Foot care and Parkinson's

Some people with Parkinson’s may find they have problems with their feet. This may be a result of the difficulties they have with their gait and walking, posture or cramps. They may also have difficulty bending over to take care of their feet.

This information sheet looks at what foot care problems you may experience, which professionals can support you, and tips on what you can do to help yourself.

What foot problems can people with Parkinson’s experience?
There are a number of general foot problems, such as corns, bunions and verrucae, that can affect everyone, regardless of whether they have Parkinson’s or not. But there are other difficulties people with the condition may experience because of their Parkinson’s symptoms.

Problems with walking
Many people with Parkinson’s experience loss of balance, poor posture and gait problems (the pattern of how a person walks). Some people find that their stride gets shorter and the amount of time their feet remain in contact with the ground increases.

People with Parkinson’s can also lose the typical heel-to-toe pattern of walking – striking the ground with the heel and then pushing off with the toes – because of stiffness in their ankles. This can lead to a more shuffling, flat-footed action.

A flat-footed gait can cause foot, leg and even knee pain, as well as reducing the foot’s ability to absorb the shock of striking the ground. In the long term, this type of flat-footed stance may affect your mobility (see figure 1 on page 2).

Some people with Parkinson’s feel as if they are ‘walking on their toes’. This is usually due to stiffness. It can affect the ankle joint and, in particular, its ability to bend the foot up. Due to this stiffness, the foot holds a downward-pointing position and the person feels as if they are ‘toe-walking’.
Stiffness and/or muscle contraction, particularly in the calf muscles, make it harder for people to flex their ankles, affecting the body’s ability to absorb the shock of contacting the ground. This, in turn, may lead to pressure problems such as too much hard skin on the soles of the feet.

A podiatrist, a healthcare professional specialising in the care of feet (see page 3 for more information on the professionals that can help you), along with a physiotherapist can suggest exercises to help with this (see the Exercises section on page 5). Alternatively, a custom-made insole can spread the force of contact with the ground over the sole of the foot – it’s thought that three times the body’s weight passes through the foot when the heel strikes the ground.

**Dystonia and toe-curling**

People with Parkinson’s may experience muscle cramps and dystonia in their feet. This is where one of your muscles or a group of muscles tighten or shorten (contract) involuntarily. Sometimes this may cause the toes to curl in, in a claw-like way.

Occasionally, the ankle may also turn inwards (this is known as inversion) and put pressure on the outside of the foot (see figure 2, right). There may also be ‘hyperextension’ of the big toe, which causes it to stick up and rub on the top of the shoe. This can lead to pressure problems on areas of the foot that are not meant to deal with such pressure.

In some cases, dystonia can be connected to your Parkinson’s medication – speak to your specialist or Parkinson’s nurse to see if changing your dosage helps. A podiatrist (see page 3) can also advise you on suitable treatments for toe-curling (see the Toe splints section on page 5).

Dystonia can also affect the Achilles tendon at the back of the heel, causing it to tighten up and pull the foot into a downward position. This is another possible cause of ‘toe-walking’.

**Find out more:** see our information sheet *Muscle cramps and dystonia*.

**Swelling**

Swelling can be a problem for people with Parkinson’s. It may be more common in people with problems with slowness of movement.

Blood circulation relies on the legs moving and the leg muscles contracting to propel the blood in the veins upwards to the heart. If you don’t move very much, the veins become congested, resulting in some fluid leaking out and gathering in the tissues of your feet and ankles. This is known as oedema.

A physiotherapist can help you if you experience movement problems.

**Find out more:** see our information sheet *Physiotherapy and Parkinson’s*.

Swelling usually builds up during the day and goes down overnight. Sometimes this is called ‘postural oedema’ because gravity causes the build-up of fluid around the ankles when you stand up. While the swelling is usually mild, some people describe their legs as feeling heavy and they can have difficulty putting on tight shoes. Wearing footwear that can be loosened during the day may help.
Swelling may lessen if your Parkinson's is under control and you are able to move around. If you are not able to move around too much, lying flat with your legs slightly raised three to four times a day can help some of the excess fluid to clear.

