



## What In The Heck Are Corns And Calluses?

Corns and calluses are two common conditions we see every day. They can occur as young as the teenage years, however, most of the time they don't show up until after 20 years of age.

Corns and calluses are basically extra layers of skin that build up on the feet. We call the extra buildup of skin Corns and Calluses.

The most condition corns and calluses are mistaken for are Warts. They look and feel the same to the untrained eye. A podiatrist will be able to easily distinguish them from each other.

### The #1 Cause

The number one cause of corns and calluses is friction. The friction can be from ill-fitting shoes or from specific bone and foot conditions. Narrower shoes can cause the toes to rub together. Shoes with little padding can cause more friction on the bottom of the foot.

Without getting too technical, there has to be abnormal friction on the toes or the balls of the feet for a corn or a callus to develop. There is always an underlying problem. It can be as obvious as having hammer toes and bunions or not so obvious such as when the foot looks completely normal. Sometimes bone spurs cause corns.

When a person presents with corns or calluses we always take x-rays to determine the cause. If there is a simple solution that would lead to fixing the problem long-term we would definitely suggest that. Removing the excessive skin is always helpful but only a temporary solution.

Unless the underlying cause is addressed almost all corns and calluses recur. Custom foot orthotics, shoe recommendations and specific pads are some of the things we recommend for corns and calluses. We want to do whatever we can to prevent them from coming back again.

In some cases, surgery is the only way to fix the problem. We'll present surgery as an option but won't necessarily recommend it as the first line of treatment.

### Diabetics Beware

We are even more cautious when corns or calluses are present in people who have diabetes. These conditions can lead to open sores, infections, and amputations. Educating our patients to NOT self-treat with medicated products or sharp instruments is paramount. Anyone can get an infection from an open sore but diabetics are ten times more prone.

Inspecting between your toes daily is a practice all diabetics should observe. If your feet are numb you may not be aware a sore is present. Anything that looks unusual should be addressed by a specialist immediately.

If you have pressure on or between toes or on the ball of your foot and aren't sure as to why, it may be a corn or callus. Call us to have it evaluated and we'll find the simplest solution.



Plantar Callus



Corn



Plantar Wart

*Your Next Step for Healthy Feet*



**Your Next Step For Healthy Feet: [www.NextStepFoot.com](http://www.NextStepFoot.com)**

**Diagnose Your Heel Pain with these 7 Questions!**

Answer these 7 questions to diagnose your heel pain. Please keep track of your answers.

1. Is your heel pain worse when getting up after a period of rest or with the first steps of the morning?  
  
Always, Sometimes, Rarely, or No
2. Do you have pain in both heels?  
  
Always, Sometimes, Rarely, or No
3. Do you have burning pain in your heels?  
  
Always, Sometimes, Rarely, or No
4. Do you have pain at night or when you're off your feet?  
  
Always, Sometimes, Rarely, or No
5. Does your heel pain increase in relation to the amount of time you're on your feet?  
  
Always, Sometimes, Rarely, or No
6. Does your heel pain worsen throughout the day?  
  
Always, Sometimes, Rarely, or No
7. Does arch support therapy or orthotics make your heel pain worse?  
  
Always, Sometimes, Rarely, or No

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**Tally Your Score.**

Always = 3, Sometimes = 2, Rarely = 1, No = 0

Total Point Score? \_\_\_\_\_

If your heel pain score is **less than 12** then most likely you have isolated **Plantar Fasciitis**.

If your heel pain is **12-15** then it is quite likely you have both **Plantar Fasciitis** and **Neurologic Problems** causing your heel pain.

If your heel pain score is **15 or greater** then you probably have **Neurologic Heel Pain**.

There are other causes of heel pain but they're quite unusual. Most heel pain can be categorized into either plantar fasciitis or neurologic heel pain.


We would love the opportunity to help you.

**Electrical Signal Therapy for Neuropathy**

Every week we see patients who have shooting pain and numbness associated with Neuropathy. Many times these patients also have balance issues and are at risk of falling. Electrical Signal Therapy (EST) successfully treats Neuropathy. EST refers to the use of electrical signal energy waves. These therapeutic pulsed energy waves are comfortably and non-invasively delivered directly to the lower body to impact your ankles and feet. We also use Therapeutic Local Block Injections in this Therapy. This therapy requires 24 treatments, 2-3 times per week. Electrical Signal Therapy is covered by Medicare and most commercial insurances. The treatment is subject to your contracted copay, coinsurances and deductibles with your insurance plan. Schedule your appointment today to see if EST is the correct choice for you.



*You CAN find relief from neuropathy symptoms!*



**Achilles tendon and plantar fascia stretch**

Loop a towel around the ball of your foot and pull your toes towards your body, keeping your knee straight. Hold for 30 seconds. Repeat 3 times on each foot.