing my feet into shoes that were a size too small because I thought they looked better," says Pat Ciaffa, 51, an art adviser in Los Angeles. "Suddenly, in my forties, I had crippling foot pain." When it got so bad she could barely press her car's accelerator, she went to a podiatrist, who offered to remove what turned out to be neuromas, some the size of small marbles, in each foot. Ciaffa was so desperate that she decided to have both feet done at once. She regrets rushing in: "I've had two cesareans, I've had sinus surgery—but nothing came close to this. It was literally six weeks before I could put any weight on either foot without a lot of pain. I had to swing my weight around on crutches."

While Ciaffa opted for **surgery** first, ideally patients try the full range of pain-easing methods first. Avoiding tight, high heels and switching to wider, stiffer-soled shoes may relieve symptoms, says orthopedic surgeon Nancy Kadel, M.D., of the University of Washington Medical Center, who suggests her neuroma patients wear clogs. She also recommends orthotics designed to lift and spread the heads of the metatarsal bones in the ball of the foot. Cortisone

"I WAS LIKE ONE OF CINDERELLA'S STEPSISTERS, SQUEEZING MY FEET INTO SHOES."

injections can help. The problem is finding the neuromas, which are often tiny, unable to be felt or seen in X rays or MRIs. Diagnostic ultrasound is the answer, says Rock Positano, who now uses the highly sensitive equipment to guide the needle for cortisone injections.

The worst part for Ciaffa? Having endured the surgery, her pain returned just six months later. She had surgery again, this time to remove so-called stump neuromas that sometimes form after surgery. "Any time a nerve is cut, it will be more sensitive," explains Kadel. "So I usually tell patients, 'After surgery, you won't be walking that sensitive end, but it's always possible to be made worse by the surgery.'"

When the second procedure still didn't resolve all her pain, Ciaffa's doctor, Noreen Oswell, suggested a less drastic, but then still-experimental, treatment for resistant neuromas: weekly **injections of alcohol**, a procedure traditionally used to remove spider veins. "I usually do seven to ten injections," says Oswell, "mixing the alcohol with a numbing agent to keep it from burning too much. Basically, you're deadening the nerve so you won't feel pain there." Ciaffa found the injections themselves to be momentarily excruciating. Still, she stuck with it, and after weekly shots for 12 weeks, her right foot was significantly better. But she still had pain in her left, and with conservative podiatric treatment possibilities exhausted, Ciaffa discovered acupuncture. Research suggests these techniques can improve some foot pain. "Regular **acupuncture treatments** have brought me the most relief of all," she says. Acupuncture seems to work by increasing blood flow to the foot and lower leg, but there is not enough research to recommend it as a regular treatment. It can help by reducing the inflammation around the problem area, but it doesn't correct any structural problems that may be causing pain. For these, Ciaffa has custom orthotics designed to take pressure off the nerves. At home, she pads around in heavy socks. For business meetings, she usually wears black flats in roomy brands, like Easy Spirit. A pair of Jimmy Choo mules with small heels still get to make an entrance at a party. Then, she says, "I quickly find a place to sit."

FROZEN TENDON: HAMMERTOE

It looks like it sounds: Toes bent in a claw-like position, leaving joints vulnerable to corns and calluses. You may have a hereditary tendency, but wearing too-short or too-narrow shoes can also cause the toe to contract; over time, it can freezes into that position. Bunions and hammertoes often go together, because the big toe crowds the second toe so it doesn't have enough room.

No toe is immune from hammering. Barbara Mayes, 61, a funding manager for childcare services in New York City, went to the podiatrist to have a painful corn removed on her right baby toe, which had given her trouble since she began playing tennis seriously in her forties. She emerged with a diagnosis of hammertoe, and **orthotics** for her tennis shoes. Her podiatrist told her the toe could be straightened with surgery. (In advanced cases, the tendons are so tightly contracted that the toe becomes rigid in its curled position, and surgery is the only way to straighten it.) "It took two years before I felt comfortable with the idea," Mayes says. "I'd go every month and get the painful corn cut off, and get my toe wrapped in lambswool. Finally, it hurt too much—not only on the tennis court."

In August 2003, Mayes had **surgery to alter the tendon** and allow the toe to straighten. She took an entire month off work, and waited six months before playing tennis again. She still gets swelling occasionally after exercise, but soaks her foot in Epsom salts and then it's fine. "My doctor said it would take a year, and almost a year to the day, the pain was gone, the foot back to normal."

That's the kind of outcome doctors hope for. But foot surgery doesn't always work, and recovery takes more time than many women imagine. Which is why prevention and early treatment are the best defense, says Positano, who estimates that 90 percent of chronic foot pain can be resolved with patience, better footgear and a range of nonsurgical interventions. Above all, don't ignore your aching feet. Positano says, "Foot and ankle problems in and of themselves may not be life-threatening, but they're life*style*-threatening." M