Sometimes a diuretic drug can be taken. Diuretics help to remove excess fluid from the body by increasing the amount of fluid lost as urine. Your GP, Parkinson's nurse or a podiatrist should be able to advise you.

**Which professionals can help with foot care problems?**

If you have problems with your feet, you can visit a podiatrist or a chiropodist for advice – there is no difference between the two. Podiatry is the internationally recognised term for specialised foot care and is the term used in this information sheet.

The terms ‘podiatrist’ and ‘chiropodist’ are protected titles and to use them, practitioners must be registered with the Health and Care Professions Council (see the More information and support section for contact details). To be registered they must have completed a BSc degree, or equivalent, in podiatric medicine.

Podiatrists look at all areas of foot care including the analysis of how the foot should work during 'normal' walking and the problems caused by not walking in a 'typical' pattern. Podiatrists often work with a physiotherapist to help with foot-related mobility problems and to help prevent falls.

A podiatrist can also develop and produce tailor-made insoles (also known as orthoses) to help reduce foot and leg pain and improve gait. These include, for example, inserts or arch supports that can be placed in your shoes (or into specially made pairs), and ankle and foot insoles, which can be particularly helpful if you have balance problems.

**Where can I find a podiatrist?**

Podiatrists work in a variety of places both for the NHS and privately, including community health centres, nursing homes, doctors surgeries, hospitals and the workplace. Home visits can be arranged for people with serious mobility problems.

Depending on the funding available in your local health authority, you may need a referral for podiatry care from the NHS, for example, from your GP. If you think your foot problems put you at risk of ‘trips, slips and falls’, let your GP know – these are key factors that may highlight your situation within the NHS system.

You do not need a referral to see a private podiatrist. The Society of Chiropodists and Podiatrists (see page 6) can advise you on how to find one in your area, and you may be able to find private practices in your local telephone directory or online.

**What can I expect from my podiatrist?**

**Making the first appointment**

If possible, you should try to make your appointment at a time when you think you are least likely to experience tremor or other involuntary movements. This will make treatment easier and help avoid any risk or injury.

If you have a carer, you may wish to make your appointment for a time when they can come with you.

**Initial examination**

Your podiatrist will need to know your full medical history – not only your Parkinson's symptoms, but also any other health problems you have, as these can affect your feet. If you take a number of medications, it would be helpful to take a list of them with you, as well as the details of what they are for. Parkinson's UK produces
a medication card, where you can list all of your medications, which you may find useful – see page 9 for details of how to order resources.

Your podiatrist will assess you by doing some simple tests to check the circulation and the nerves in your feet. They will also do a gait analysis by watching the way you walk and by moving your feet into different positions. They will also assess the condition of the skin on your feet and nails on your toes.

**Treatment**
Your podiatrist will treat any immediate problems and agree a care plan with you. This may include follow-up appointments and advice on self-care such as filing your nails, the use of creams and exercise.

**What can I do to help myself?**

**Footwear**
Make sure your shoes fit well, as ill-fitting shoes can damage your feet. If you wear shoes that are too narrow, your toes get cramped together and may overlap. If you wear heels that are too tall, too much pressure is put on the balls of your feet.

Try to choose shoes that have a low, broad heel, and fasten over the top of the foot close to the ankle. Shoes with laces, Velcro or a strap and buckle are better than slip-on shoes – your toes have to grip too much in slip-ons. Try to wear slippers as little as possible. Although they may feel comfortable, they give your feet little or no support.

You also need to make sure that you have enough room to wiggle your toes. Look for lightweight shoes, especially if you have problems starting movement. For example, you could try trainers made from natural or breathable fibres.

Some people who experience freezing may find that leather-soled shoes help them to start moving again, by allowing them to slide. But they may also increase the risk of falling. Others say that soles with a grip make them think about lifting their feet up to walk and help them maintain a more typical pattern of walking for longer. Having a grip doesn’t necessarily reduce the risk of falls though – some people find that not being able to slide causes them to fall forwards. A podiatrist should be able to give you advice about what is best for you.

If you have been prescribed an insert, make sure you take it with you when you buy shoes. And try to shop for shoes when your feet are at their worst. What fits when you’re feeling at your best may not be quite so good when you have an ‘off’ period. Remember, if a shoe needs ‘breaking in’ it does not fit.

