

PAD - Peripheral Arterial Disease of the Legs:

FootHuggers Comfort Socks have been found to help people suffering with PAD - Peripheral Arterial Disease of the Legs:

How can FootHuggers Comfort Socks help with PAD?

1. FootHuggers have no elastic. No tightness around the foot or leg. Helps promote good circulation, unlike normal socks seen in photos below.
2. FootHuggers socks cushion your feet. Helps with your comfort.
3. FootHuggers are thin enough to wear in all your shoes.
4. FootHuggers Bootsocks give gentle support to the lower leg without tightness, thus promoting good circulation.

(Review each style to discover which style best meets your individual needs.)

What is PAD - Peripheral Arterial Disease?

(Reprinted from Nat. Heart, Lung, & Blood Institute)

Peripheral arterial disease—also known as P.A.D.— is a common, yet serious, disease that raises the risk of heart attack and stroke. P.A.D. develops when arteries in your legs become clogged with plaque—fatty deposits that limit blood flow to your legs. Just like clogged arteries in the heart, clogged arteries in the legs raise your risk for heart attack or stroke.

P.A.D. affects 8 to 12 million people in the United States, especially those over age 50. P.A.D. does not always cause symptoms, so many people may have P.A.D. and not know it. People who do experience symptoms, such as pain or cramping in the legs, often do not report them, believing they are a natural part of aging or due to another cause.

PAD Symptoms and Diagnosis:

(Reprinted from American Heart Association)

The pain of PAD usually goes away when you stop exercising, although this may take a few minutes. When muscles are being used, they need more blood flow. That means if there's a blockage due to plaque buildup, the muscles won't get enough blood during exercise to meet their needs. That's what causes the pain, which is called "intermittent claudication". The term comes from the Latin word meaning "to limp."

Research has shown that nearly 75 percent of people with PAD do not experience symptoms. Women are less likely to have symptoms than men.

Symptoms of severe PAD include:

Foot pain that does not go away when you stop exercising
Foot or toe wounds that will not heal or heal very slowly
Gangrene
A marked decrease in the temperature of your lower leg or foot particularly compared to the other leg or to the rest of your body.

Understanding leg pain:

Many people dismiss leg pain as a normal sign of aging. You may think it's arthritis or sciatica or just "stiffness" from getting older. PAD leg pain occurs in the muscles, not the joints. Those with diabetes might confuse PAD pain with a neuropathy, a common diabetic symptom that is a burning or painful discomfort of the feet or thighs. If you are experiencing any kind of recurring pain, talk to your healthcare professional and describe the pain as accurately as possible. If you have any of the risk factors for PAD, you should ask your healthcare professional about PAD even if you are not experiencing symptoms.

Diagnosing PAD:

PAD diagnosis begins with a physical examination. Your doctor will check for weak pulses in the legs. The ankle-brachial index (ABI) test (see illustration on the right) is also usually done. It's a painless exam that compares the blood pressure in your feet to the blood pressure in your arms to determine how well your blood is flowing. This inexpensive test takes only a few minutes and can be performed by your healthcare professional as part of a routine exam. Normally, the ankle pressure is at least 90 percent of the arm pressure, but with severe narrowing it may be less than 50 percent. If an ABI reveals an abnormal ratio between the blood pressure of the ankle and arm, you may need further testing. Your doctor may recommend one of these other tests:

Doppler and Ultrasound (Duplex) imaging: a non-invasive method that visualizes the artery with sound waves and measures the blood flow in an artery to indicate the presence of a blockage.

Computed Tomographic Angiography (CT): a non-invasive test that can show the arteries in your abdomen, pelvis and legs. This test is particularly useful in patients with pacemakers or stents. more

Magnetic Resonance Angiography (MRA): a non-invasive test that gives information similar to that of a CT without the use of X-rays. more Angiography can also be used, but is usually reserved for use in conjunction with treatment. During this test a contrast agent is injected into the artery and X-rays are taken to show arteries of the legs and any blockages that may be present. As stated earlier, PAD often goes undiagnosed. This can be dangerous because PAD can lead to painful symptoms, loss of a leg and/or increased risk of coronary artery disease and carotid atherosclerosis. Because individuals with PAD have this increased risk for heart attack and stroke, the American Heart Association encourages anyone who is at risk to discuss PAD with his or her healthcare professional to ensure early diagnosis and treatment.

PAD risk factors you can control:

Certain risk factors for PAD cannot be controlled, such as aging or having a personal or family history of PAD, cardiovascular disease or stroke. However, there are many risk factors that you can control including:

- Cigarette smoking
- Obesity
- Diabetes mellitus
- High blood pressure
- Physical inactivity
- High blood cholesterol

Tobacco smoke greatly increases your risk for PAD and your risk for heart attack and stroke. On average, smokers experience symptoms of PAD 10 years earlier than non-smokers. Stop smoking. It will help to slow the progression of PAD and other heart-related diseases.

The most effective treatment for PAD is regular exercise. Your doctor may recommend a program of supervised exercise training for you. You may have to begin slowly, but simple walking regimens, leg exercise and treadmill exercise program 3-4 times a week will result in decrease of symptoms in as few as three months. Exercise for intermittent claudication takes into account the fact that walking causes pain. The program consists of alternating exercise and rest in intervals in order to build up the amount of time you can walk before the pain sets in. It is best if this exercise program is undertaken in a rehabilitation center on a treadmill and monitored. If it isn't possible to go to a rehabilitation center, ask your healthcare professional to help you plan a program that is best suited to your situation.

Taking care of only one risk factor is not as effective as taking care of all those that you can control. Learn the facts. Develop a heart-healthy lifestyle, and cooperate with your healthcare professionals. Your heart will thank you by functioning better and lasting longer.

Many PAD patients have elevated cholesterol levels. A diet low in saturated fat and cholesterol can help lower blood cholesterol levels, but medication may be necessary to maintain the proper cholesterol levels.

(Reprinted from Yahoo! Health)

Living With PAD

How you can manage peripheral arterial disease:

Take good care of your feet and legs.

When you have reduced blood flow to your legs, even minor injuries can lead to serious infections.

Treat cuts and scrapes on your legs right away. Poor blood flow to the legs caused by PAD can result in small cuts and scrapes that do not heal properly. Prompt treatment can help you avoid this problem and is especially important for people who also have diabetes.

Avoid shoes that are too tight or that rub your feet. Shoes should be comfortable and fit well.

Avoid socks or stockings that are tight enough to leave elastic-band marks on your legs, which can make worse the circulation problems and symptoms associated with PAD.

Keep your feet clean and moisturized to prevent your skin from drying and cracking.