Athlete's Foot

Athlete's foot (*Tinea Pedis*) is an infection of the skin on the feet. It often occurs on the skin between or underneath the toes, but also on the soles of the feet. Athlete's foot is more likely to occur in hot, humid weather. It may occur in anyone, but not washing feet or changing socks frequently enough contributes to this. It may be spread to other people by sharing towels or shower stalls.

CAUSE

Athlete’s foot is caused by a fungus (not a worm, despite the nickname ringworm). This is a very small (*microscopic*) germ that thrives in warm, moist environments such as sweaty feet and other parts of the body. The fungus usually spreads from one person to another. This happens from sharing shower stalls, sharing towels, wet floors, etc. People with weakened immune systems, including people with diabetes, may be more prone to athlete’s foot.

SYMPTOMS

- Itchy areas between the toes or on the soles of your feet.
- White, flakey, or scaly areas between the toes or on the soles of the feet.
- Tiny, intensely itchy blisters between the toes or on the soles of the feet.
- The skin can develop tiny cuts. These cuts can develop further into an infection from bacteria (another kind of germ).
- The adjacent toenails may be thickened or discolored.

Athlete's foot does not usually cause fever or generalized illness.

DIAGNOSIS

Your caregiver usually will recognize athlete’s foot based on appearance. If the diagnosis is uncertain, then the rash area can be scraped. Then, the small particles of the skin can be examined more closely. This could include your caregiver examining the specimen under a microscope. It might involve sending the specimen to a lab to see if the fungus can be grown. This could take several weeks to get a result.

TREATMENT

The first step in treatment is prevention:

- **Do not** share towels.
- Wear sandals or other foot protection in wet areas such as locker rooms, shared showers and public swimming pools.
- Keep your feet dry. Wear shoes that allow air to circulate and use cotton or wool socks.

Many products are available to treat athlete’s foot. Most are medications that kill fungus. They are available as powders or creams. Some require a prescription, some do not. Your caregiver or pharmacist can make a suggestion. **Do not** use steroid creams on athlete’s foot.

HOME CARE INSTRUCTIONS

- Use medications as prescribed.
- Keep your feet clean and cool with daily washes. Dry them well, especially between your toes.
- Change your socks every day. Use cotton or wool socks. It is helpful to go barefoot. If you go barefoot, even in the household, be careful not to cause other injuries. (Stepping on toothpicks and needles can require Emergency Department visits!) In hot climates, it may be necessary to change socks 2 to 3 times per day. Wear sandals or canvas tennis shoes during treatment.
- If you have blisters, soak your feet in Burrow's or an Epsom salt solution for 20 to 30 minutes, 2 times a day to dry out the blisters. Be sure to thoroughly pat dry, or air dry, your feet.
- To keep infection from returning, keep wearing cotton or wool socks and dry your feet well after washing.

Wipe between your toes at bedtime.

- Fungal infections are hard to get rid of and respond slowly. Continue the treatment even if your athlete's foot does not seem to be getting better. Treatment may be needed for several weeks.

SEEK MEDICAL CARE IF:

- You develop a temperature with no other apparent cause.
- You develop swelling and soreness & redness (*inflammation*) in your foot.
- The infection is spreading. Your foot becomes swollen, hot and red (*inflamed*).
- Treatment is not helping.
- Athlete's foot is not better in 7 days or completely cured in 30 days.
- You have any problems that may be related to the medicine you are taking.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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