**Exercise**
Your podiatrist can train you to stretch and exercise your muscles to reduce the effects of stiffness or rigidity on your feet. They can also show you and your carer (if you have one) simple massage techniques to improve movement and circulation.

A custom-made insole can also spread the force of contact with the ground over the whole of the sole of the foot. This will help to improve gait and allow the foot and calf muscles to work more effectively.

The exercises on the next page have recommended by a podiatrist and may also be useful.
Exercises

1. Rise on your tiptoes
Stand with your feet parallel. Hold on to a steady piece of furniture for support and rise slowly up and down on your tiptoes. This exercises the leg muscles and helps strengthen the foot muscles.

2. Extend the sole of your foot
Sitting down, stretch the foot in as straight a line with the leg as possible.

3. Rotate your feet
While still sitting, extend your feet one at a time and rotate slowly at the ankle, as if you are trying to draw the largest circle you can with your big toe. Do this first in one direction and then in the other.

4. Mobilise your toes
Remain sitting with your feet resting on the floor. Move your toes up and down.

Toe splints
A removable silicone ‘splint’ can help to stop toe-curling from getting worse and give the toes something to grip.

If you still have some flexibility in your toes they can be supported in a straightened position with a simple and effective device made from quick-setting silicone rubber. This is moulded around the toes and allowed to set, ensuring it fits properly.

If you experience toe-curling, a podiatrist can give you advice on the best treatment for you. This may include surgery in more severe cases.
General foot care tips

- Wash your feet daily in warm, but not hot, water with a gentle soap that does not irritate the skin. Do not soak them for any longer than an average bath time as this may destroy some of the skin’s natural oils. Strong antiseptics such as iodine, carbolic acid, Lysol and bleach can also destroy these oils. Dry your feet carefully, especially between the toes. Do not try to get a towel between the toes if they are curled or rigid – try using a baby wipe instead.

- If your skin is dry, use moisturising cream all over the foot except between the toes. You could also use lanolin or olive oil.

- Remove hard skin by rubbing gently with a pumice stone or foot dresser. Apply moisturiser little and often – twice a day if possible. If hard skin is painful, consult a podiatrist.

- Do not cut corns, calluses or ingrown nails yourself or treat them with ‘corn cures’ or ‘corn plasters’. These contain strong acids, which, if not used properly, can lead to burns or ulcers.

- File your toenails weekly, if possible, using a ‘diamond deb’ file with a rounded end or an emery board. File following the shape of the end of the toe. Don’t file the nail too short, and don’t file them down at the corners as this can lead to ingrowing nails. Do not use sharp instruments such as nail clippers or scissors, especially if you experience tremor or involuntary movements – even a small cut can lead to problems if not treated properly. If you find it hard to manage your toenails yourself or your carer is unable to help, speak to your podiatrist.

- Seek treatment as soon as possible for burns, cuts and breaks in the skin or if you notice any unusual changes in colour, smell or temperature.

- Avoid exposure to extreme temperatures and dampness. Keep feet warm and exercise when possible to improve circulation.

- Extend the life and fit of your shoes by using a shoe horn (a long-handled one is easiest to use) and shoe trees.

- Don’t wear the same shoes all the time. Alternate daily if possible, as this will lengthen the life of your shoes and spread the pressures on your feet.

More information and support

Health and Care Professions Council
020 7582 0866
www.hpc-uk.org

The Society of Chiropodists and Podiatrists
0845 450 3720
www.feetforlife.org

Parkinson’s nurses
Parkinson’s nurses provide expert advice and support to people with Parkinson’s and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson’s nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.
Many Parkinson's nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson's doesn't always need to see their specialist for changes to or queries about their Parkinson's drugs.

Parkinson's nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at parkinsons.org.uk/nurses

**Information and support from Parkinson's UK**
You can call our free confidential helpline for general support and information. Call **0808 800 0303** (calls are free from UK landlines and most mobile networks) or email hello@parkinsons.org.uk. We run a peer support service if you’d like to talk on the phone with someone affected by Parkinson’s who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer.

