

Foot problems

Stephen A Margolis

Feet! Not really a glamorous endeavour when I went to medical school. At best, it seemed to almost be an afterthought, something to fill in those dreaded end-of-week lectures, when everyone had their eye on the clock and was looking forward to relaxing. Yes, we had traditional lectures, as this was long before problem-based learning arrived. Friday afternoon was hardly the spot for high attendance, in part as university hours were rather long and crammed full of activities when compared with more recent times.

Anyway, our education was chock full of important issues such as ischaemic heart disease, chronic airway disease and the like, and limbs, especially the bits at the end, were seemingly unimportant. Even in traditional orthopaedics, there was little emphasis on anything outside of fractures that required surgery, although the odd bunion seemed to sneak in occasionally. Hospital residency was not really much different; feet were considered for pulses or swelling but not really much else.

So it was no surprise that I was in for a rude shock (or is that an awakening?) when I arrived in general practice. Many of my patients had problems with their feet: teenage girls struggling through their ballet classes with mid-foot pain, young and not-so-young athletes challenged by sore feet halfway through their marathon, through to X-ray-negative foot trauma that fails to heal, recalcitrant infected ingrown toenails and even the odd inflamed bunion.

How much has changed in the intervening years? De Berardis et al² found little enthusiasm among physicians when

examining the feet of diabetics, while Williams and Graham³ noted that patients with rheumatoid arthritis felt their foot problems were often ignored. Pinney and Reagan⁴ noted 'a marked discrepancy between the musculoskeletal knowledge and skill requirements of a primary care physician and the time devoted to musculoskeletal education in Canadian medical schools'. Day et al⁵ found that Harvard 'medical students do not feel adequately prepared in musculoskeletal medicine and lack both clinical confidence and cognitive mastery in the field'.



The human foot is a masterpiece of engineering and a work of art (Leonardo da Vinci, 1452–1519)¹

Perhaps then, it is timely for *AFP* to review common problems in the feet in some detail. This month, we revisit the mid-foot and heel/hind-foot, and explore the key processes that GPs consider in managing problems in this area. Beran⁶ provides a detailed accounting of peripheral neuropathy from a GP perspective. For those more procedurally minded Bryant and Knox⁷ revisit the standard surgical techniques for ingrown toenails. And yes, a potential answer for footsore novice ballerinas is there as well.

Speaking of feet and the travels they facilitate, *AFP* turns 44 this year and is continuing its personal journey of involvement with the release of our latest revamped layout. Our commitment to our readers, evidence-based processes and style is unwavering as we celebrate redressing our package.

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Editor's note

One of the pleasures of a career in general practice is the opportunity to work across a broad range of endeavours, from direct clinical interactions with patients at one end through to policy development at the other. The role of the medical editors at *AFP* is somewhere in the middle of this continuum, providing an interesting counterpoint to the traditional role of the GP. *AFP* has been offering a 1-year, part-time registrar post in medical editing for many years, continuing in this tradition of providing diversity of opportunity and interest among GPs. Our registrar last year, Sarah Mansfield, has filled these shoes admirably. We wish her well as she moves to the next stage of her career, while we welcome Kate Thornton to the medical editor desk and look forward to sharing her journey at *AFP*.