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

News and Updates October 2025

For Some Women, Autumn Brings the Pain

When the days grow cooler and the leaves change color, some women experience another sign of autumn: foot pain.

Autumn foot pain can be brought on by several factors. For one, over four times as many women than men deal with bunions — frequently elicited by tight, narrow, and high-heeled shoes — which also raises the risk of hammertoes. A heavy dose of airy, convenient sandals and flip-flops might offer a summer reprieve for some women, but when transitioning back to closed-toe shoes in the fall, look out. Minor summer aches are easy to ignore but might not seem so minor once fall arrives.

Bunions and hammertoes aside, the cumulative effect of a summer of wearing sandals and flip-flops — many of which offer minimal (if any) arch support, cushioning, and stability — can lead to tendonitis, plantar fasciitis, metatarsalgia, and other ailments with autumn's arrival. Walking longer distances over the summer, such as while on vacation, visiting theme parks, or attending festivals, may spell trouble, too.

Feet might also be swollen from summer activities and unsupportive footwear, which clashes with an abrupt change to closed-toe shoes. And muscles and tendons don't loosen up as easily in cooler autumn weather, making repetitive strain conditions more noticeable.

This fall, take some simple steps to protect your feet:

- Gradually transition from summer to autumn footwear. Don't go straight from sandals to boots.
- Choose supportive shoes with good arch support and cushioning.
- Stretch your arches, toes, and calves daily to reduce tightness and improve flexibility.

If you experience persistent discomfort or pain in your feet or ankles, schedule an appointment with our office to stem the tide.

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

Helping Hands for Feet and Ankles

Orthotics are devices that can improve foot or ankle function, provide cushioning or support, or offload pressure from sensitive areas. Conditions causing temporary, mild discomfort or pain might be aided by over-the-counter orthotics, although it's still a good idea to confer with our office. If pain or discomfort persists, schedule an appointment. Depending on the nature of your condition, custom orthotics — tailored specifically for you — may be the far superior way to go.

Orthotics come in various versions:

Shoe inserts/insoles. These can be firm or soft and come in materials such as foam, plastic, and gel. They provide extra support or cushioning and create a solid foundation. Generally, insoles cover the entire sole; inserts are typically geared toward specific areas, such as the heel or arch.

Footpads. These are small cushions that provide a barrier between your shoe and areas of your foot — for instance, patients with bunions, hammertoes, diabetic neuropathy, or ingrown toenails, among other conditions.

Arch supports. These are beneficial for patients with flat feet or high arches.

Heel liners/inserts. These provide extra support by cushioning the heel, which can help older adults whose natural fat pads are thinning. They can also add height to the heel of the shoe, which can reduce pain in the arch and alleviate Achilles tendon and plantar fasciitis discomfort.

Ankle bracing. Some ankle braces fit over top of a shoe to provide extra stability and support for the ankle. Others fit inside a shoe; sneakers with the tongue-and-lace design work best.

Remember, orthotics create a change in foot/ankle biomechanics. It sometimes takes a month or more for feet or ankles to adjust.

Mark Your Calendars

Oct. 4 Golf Day: Golf tees only became standard fare in the 1920s. Prior, mounds of sand were used to elevate the ball.

Oct. 8 Pierogi Day: The Pittsburgh Pirates hold a pierogi race at each home game.

Oct. 13 Columbus Day: Columbus thought he had discovered the East Indies (Asia); explorer Amerigo Vespucci knew better (hence "America"). Leif Ericcson says, "Hold the phone!"

Oct. 16 Boss's Day: A recent GoodHire survey found 84% of workers believe they could do their manager's job.

Oct. 21 Babbling Day: A babbling baby or a babbling brook? Both are appealing.

Oct. 26 Pumpkin Day: Pies, cheesecake, chili, bread, roasted seeds. There's so much more to pumpkins than Halloween.

Oct. 31 Halloween: Why do vampires shun becoming investment bankers? They despise stakeholders.

Red Liquid Squeamishness

The sight of blood or the thought of undergoing certain medical procedures involving blood makes some people very queasy. The term for an irrational fear of blood is hemophobia, which falls under the category of "specific phobia" — more precisely, blood-injection-injury (BII) phobia.

