



Winter Uptick of Cracked Heels

Cracked heels (a.k.a. heel fissures) can occur year-round, but the cold, dry air of winter raises the risk. Skin on the heel dries out, loses elasticity, thickens, and develops small cracks. Other contributors to dry skin include diminished skin oil production, which tends to occur as we get older, certain medications, frequent hot showers, harsh soaps, and standing for long periods of time. Walkers, runners, and swimmers are more susceptible, too.

Minor surface cracks might amount to nothing more than a petty annoyance — their aesthetically unappealing look, maybe itchiness, possibly some skin flaking. Deeper cracks may cause pain, redness, swelling, some bleeding, and possibly infection, as cracks open the doors to harmful bacteria. Walking may also become a chore. An appointment with our office is strongly recommended.

For those who have diabetes with peripheral neuropathy (reduced sensitivity to pain, temperature, and pressure changes), even seemingly minor cracks can quickly escalate into ulcers and infections. Daily foot inspections are critical. Diabetics should seek prompt podiatric care for any foot abnormalities.

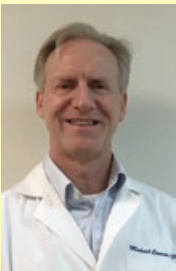
In addition to the physical effects of cracked heels, they can more quickly wear out socks and stockings — thickened, rough-edged skin constantly tugs at sock fibers.

At our office, debridement (removal of dead skin), prescription creams to heal and moisturize, and orthotic devices such as heel cups are common treatments for cracked heels. We can also offer guidance on moisturizing, pumice stones, and proper footwear. Lower your risk for dry feet:

- Drink plenty of water.
- Use moisturizing lotion (but not between the toes).
- Clean and thoroughly dry feet daily (including between the toes).
- Eat a well-balanced diet that includes plenty of omega-3 fatty acids.

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





Your Back and Feet Depend on Each Other

Sometimes the pain in your foot has its origins elsewhere. Same thing for back pain. That's why ignoring persistent pain or discomfort just leads to further issues.

For example, spinal nerves can become compressed, especially at the nerve roots (where the nerve exits the spine). Pain, a tingling sensation, numbness, cramping, and swelling in the feet might result. Foot drop might come into play, too — a condition in which it's difficult to lift the front of one's foot while walking. Sometimes discomfort will run the whole length of the leg. Some back conditions that compress nerves include a herniated disk, degenerative disk disease, spondylolisthesis (when a vertebra slips over the one below it), and spinal stenosis (a narrowing of bony pathways for nerves or the spinal cord).

Conversely, unaddressed podiatric problems can lead to knee, hip, and back pain. People with flat feet, for instance, often overpronate, with the feet rolling inward excessively while walking or running. This places extra pressure on the ankle and can cause misalignment and discomfort that may eventually head north.

In most situations, when one experiences foot pain/discomfort, they change the way they walk to alleviate the pain. This compensation places extra strain somewhere else and causes negative changes in joint function. Hammertoes, bunions, ingrown toenails, corns, calluses, and leg-length discrepancies are examples of conditions that, if ignored, can spread their "cheer" elsewhere.

A friendly reminder: Proper footwear — good fit, roomy toe box, excellent arch support, and good cushioning — can help avoid a lot of foot, ankle, and back problems.

If you experience foot or ankle pain, don't ignore it. Schedule an appointment with our office for a thorough evaluation, accurate diagnosis, and effective treatment.

Mark Your Calendars

- Feb. 2** Groundhog Day: In a pinch, groundhogs can scurry up trees.
- Feb. 11** Super Bowl: Minnesota Vikings ... played in four Super Bowls ... never had the lead.
- Feb. 13** Fasnacht Day: Traditional Pennsylvania Dutch fasnachts are square or triangular, potato-based, and crispy.
- Feb. 14** Valentine's Day: Rose petals are edible, and rose water (from petals soaked in water) is often added to jellies/jams.
- Feb. 14** Ash Wednesday: Earliest possible date is Feb. 4, which next occurs in 2285.
- Feb. 19** Presidents' Day: Ronald Reagan broke the "every-20-years curse." From 1840 onward, every U.S. president elected in a year ending in zero had died in office.
- Feb. 29** Leap Year's Day: To make the leap year cut, years ending in "00" must also be divisible by 400.



Cozying Up to Dark Chocolate

Many people fall head over heels for chocolate of any kind. But for the most health benefits, dark chocolate is the way to go — in moderation.

