Wilton Footcare Associates
Dr. Michael Connor, D.P.M.

News and Updates June 2025

More Than a Toe Stub

If a person is walking stocking-footed, in open-toed footwear, or barefooted, all Hades can break loose in an instant when they stub a toe.

Our toes are packed with nerves, so the pain of a stub snags our attention immediately. Feet are also home to approximately 25% of the body's bones, half of them in our toes. Sometimes a stubbed toe is actually a fractured toe, which should receive podiatric care. Here's how to tell the difference.

The pain from a toe stub should dissipate in anywhere from a few minutes to a few hours. Swelling should be minor. If you're still experiencing pain the next day and the swelling is significant, you might have a fracture. Employ the RICE method (i.e., **R**est, **I**ce, **C**ompression, and **E**levation).

Both stubs and fractures can result in bruising and possibly a nail injury. If the discoloration hasn't begun fading after a few days, if it spreads, or if the amount of blood under the nail is concerning, a fracture may be involved.

In addition, a fractured toe might change shape compared to its counterpart toe on the other foot. The injured toe may look crooked or be stuck in a bent position.

Untreated toe fractures can lead to complications such as infection, chronic pain, and arthritis, so professional treatment is important. Treatments include splinting, taping to a neighboring toe for support, immobilization with a boot or cast, and, in severe cases, minor surgery.

If you suspect you've fractured a toe, please contact our office. It typically takes 4–6 weeks for a fracture to completely heal. The sooner you see us, the better off you'll be.

About the Doctor

Michael Connor, DPM

Dr. Connor has been in private practice in Wilton, CT for the past 30 years. He is on staff at Norwalk Hospital and is Board Certified in Podiatric Surgery. He treats all foot and ankle problems from children to adults with special interest in sports medicine and diabetic footcare.

Get Social w/Us

Flip-Flops:

An Interview With a Pair of Feet

Journalist Podiah Tree: Summer has arrived. What are your thoughts on flip-flops?

FEET: Breathability, freedom of movement, and ease of wear might be selling points, but there are way too many downsides.

PT: Could you elaborate?

FEET: Glad to. Those ragtag, cheap, limp rubber versions of flip-flops are vile! No arch support; no heel support; no protection from scrapes or cuts; too thin and flimsy to ward off puncture wounds. Even flip-flops that offer a little arch and heel support should be short-term options only — the beach, poolside, locker rooms, a quick jaunt to the mailbox, that type of thing.

PT: Would you speak to the simple design of most flip-flops and how that contributes to foot problems?

FEET: Certainly. Instead of flip-flops supporting the feet, we support the flip-flops! Keeping the darned things on requires our toes to do the gripping. This strains tendons and ligaments, and frankly, plantar fasciitis is a bear; Achilles tendonitis is no picnic either. Altered biomechanics and weight shifts invite chaos: sore muscles, stress fractures, bunions, hammertoes, and other deformities. The ankles, knees, hips, and lower back feel the wrath, too. Look, we love our job, but some respect would benefit everyone.

PT: Any recommendations for summer flip-flop alternatives?

FEET: First, some flip-flops have earned the American Podiatric Medical Association's approval: **www.apma.org/patients-and-the-public/apma-seal-program-footwear-products.** Second, summer slide shoes with a slightly elevated wedge to aid the Achilles tendon offer comfort, convenience, and more support than typical flip-flops. They have a wider forefoot and a harder sole that's often ribbed for improved traction.

PT: I know you've got a busy schedule; thank you for your time.

FEET: Our pleasure. Here's to a strong foundation!

Mark Your Calendars

June 3 Stanley Cup Finals Begin: Wait, isn't ice hockey a winter sport?

June 11 Corn on the Cob Day: Young corn, soft and full of liquid, is considered a vegetable; mature and dry, a grain.

June 14 Flag Day: The Betsy Ross flag story started with her grandson, nearly 100 years after Congress adopted the American flag in 1777.

June 15 Father's Day: "When I was a boy of fourteen, my father was so ignorant I could hardly stand to have the old man around. But when I got to be twenty-one, I was astonished at how much he had learned in seven years." — *Mark Twain*

June 19 Juneteenth: Strawberry soda is a Juneteenth favorite.

June 20 First Day of Summer: It's wiener season! Americans will consume over 7 billion between now and Labor Day.

Keeping Your Cool

The body combats summer heat by sweating, which lowers body temperature through evaporation, and directing more blood closer to the skin surface to enable additional heat to escape. Despite these efforts, sometimes the body overheats.

When body temperature rises to the 101°F–103°F range, heat exhaustion occurs. Symptoms include muscle cramps, slowed heartbeat, heavy sweating, nausea, headache, fatigue, dizziness, weakness, and feeling faint. Your body is telling you to find shade or air conditioning, rehydrate (plain water or sports drinks), and rest. If you listen, you should completely recover in a day or two. If you don't, it's just a short trip to heatstroke, which is often lethal without quick action. Some heatstroke symptoms overlap with heat exhaustion, but dry skin, shortness of breath, seizures, and disorientation enter the picture.

During heatstroke, the body's ability to regulate temperature is overwhelmed by environmental heat, internal heat, or both, and body temperature soars past 103°F. Some central nervous system dysfunction sets in, prompting a body-wide inflammation response that puts vital organs in jeopardy and can cause muscle breakdown.

If you suspect someone has heatstroke, call 911 immediately. While waiting, the only treatment is rapid cooling. If an ice bath isn't possible, wet the victim's skin and fan them; soak towels in cold water and cover as much skin as possible, rotating new towels every minute or so; apply ice packs to the armpits or neck. Although counterintuitive, don't give the victim anything to drink; they might accidentally inhale fluid (aspiration), which is dangerous.

