

feels like a lump. It won't show up on an X-ray; only an MRI (magnetic resonance imaging) or ultrasound will disclose to the trained orthopaedic eye what those dark shapes between the toes represent.

Although you, like me, may not have heard of a neuroma before, it won't stop you getting one, especially if you're partial to wearing high heels and shoes that aren't always comfortable. Sure, they make our legs look a little sexier, but here's a tip – there ain't nothing sexy about the big, flat blue sandal the surgeon hands you when you wake up in hospital after having a neuroma removed!

"Around 80 per cent of my patients are female – what does that tell you?" asks Dr Sullivan. "I see five or six women with problem feet every day. They like high heels, and now they're paying the price with bunions, neuroma and bent toes."

Every year, thousands of Australian women need surgery for foot problems and Dr Sullivan says most complaints can be linked to bad footwear or genetic factors. Most of his patients are women aged between 45 and 55 whose "feet are starting to broaden". By this age, anyone who's spent their adult life wedging their feet into high heels is in for trouble.

"You're younger than most of my patients, but your toes are a bit clawed, so that hasn't helped – along with wearing high heels," he explains. "And because you like skiing, you've stretched the nerve; hence the pain."

My prognosis was not good. While a cortisone injection would allow me to undertake an upcoming skiing trip, this was only a temporary solution and the only real "cure" was surgery.

Of course, it's possible I could have avoided going under the knife if I hadn't ignored the symptoms for so long (sound familiar, ladies?). I endured months of pain before I even thought to see a doctor about my foot. It was only when I found myself curled up in the foetal position at a ski lodge, trying not to scream, that I realised I needed help. If I'd gone sooner I could have been referred to a podiatrist,

Fashion victims

Toppling down a steep flight of stairs isn't the only potential health risk facing those of us who love high heels.

Words **Jacqui Lang** Illustration **Wai**

...aah, the price of beauty. We all expect a little foot pain after a day (or night) spent posing in our most glamorous high heels, but imagine having to endure that kind of ache every single day?

Sadly, too many Australian women are silently suffering because for years they've been squeezing their feet into towering stilettos in the quest to look great. Just ask any of your female friends aged 40 and over about their feet and you'll be amazed at how many are hurting.

A recent survey of 160 Sydney women found that a staggering 70 per cent had painful feet. I learnt this when I had cause to be introduced to the man who conducted the survey, leading orthopedic surgeon Dr Martin Sullivan who specialises in feet. Why did I meet him? Sadly, I too had

become a statistic. I was referred to Dr Sullivan by my GP after telling her that a dull ache in my foot had graduated, over months, to sharp pain. The stunning Sydney coastal walk from Bondi to Bronte, once a pleasure, was now a curse. After it, I was left with the kind of aches I'd expect a granny to suffer, not someone under 40.

Dr Sullivan was quick to discover I had a Morton's neuroma, a condition that afflicts hundreds of Australian women each year. A Morton's neuroma is a non-cancerous enlargement of the nerve that runs between the bones of the third and fourth toe. It causes a sharp, burning pain in the ball of your foot and sometimes

An average person walks 128,000 kilometres in a lifetime and by the time we turn 50 the fatty pads on the soles of our feet have reduced by half.

PUT THE OIL WHERE IT BELONGS

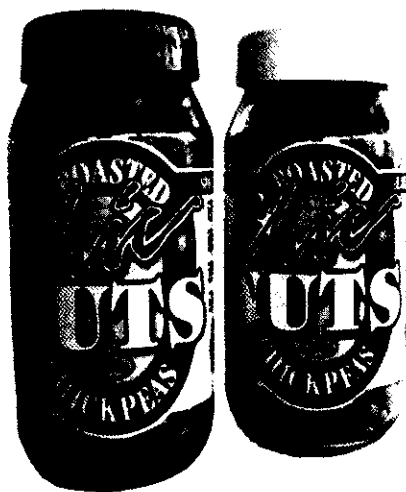


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If the shoe fits

The Australasian Podiatry Council's website has the following advice when choosing new shoes:

- Your toes shouldn't touch the end of your shoes. You need a gap of about 1cm at the end of your longest toe.
- Choose shoes that are broad enough for your feet. If you can see the outline of your feet pressing against the sides of your shoes, then they're probably the wrong fit.
- Don't buy shoes that need breaking in. A new pair of shoes should feel comfortable immediately.
- Most feet swell during the day, so always buy shoes later in the day.
- Synthetic and rubber soles provide better grip than leather ones.
- Wear shoes that are secured onto your feet with laces, straps or buckles. Shoes such as thongs and mules can strain foot muscles.
- For day-to-day wear, avoid pointy shoes and choose heels that are less than 2.5cm (1 inch) high.
- Keep shoes in good repair. Worn heels or soles may cause you to walk incorrectly and fall.

- Look for shoes with a padded sole to absorb shock.
- If you must wear high heels, limit them to special occasions.

Toeing the line

Morton's neuroma is just one of the conditions caused by wearing high heels or ill-fitting shoes. Others include:

- claw toes (curled toes caused by clenching so your shoes stay on)
- calluses and corns (hardening of the skin due to rubbing)
- bunions (bony lumps on the side of the big toes)
- heel spurs (bony growths under the heel bone)
- plantar fasciitis (inflammation of the tissue band that runs along the bottom of your foot)
- bursitis (an inflammation of a small sack of fluid at the back of the heel)
- "pump bumps" (painful bumps that develop when shoes rub on the heels)
- back problems (poorly fitting shoes and high heels can upset posture).

October 9-15, 2005, is National Foot Health Week. For more information, visit www.feet.org.au

undertaken stretching classes and started wearing better-fitting shoes – all of which may have helped alleviate my condition.

So are we really fashion victims when it comes to our shoes? Dr Sullivan and his colleagues certainly think so and would like there to be more publicity and research into the dangers of high heels. Appalled by the results of the survey mentioned earlier, he and his colleague, Dr Joyce Burcham, want to do a study on how to reduce foot pain and to gauge the cost to the community. They've applied for funding but haven't been successful.

"Still, the research in the US mirrors what's happening here," says Dr Sullivan. "Foot problems cost the US economy up to \$4 billion a year. They'd cost a fortune here as well. People can't work for weeks after surgery – a flight attendant can't fly for six weeks due to the cabin pressure."

Dr Sullivan believes that Sydney's well-heeled (or is that high-heeled?) eastern suburbs, where he practises, probably

has one the highest number of unhealthy feet in Australia, followed closely by their Melbourne counterparts. However, in north Queensland, where more women wear flat, open shoes that don't cramp their feet, there is far less foot damage.

Two weeks after my day surgery, my bandages and stitches are removed, and I survey the damage. Aside from a two-centimetre scar, my foot is a little bruised and swollen but I can finally walk again. And, most importantly, there's no pain.

"The procedure involved in removing a neuroma is fairly simple," says Dr Sullivan, who cuts from the top of the foot to enable a faster recovery. He tells me not to walk barefoot for six weeks and to wear joggers or that dastardly blue shoe.

All up, it's cost me around \$2000 for surgery and associated medical costs, and I've been unable to work for two weeks. Come to think of it, I could have bought quite a few pairs of shoes for that much ... low-heeled, sensible ones, of course! **ACT**