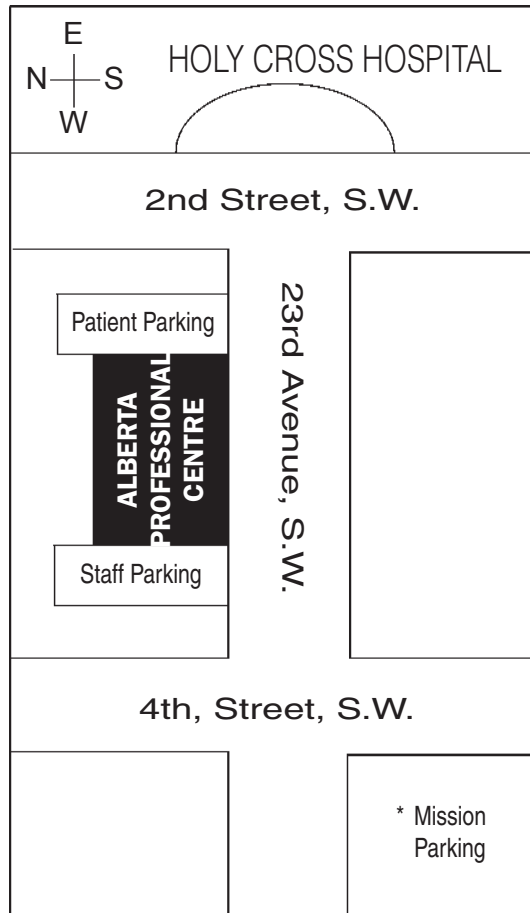


## GUIDELINES FOR THE DAILY CARE OF THE ARTHRITIC FOOT:

1. Remember to check your feet daily. They are essential to your ability to move around.
2. Inspect your toes and in between them daily for blisters, cuts and scratches.
3. Inspect your feet for red areas on top of the toes and bottoms of your feet. Using a mirror can aid in seeing the bottom of your feet.
4. Wash feet daily and dry carefully, especially between the toes.
5. Avoid using chemical agents to remove corns and calluses.
6. Avoid cutting or trimming calluses or corns.
7. Cut toenails straight across.
8. Wear properly fitted stockings.
9. Avoid wearing garters or other tightfitting bands around your legs.
10. When you have arthritis, the way the bones of your foot fit together may change. You may have to change or modify your footwear often.
11. If your foot is turning in or your shoes are wearing unevenly, call this to the attention of your physician.
12. If you have unusual pain in your feet for longer than one to two hours after you have been walking, you have probably overdone it. Sit down and rest your feet.
13. Lose excessive weight so your feet won't have to carry it .
14. If you notice your ankles turn in when you walk, you may need to wear a corrective insert (an orthotic) in your shoe. Ask your physician about this.
15. If you have painful, overlapping toes or you feel like you are "walking on stones", advise your physician.



\* Alternative Public Parking at Mission Professional Centre.

**The Calgary Foot & Ulcer Care Clinic**  
202 - 320 23rd, Avenue S.W., Calgary,  
Alberta, Canada T2S 0J2  
TEL: (403) 228-5959 FAX: (403) 228-6918

## RHEUMATOID ARTHRITIC FOOT

## THE CALGARY FOOT & ULCER CARE CLINIC

## THE CALGARY FOOT & ULCER CARE CLINIC

*Rheumatoid arthritis frequently involves the foot and foot pain can be an early sign of this disease. In active rheumatoid disease, inflammation of the joint lining (the synovium) within the foot and ankle may cause widespread pain and swelling. In time one often sees early toe deformities which require accommodative footwear modifications.*

### **One should seek assistance from your physician for the treatment of:**

- a) General foot discomfort.
- b) Painful corns which may develop over bony prominences.
- c) Nail deformities.
- d) Large swollen bumps (bursa) with overlying calluses over the sole of the forefoot.

### **CARE OF THE ARTHRITIC FOOT:**

1. Proper footwear is the most important aspect in the care of patients with rheumatoid arthritis.

Shoes do not correct deformities, rather they accommodate and assist in the prevention of further deformity and thus reduce pain.

Since the **FOREFOOT** is the most common area of symptoms, a shoe must be selected on the basis of its **FOREFOOT** design to obtain the required room and a better fit.

Such shoes are commercially available and do not need to be custom manufactured. These shoes must be comfortable at the time of purchase.

### **Common footwear modifications include:**

- a) Velcro straps to replace laces when hands are painful.
  - b) Soft orthotics to cushion the foot and yet support the involved structures.
  - c) Heel stability is improved by a wider or out-flared heel modification.
  - d) Ankle stability can be improved by an ankle foot orthosis (AFO) splint when strengthening exercises are inadequate.
  - e) Ankle stiffness can be reduced by the use of SACH heel with a rocker bottom sole shoe.
2. Proper corn, callus and nail care will be provided for you on a regular basis by our specially trained registered nurse.
  3. Surgical intervention:

All newly diagnosed rheumatoid arthritis patients require thorough medical and radiological work-ups and possibly an orthopedic consultation. An operation may be recommended for two reasons:

    - a) As a stabilizing procedure to decrease further bony breakdown.
    - b) If the patient does not respond to medications, aspirations, injections or footwear modifications or if their daily functioning is severely limited.

The timing of the surgical procedure is important, for if the rheumatoid arthritis progresses, a reconstructed joint may become destroyed, requiring yet another operation.