Both dark and milk chocolate contain flavonoids — natural compounds with antioxidant properties that emanate from cacao plants (the cocoa bean shells and fat) — but the amount is much higher in dark chocolate. Fifty percent to 90% of dark chocolate's ingredients are derived from cacao plants; milk chocolate, 10%–50%. Other beneficial properties are more evident in dark chocolate, too:

- **A good source of iron.** Women aged 19–50 need over twice as much iron per day as men. Might be why women are generally more gaga for chocolate than men.
- **Possible improved heart health.** Research published in *Reviews in Cardiovascular Medicine* in 2018 found promising improvements in lipid panels and blood pressure when eating a moderate amount of dark chocolate every couple of days.
- **Cognitive improvement.** In a randomized control trial published in *Nutrients* in 2019, daily intake of dark chocolate for 30 days improved cognitive function in trial participants.
- **Good for the skin.** Manganese in dark chocolate supports the production of collagen, which helps keep skin younger and healthier looking.

Of course, there are obvious drawbacks, too. Chocolate is replete with saturated fat and added sugars, which, with consistent overindulgence, raise the risk of high cholesterol, cardiovascular disease, and diabetes. Additionally, in 2022, *Consumer Reports* found that 23 out of 28 popular dark chocolate brands had high levels of lead and cadmium, which contribute to developmental issues, kidney problems, hypertension, and weakened immune systems.

A healthy relationship with chocolate is to stay in touch from time to time. Going steady is ill-advised.



Roasted Lemon Oregano Shrimp

Servings: 4

A fast and fancy, Greek-inspired recipe to serve over pasta, rice, couscous, polenta, or all on its own. This dish checks all the boxes for a romantic Valentine's Day dinner.

Ingredients

- 3 tablespoons olive oil, divided
- 4 cloves garlic, minced
- 2 tablespoons coarsely chopped fresh oregano leaves
- Finely grated zest of 1 large lemon
- Pinch of red pepper flakes
- 2 tablespoons of dry white wine
- Juice of 1 large lemon (about 3 tablespoons)
- 1 pound of peeled, deveined, and uncooked medium shrimp
- Kosher salt
- Freshly ground black pepper
- Cooked polenta, pasta, rice, or couscous for serving (optional)

Directions

1. Arrange a rack in the middle of the oven and heat to 400°F.
2. Heat 2 tablespoons of the oil in a medium saucepan over low heat. Stir in the garlic, oregano, red pepper flakes, and lemon zest, and stir over low heat for 2 minutes. Stir in the wine and lemon juice, and keep the mixture warm over very low heat.
3. Meanwhile, pat the shrimp dry and transfer to a rimmed baking sheet. Drizzle with the remaining 1 tablespoon of oil, sprinkle generously with salt and black pepper, toss to evenly coat, and spread into an even layer.
4. Roast, stirring halfway through, until they just turn pink and opaque, 6 to 8 minutes total.
5. Remove the shrimp from the oven, transfer them to the saucepan with the lemon and oregano sauce, and toss to combine. Serve immediately over cooked pasta, rice, couscous, or creamy polenta.

Recipe courtesy of www.thekitchn.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 Extracorporeal Pulse Activation Treatment (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.

Amniotic Stem Cell Therapy

Not that long ago, when traditional conservative treatments for the foot or ankle failed to bring relief for soft-tissue injuries and some types of joint damage, surgery loomed. Today, however, there are other noninvasive options to consider before hanging one's hat on surgery. One of them is amniotic stem cell therapy (ASCT).

For clarification, amniotic stem cells come from the amniotic sac/fluid of pregnant women, not embryos (for which ethical concerns enter the picture).

ASCT is administered via injections at the site of injury or discomfort. The highly concentrated growth factors in the stem cells replace damaged cells and powerfully beckon the body to send its own growth factors to the scene. Growth factors are naturally occurring substances in the body that stimulate healthy tissue growth and wound healing.

These stem cells also have anti-inflammatory properties, which ease pain; contain hyaluronic acid, a natural lubricant for joints and tendons; and are "immune privileged," which means a person's body won't view the administered stem cells as foreign invaders and reject them. Stem cells from certain parts of the body have this characteristic, including the uterus.

To sum up, ASCT relieves pain and regenerates healthy tissue to replace damaged tissue. It attacks the root cause of a problem and doesn't just mask discomfort temporarily. In addition, it is virtually pain-free, safe (20+ years of use in ophthalmology and plastic surgery), and will not damage cartilage, which is sometimes a drawback of steroid injections.

Conditions that might fall under the ASCT umbrella include plantar fasciitis, ankle sprains, tendonitis, and big-toe osteoarthritis, among others.

If you have questions or are experiencing persistent foot or ankle discomfort, contact our office to find your path to healing.

