



Foot pathologies

For athletes and coaches

Foot injuries are frequent pathologies in long or short running events.

We differentiate from so-called overload pathologies: tendons and aponeurosis, bone, joint, nerves which are related to chapter musculoskeletal injuries and pathologies linked to friction and in particular on the skin and nails-blisters.

Several favorable factors have been identified:

- depending on the athlete's morphotype: pronation, supination, high arches, flat feet
- depending on the deformation of the foot (hallux valgus, toe claws, ingrown toenails)
- excess weight
- inadequate material: wrong choice of shoes, socks, insoles
- unsuitable training: too much, hard surfaces

-For damage to the skin of the feet, the heating of the foot is linked to excessive sweating which causes maceration and which promotes the appearance of yeast infections and the formation of blisters.

Blisters: they are linked to repetitive friction against the shoe of the epidermis softened by sweating which will then cause the separation of the skin layers which fill up with serous liquids, forming a blister. This can cause pain and, in some instances, up to 65% of runners have to retire or can reduce performance.

Cause of blisters: new shoes, too small, too large or loose, socks that form folds.

Tips:

- Always wear equipment previously during training: shoes and socks already tested
- Short nails and pathologies such as calluses or corns are skin lesions should be well looked after, if necessary by a podiatrist
- Have your little self-care kit
- The double skin type compeed® have very limited indications in the sport of ultra endurance, but can help to complete a race
- Several strategies, such as moisturizers, talc powder, taping, types of socks have been evaluated in scientific studies but there is no clear evidence that either one works best. If you suffer from blisters, try to address the beforementioned causative factor and experiment with different prophylactic treatment strategies and adopt the one that suits you best.

In the event of blisters, it is best if you can self-manage, especially the smaller blisters as otherwise the medical team may be overwhelmed with minor. Pathologies and not being able to cater for life threatening emergencies. It is best to clean the area and with a sterile needle pierce the blister at the edge and drain the fluid and then cover the blister either with tape or something like compeed to be able to continue running. If there is a blood-filled blister do not penetrate the skin as the risk of infection is increased and in those circumstances, it is best to consult the race medical team. Also, if there any signs of infections or redness around the blister this should be evaluated by the race medical team, as it may require antibiotics.