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

News and Updates **July 2024**

The Only Constant Is Change

Our bodies change as we tack on the years, and that includes our feet.

Muscles and bones shift a bit, ligaments and tendons lose some elasticity and stability, and arches sometimes fall. Feet get wider and possibly a touch longer — they're not growing; they're spreading out. Excess weight and 75,000 miles of walking by age 50 contribute to foot changes too.

As we age, the body produces less collagen, a protein that provides structure, strength, or support to skin, muscle, bones, and connective tissue. At lesser amounts, our feet are more susceptible to drying out and cracking … and pain and infection. The fat pads on our feet become thinner, too, reducing cushioning.

The decrease in connective tissue elasticity lowers their ability to absorb shock when your feet strike the ground, jarring the body far beyond the feet.

Hormonal and other changes can cause toenails to slow in growth and thereby thicken. Thicker nails are tougher to trim, so ingrown nails are a bigger threat.

Joints can become stiff as we get older. And with 33 joints in each foot, there's lots of opportunity for chaos. Foot alignment can be thrown off by arthritic knees or hips in a trickle-down effect.

Proper circulation may be diminished in later years, which slows the healing process and ups the chances of infection.

We've only scratched the surface of aging's effect on feet. However, there's good news: Foot pain is not unavoidable! These simple steps can help:

- Exercise regularly to strengthen foot muscles, boost circulation, and shed excess poundage.
- Moisturize your feet twice daily.
- Have your feet measured each time you buy shoes.
- Schedule an appointment at our office at least yearly for maintenance and early intervention. Your feet and ankles will thank you!

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

A Joint Effort

Cartilage is strong, flexible connective tissue that performs several functions: prevents bone-on-bone friction, acts as a shock absorber, and gives shape and structure to some body parts (e.g., outer ears).

When cartilage is damaged or worn down, joints are subject to pain, stiffness, and inflammation. Hence, healthy cartilage is vital to maintaining good foot and ankle health.

Some of the top causes of foot or ankle cartilage degeneration include repetitive stress (e.g., sports), blunt trauma (e.g., car accident), a structural abnormality, a fracture or dislocation, and aging. A healthy diet, exercise, and custom orthotics may be successful at reducing or eliminating discomfort, but for some people, treatment has to go to another level. Fortunately, some minimally invasive procedures are at our disposal.

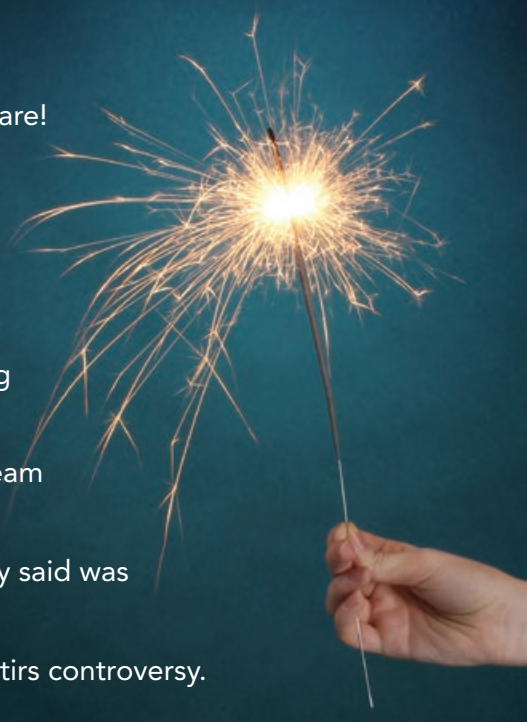
In **microfracture surgery,** damaged cartilage is cleared out, and numerous tiny holes are created on the bone surface with an awl. The tiny holes stimulate blood flow to and healing in the cartilage layer, enabling new, healthy cartilage growth.

Microfracture **drilling** is a similar procedure but utilizes a drill instead of an awl. **Abrasion arthroplasty** is another technique and involves a high-speed burr that removes damaged cartilage, can reshape remaining cartilage to provide smoother joint function, and stimulates the healing process.

In addition, healthy cartilage cells from a joint (non-weight-bearing) elsewhere in the patient's body can be removed; extended at a lab to create new cartilage; and this new, healthy cartilage inserted into areas where defective cartilage was removed. In some situations, the cartilage sample may come from a donor.

If your joints are rubbing you the wrong way, there are options. Give our office a call to find the path to healing.