Our helpline can also put you in touch with one of our local information and support workers, who give one-to-one information and support to anyone affected by Parkinson’s. They can also provide links to local groups and services.

We also have a self-management programme for people with Parkinson's, partners and carers. It is an opportunity to reflect on life with the condition, learn about self-management and think about the future. To find out if there is a group near you visit parkinsons.org.uk/selfmanagement

Our website parkinsons.org.uk has a lot of information about Parkinson’s and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at parkinsons.org.uk/localtoyou

You can also visit parkinsons.org.uk/forum to speak with other people in a similar situation on our online discussion forum.
Thank you
Thank you very much to everyone who contributed to or reviewed this information sheet:

Emma Supple, Consultant Podiatrist

Alison Rose, Parkinson’s Nurse, County Durham and Darlington Foundation Trust

Thanks also to our information review group and other people affected by Parkinson’s who provided feedback.

Foot care and Parkinson’s (2014)

If you have comments or suggestions about this information sheet, we’d love to hear from you. This will help us ensure that we are providing as good a service as possible. We’d be very grateful if you could complete this form and return it to Resources and Diversity, Parkinson’s UK, 215 Vauxhall Bridge Road, London SW1V 1EJ. Or you can email us at publications@parkinsons.org.uk. Thanks!

Please tick...

☐ I have Parkinson’s. When were you diagnosed? ..............................................................................................................................................................

☐ I’m family/a friend/a carer of someone with Parkinson’s

☐ I’m a professional working with people with Parkinson’s

Where did you get this information sheet from?

☐ GP, specialist or Parkinson’s nurse

☐ Information and support worker

☐ Parkinson’s UK local group or event

☐ Ordered from us directly

☐ Our website

☐ Other  ..............................................................................................................................................

How useful have you found the information sheet? (1 is not useful, 4 is very useful) 1 2 3 4

Have you found the publication easy to read/use? ☐ Yes ☐ No

Has this resource given you information that might help you manage your condition better?

☐ NA ☐ It hasn’t helped ☐ It has helped a little ☐ It has helped a lot

What aspects did you find most helpful? ...........................................................................................................................................................................................

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Were you looking for any information that wasn’t covered? ..............................................................................................................................................

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Do you have any other comments? ..........................................................................................................................................................................................................

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If you would like to become a member of Parkinson’s UK, or are interested in joining our information review group, please complete the details below and we’ll be in touch.

☐ Membership ☐ Information review group (who give us feedback on new and updated resources)

Name ..................................................................................................................................................................................................................................................

Address ..................................................................................................................................................................................................................................................

Telephone ..................................................................................................................................................................................................................................................

Email ..................................................................................................................................................................................................................................................

What is your ethnic background? ☐ Asian or Asian British ☐ Black or Black British ☐ Chinese ☐ Mixed

☐ White British ☐ White other ☐ Other (please specify) ..............................................................................................................................................

Thank you very much to everyone who contributed to or reviewed this information sheet:

Emma Supple, Consultant Podiatrist

Alison Rose, Parkinson’s Nurse, County Durham and Darlington Foundation Trust

Thanks also to our information review group and other people affected by Parkinson’s who provided feedback.
We’re the Parkinson’s support and research charity. Help us find a cure and improve life for everyone affected by Parkinson’s.

Can you help?
At Parkinson’s UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson's. If you would like to get involved, please contact our Supporter Services team on 020 7932 1303 or visit our website at parkinsons.org.uk/support. Thank you.

Parkinson’s UK
Free* confidential helpline 0808 800 0303
Monday to Friday 9am–8pm, Saturday
10am–2pm. Interpreting available.
Text Relay 18001 0808 800 0303
(for textphone users only)
hello@parkinsons.org.uk
parkinsons.org.uk
*calls are free from UK landlines and most mobile networks.

How to order our resources
0845 121 2354
resources@parkinsons.org.uk
Download them from our website
at parkinsons.org.uk/publications

We make every effort to make sure that our services provide up-to-date, unbiased and accurate information. We hope that this will add to any professional advice you receive and will help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson’s.

References for this information sheet can be found in the Microsoft Word version at parkinsons.org.uk/publications