Ten million to 14 million Americans experience BII phobia, which usually develops during childhood and typically carries over into adulthood. Risk factors for BII phobia include genetics, having another phobic disorder, an anxious or overprotective parent who demonstrated the same fear, or a traumatic event such as a hospital stay or serious injury involving blood.

BII phobia can be attributed to an overactive vasovagal response. The vasovagal response is an evolutionary fear response to an external trigger that slows one's heart rate and lowers one's blood pressure. For example, it might help a person play dead in proximity to a predatory animal. However, an overly robust response may deprive the brain of too much oxygen, prompting lightheadedness or a brief loss of consciousness — not ideal for an emergency. It might also jeopardize someone's overall health if they skip medical appointments, treatments, or procedures because of it.

Exposure therapy has proven quite successful in dealing with BII phobia. Under a therapist's guidance, exposure to one's fear in a safe environment can be amazingly effective, sometimes after just one session.

A possible temporary remedy is applied tension — tensing the body in timed intervals to raise one's blood pressure prior to a medical appointment involving blood to counter the body's vasovagal response. Relaxed-breathing techniques can be beneficial as well.

This Halloween, BII phobia sufferers should be careful while channel surfing on their TVs. It's too easy to stumble across a horror movie hospital scene.

Mediterranean Apple Crumble (Spicy Version)

Serves 4

This quick, easy, and delicious apple crumble recipe has a Mediterranean twist and flavor. There is less crumble and more of the juicy and delicious aromatic and crunchy apple mixture underneath to enhance healthiness.

Ingredients

- 8 oz. plain flour
- 4 oz. demerara/brown sugar
- 4 oz. butter
- 2 lb. apples, peeled, cored, and thinly sliced (the more acidic the apple, the better)
- juice and zest of a large lemon
- 4 oz. caster sugar
- 1/2 tsp. cinnamon
- 1 oz. toasted, flaked almonds
- 1 tbsp. cornstarch/corn flour
- 12-1/2" x 9-1/2" baking dish greased well with butter

Directions

1. Preheat oven to 350°F.
2. Into a food processor fitted with a pastry blade, add the flour, demerara/brown sugar, and butter.
3. Pulse the mixture in short, sharp bursts until it resembles fine breadcrumbs.
4. Put the sliced apple into a large bowl; add the lemon juice, zest, caster sugar, flaked almonds, and corn flour.
5. Mix these ingredients thoroughly and then pile into your baking dish (the corn flour will slightly thicken the juices that run out during cooking so that it is not watery).
6. Pile the crumble mixture on top of the apples (it might seem like a lot of apple mix, but it shrinks during cooking), spreading it over evenly.
7. Before you put it into the oven, take a fork and rough the surface up a little so it looks more crumbly than smooth.
8. Bake for approximately 30–40 minutes until golden brown.
9. Serve immediately with cream, crème fraiche, or custard.

Recipe courtesy of cutting-edge-mediterranean-recipes.com.

EPAT

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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.

Top-of-the-Foot Tendonitis

Extensor tendonitis is inflammation of the tendons that originate at the front of the ankle and extend along the top of the foot. Generally, its pain and discomfort are felt in the area below the shoelaces when a person flexes their toes or foot or lifts their foot, which obviously includes walking. Pain may be accompanied by swelling and warmth or a feeling of weakness or stiffness.

Repetitive motion, too much stress, foot deformities (e.g., flat feet, high arches), and footwear that doesn't fit properly all contribute to extensor tendonitis. (Footwear finds its way into the picture again!) For athletes, training surfaces and techniques may come into play, as well as sudden changes in a workout regimen or its length or intensity.

Untreated extensor tendonitis can lead to chronic pain and possibly a tendon rupture. Fortunately, conservative treatments can promote healing and eliminate inflammation.

- **Rest.** Take a break from activities that worsen the pain — not always easy but very necessary.
- **Icing.** Fifteen to 20 minutes at a time, two or three times per day (avoiding direct contact with the skin), will be beneficial.
- **Over-the-counter anti-inflammatory medication.** Now and then, this can come in handy.

If your condition does not improve, contact our office. Following a thorough exam and verification of extensor tendonitis — stress fractures can have similar symptoms — additional treatment options include physical therapy, a corticosteroid injection, or a custom orthotic. We can take a look at your footwear situation, too, as well as recommend gentle stretches and strengthening exercises to help prevent further injury.