Anyone who overexerts themselves on already-hot days is susceptible to heatstroke. Exercise elevates metabolism, which raises internal body temperature. High humidity interferes with cooling, too.

Those most vulnerable to heat exhaustion or heatstroke include young children and those over age 65. Obesity, chronic illness, certain medications, and alcohol intake are negative influences as well.

Mediterranean Tacos
With Spicy Roasted Cauliflower

Servings: 4 tacos; prep time: 20 min.; ready in 35 min.

Can't decide whether you want a Mexican or Mediterranean meal? This tasty fusion recipe gives you the best of both worlds

Ingredients

- 1/2 cup no-salt-added tomato sauce
- 3 tablespoons ground sumac
- 2 teaspoons sweet paprika
- 1 teaspoon ground cumin
- 1/2 teaspoon garlic powder
- 4 cups small cauliflower florets
- 12 oz. tiny new potatoes, halved
- 1/4 cup tahini
- 1 tablespoon lemon juice
- 1 cup oil-free hummus
- 4 rounds whole wheat pita bread
- 3 cups shredded red and/or green cabbage
- 1/2 cup chopped fresh cilantro
- 1 fresh jalapeño chili, thinly sliced
- 1/4 cup sliced scallions
- Lemon wedges

Directions

1. Preheat oven to 450°F. Line a 15x10-inch baking pan with foil. In a large bowl, stir together the first five ingredients (through garlic powder). Add cauliflower and potatoes; toss to coat. Spread cauliflower mixture in prepared pan. Roast 20 to 25 minutes or until cauliflower and potatoes are tender and charred, stirring once.
2. In a bowl, stir together tahini, lemon juice, and enough water to reach drizzling consistency. Spread hummus on pitas. Add cauliflower mixture and cabbage. Top with tahini sauce, cilantro, jalapeño, and scallions. Serve with lemon wedges.

Recipe courtesy of www.forksoverknives.com.

EPAT

Wilton Footcare Associates
Dr. Michael Connor, D.P.M.
27 Danbury Rd., Wilton, CT 06897 USA
203-761-1230 • WiltonPodiatry.com

The most advanced noninvasive treatment for musculoskeletal pain, extracorporeal pulse activation treatment (EPAT) is the most advanced and highly effective non-invasive treatment method cleared by the FDA. This proprietary technology is based on a unique set of pressure waves that stimulates the metabolism, enhances blood circulation and accelerates the healing process. Damaged tissue gradually regenerates and eventually heals. Learn more about EPAT here.

What are the possible side effects/complications? The noninvasive EPAT treatment has virtually no risk or side effects. In some cases patients may experience some minor discomfort which could continue a few days. It is normal to have some residual pain after intense exercise or a full day workout

What are the expected results? The beneficial effects of extracorporeal pulse activation treatment (EPAT) are often experienced after only three treatments. Some patients experience complete pain relief after the treatment, although it could take up to four weeks for pain relief to begin. The procedure eliminates pain and restores full mobility, thus improving your quality of life. Over 80% of patients treated report to be pain free/and or have significant pain reduction

Is it safe? Yes, this FDA cleared technology was developed in Europe and is currently used around the globe. A wealth of medical experience, state-of-the-art engineering and optimal quality have been built into each EPAT device, and extensive clinical studies and tests have confirmed its safety and efficacy

If performed by a qualified caregiver ExtracorporalPulse Activation Treament (EPAT) has virtually no risks or side effects

Why Consider Non-Invasive EPAT? EPAT has a proven success rate that is equal to or greater than that of traditional treatment methods (including surgery) and without the risks, complications and lengthy recovery time. EPAT is performed in the office, does not require anesthesia, requires a minimal amount of time, patients can bear weight (walk) immediately and return to normal activity within a few days of the procedure.

Benefits of Non-Invasive EPAT: Patients are immediately full weight-bearing; No incision – no risk of infection at the treatment site – no scar tissue formation; Patients are able to return to work/normal activities within 24–48 hours, resuming strenuous activities after four weeks; Patients evaluated for success at 12 weeks; Over 80% successful outcomes (Published data – Long-term pain relief – results retained); Cost Effective; Reduced cost from lost work; Fast, safe and effective; Does not require anesthesia.

CALL 203-761-1230 for your appointment.

Kohler's Disease

Young children are generally bundles of energy, but various foot ailments can slow them down. One of those is Kohler's disease.

Kohler's disease is a rare disorder that typically affects children ages 3–7 — predominantly boys during growth spurts. An interruption in the blood supply to the navicular bone in the midfoot causes pain, tenderness, swelling, and often a noticeable limp. Activity and prolonged standing might become a chore and elevate the discomfort level.

The origin of Kohler's disease is still murky. Abnormal stress on the navicular bone is the primary suspect. What *is* known is that lack of proper blood flow causes stress fractures or bone fragmentation, leading to the above-mentioned symptoms.

The good news is that the disorder usually resolves of its own accord. Proper blood flow is restored, and the bone fragments heal back together. The time frame for healing can be anywhere from a few months to a couple of years. During that span, however, conservative treatment may be necessary to help manage the discomfort.

To diagnose Kohler's disease, we will conduct a comprehensive podiatric evaluation, a thorough medical history review, and X-rays of the child's foot, which can reveal reduced bone density, bone fractures or fragmentation, and other irregularities.

Treatments include rest and limiting weight-bearing activities (sometimes challenging with exuberant youngsters); over-the-counter pain or anti-inflammatory medication (with our oversight); icing; supportive, comfortable footwear; and orthotic devices. More persistent symptoms or severe pain could call for a short leg cast or a walking boot. Most kids experience a full recovery, a return to normal activity, and no long-term complications.

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