Podiatry and ageing feet

Podiatrists form an integral part of the health care team for ageing Australians. Podiatrists play a key role in assisting ageing Australians with general foot care, which would otherwise be left unattended and could lead to more serious problems, including infection, hospitalisation and, in worst-case scenario, even amputation.

Mobility in an ageing population is paramount to maintaining independence and quality of life. Podiatrists play a role in musculoskeletal assessment of the feet and legs of an ageing population and can assist in identifying and treating potential and active foot pathology that can reduce mobility.

It has been predicated that Australia, like most developed counties, will continue to experience a general ageing of the population. The proportion of Australians aged over 65 years grew from 8% in 1970-1971 to 13% in 2001-2. This is expected to reach and stabilise at about 25% over the next 30 years (1).

Below are listed some specific foot health problems that affect an ageing population:

1. **Skin changes**
   As the skin ages, it loses some of its former qualities of elasticity, moisture balance and fatty padding. The skin becomes vulnerable to tears and, therefore, ongoing slower wound healing and infection. The foot is an area particularly vulnerable to skin break-down complications; being at the most distal part of a limb it has susceptibility to peripheral neurological and circulatory loss. A podiatrist is often the first health professional to thoroughly examine the foot and can be the first to detect skin changes, such as skin cancers, which are more prevalent in the aged foot.

2. **Pressure areas**
   With the average person aiming for 10,000 steps per day, an 80-year-old foot could have tread over 290 million steps in a lifetime. It therefore comes as no surprise to learn that the fatty padding in the foot, either under the heel or the ball of the foot, can be considerably reduced in the ageing patient. The combination of pressure and reduced protection produces pressure-related problems unique to the foot; callouses and corns over boney prominences and metatarsal heads, heel pain from standing and walking, inter-digital neuromas and bursas or capsulitis.

3. **Nail changes**
   Difficulties with bending down, eyesight or focal length and hand grip strength often are the initiating factors for a person to directly contact a podiatrist for assistance with foot care. Podiatrists regularly treat nails in the aged population, and offer professional care of nail pathology such as ingrown nails, fungal nail infections, and wounds related to excessively long or thickened nails.

4. **Changing capability**
   As well as physical changes, there are often cognitive impairments related to chronic disease and complex medical presentations in the aged. Impairment in memory, loss of concentration, impairment in focus and judgment can affect personal care (2). These mental capacity deficits produce a higher risk profile for the aged foot, which often requires professional input of a podiatrist as a regular provider of foot care.

5. **Orthopaedic changes**
   The foot shape and appearance can change with ageing due to changes in boney structure and weakness or loss of elasticity in the connective tissues, such as ligaments and tendons. Muscle strains and tendon pathology are common consequences of an active older person who is demanding a lot from an ageing body. Podiatrists are trained to assess and diagnose boney and soft
tissue pathology of the foot. At times, orthoses can be prescribed to help support the tiring foot structure and these, along with footwear advice, can help maintain mobility in the aged population. Bunions and clawing toes are common presentations in the ageing foot. Other underlying chronic diseases such as arthritis and diabetes often exacerbate foot orthopedic problems. Complex feet of this nature require the professional care of a podiatrist as part of the health team for sustained mobility and quality of life.

Changes in bone density with osteoporosis may affect the many bones in the foot. The combination of weakened boney structure and the forces the foot must endure in gait leave the foot vulnerable to stress fractures.

6. Gait changes
Falls in the elderly are a concern to people who have experienced falls, their families and the health system at a community level. It has been shown that people at higher risk of falls have a more variable pattern of minimum foot clearance, which could lead to trips and falls (3). Podiatrists have a role in footwear advice and maintaining the foot to be as pain-free and functional as possible.

7. Foot pain
Foot pain affects up to 24% of people over 65 years of age (4). Pain is associated with altered activities of daily living, balance and gait. Some of the risk factors for pain are gender (with women reporting more foot pain), obesity and chronic health problems.

Celebrating Foot Health Month – October 2014

Seniors and podiatry

By 80, the average person will have walked around 100,000 miles. That’s a fair bit of wear and tear on the feet that are carrying you! Foot problems are a big concern for elderly patients, and injuries or complications with feet and ankles not only diminish quality of life and reduce general wellness, but can contribute to serious consequences if left unattended. Aging affects the capacity of the body to provide circulation to the feet and slows the immune response, making the elderly more prone to infection and increasing the time it takes for cuts, blisters and ulcers to heal.

With age, skin becomes increasingly fragile and feet are more prone to injury from normal stressors of daily activity and rest. Unstable walking, changed gait, long periods of sitting and worn or ill-fitting shoes can all place extra pressure on easily broken skin, with an added risk of injury from falls.

Nail care is another major concern for the elderly, and can have a big impact on foot health. The simple task of cutting the toenails can become tricky due to poor eyesight, inability to reach the feet and loss of hand strength, which can prevent adequate care and lead to unintentional injury. Nails can also become thickened, distorted or brittle and sharp over the years, and ingrown nails can easily become infected. It is important to have nails carefully trimmed with the correct instruments, or seek the assistance of a skilled person, such as a podiatrist.

Problems with bones and joints - the most prominent being arthritis - are common for patients in this age group, and become more problematic and severe over time. Arthritis comes in about 100 different forms, with the most common forms affecting the elderly being osteoarthritis and rheumatoid arthritis. Swollen joints or bony bunions can be incredibly painful, and can seriously affect your ability to walk, along with adding to the likelihood of falls. Treatments are available for these conditions, both to ease pain and to provide stability.

As feet age, they naturally develop more problems. But painful, uncomfortable feet are not just something to put up with. Many older people believe it is normal for feet to hurt, and resign themselves to foot pain that can be treated. There are simple things that older people can do to combat these issues:

1. Regularly have feet measured for shoe size. Shoes should hold the foot firmly in place, giving enough support – worn and floppy favourites have to go. A firm sole, strong heel counter and a soft upper is best for daily activities
2. Go for walks - walking is good general exercise for most people’s feet
3. Ensure that panty hose and stockings are the correct size, and preferably free of seams
4. Avoid going barefoot
5. Never cut corns or callouses yourself and don’t use over-the-counter corn products as they may do more harm than good. Only apply creams, medications or chemical treatments that have been recommended to you by a podiatrist or medical specialist
6. Don’t wear tight garters, as these can affect your circulation
7. Bathe feet daily in lukewarm water, using a mild moisturising soap, or moisturise separately. For older people with diabetes, avoid over-soaking the skin and instead shower daily as normal and apply cream
8. File your toenails, or trim with nail clippers, so they are slightly curved just short of the end of the toe
9. Inspect your feet every day; you may need to use a mirror to see the bottom of your foot

You’ve chosen to visit a proud Australian Podiatry Association member!
1 in 3 people over 65 will be injured in a fall. Our APodA member podiatrists will help keep you standing strong.

October is Foot Health Month.