Mark Your Calendars



July 4 Independence Day: Sparklers burn at 1,200–2,000°F. Handle with care!

July 7 Build a Scarecrow Day: The term "scarecrow" was first used in the book *Robinson Crusoe.*

July 13 French Fries Day: Belgians consume the most fries in Europe. Come on, France!

July 16 Fresh Spinach Day: Popeye the Sailor Man is credited with boosting spinach consumption by 33% during the Great Depression.

July 21 Ice Cream Day: The average American eats 4 to 5 gallons of ice cream per year. That's it?

July 24 Tell a Joke Day: Why did Beethoven get rid of his chickens? All they said was "Bach, Bach, Baaach!"

July 30 Cheesecake Day: Cheesecake is not a cake. But what it actually is stirs controversy. Just call it delicious!

Causing Quite a Racket!

Pickleball is the newest racket sport craze. An amalgamation of tennis, badminton, and ping-pong, it is designed for two or four players, each armed with a lightweight, flat paddle used to strike a plastic ball with holes over a 36-inch-high net.

Over 5 million Americans play pickleball, and that number is steadily marching upward, with over 40% growth spanning the past couple of years. The International Pickleball Federation has over 70 member countries, and the sport has a shot at being introduced at the 2032 Summer Olympics.

Unbeknownst to many, pickleball is not a recent creation. It was actually invented in 1965 in the state of Washington. Two friends, Joel Pritchard and Bill Bell, were vacationing in neighboring vacation homes with their families on Bainbridge Island, Washington. Returning from a golf outing, they found one of the teenage kids bored out of his mind. He challenged them to be as resourceful as they claimed to be in their childhood reminiscences and come up with something to do.

One of the houses had a badminton court; a net was available, but rackets and a shuttlecock were missing. Joel and Bill scrounged up some ping-pong paddles and a wiffle ball as replacements. Both families loved it — pickleball was born.

Joel Pritchard's wife, Joan, came up with the name "pickleball." She had been on the rowing team in college. A "pickup boat," which morphed into "pickle boat," referred to the ragtag crew of leftover rowers who were not starters on their various crew teams. The mix-and-match aspect fit the fledgling racket sport nicely; hence, pickleball — an overnight sensation 50+ years in the making.

Grilled Pork Kabobs With Vegetables (Italy)

Yield: 4 servings; prep time: 15 min.; cook time: 15 min.; total time: 50 min.

It's grilling season! Add this recipe to your grilling lineup … you'll be glad you did!

Ingredients

- 1 pound pork loin
- 1 yellow bell pepper or any color you like
- 2 small white onions
- 16 cherry tomatoes
- 4 tablespoons extra virgin olive oil
- 1 sprig fresh rosemary
- 8 sage leaves, chopped
- 1 teaspoon coarse salt
- Freshly ground black pepper to taste

Directions

1. Clean and prepare the vegetables. Deseed the bell pepper and remove the white part. Then, cut it into 1-inch squares. Peel the onions and cut them into 8 wedges each.
2. Dice the pork loin into 1-inch cubes, trying to keep the size consistent for a better result.
3. Assemble the skewers by alternating one piece of meat and one piece of vegetable. In the end, you should have around 8 skewers.
4. Lay the skewers on a large tray, and toss with coarse salt, extra virgin olive oil, and black pepper. Add rosemary and sage. Cover and set aside for at least 20 minutes.
5. Preheat the grill on medium-high heat.
6. When the grill is nice and hot, add the skewers and cook for 15 minutes, rotating them one quarter at a time.
7. While cooking, you can spread the marinade on the skewers, using the rosemary sprig as a brush.

Recipe courtesy of mediterraneanliving.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.

Splashing Up a Storm

Swimming is a great low-impact, full-body workout, stretching joints and strengthening muscles. But if your technique and form are out of whack or you stay at it too long, your ankles and feet can still pay a price.

For starters, gently stretch before hitting the water, and then upon exiting. Once you're swimming, know that improper (or too much) kicking can lead to tendonitis on the top of the foot or in the Achilles tendon. Ankle pain can crop up too. Utilize your hips when you kick; keep the feet flexible; and avoid rigidly pointing your toes.

And like any other sport, a person needs to build up gradually to improve endurance. Don't do too much, too soon. Overdoing it can pave the way for injuries to strike. Overuse and fatigue can also result in debilitating foot cramps.

Another swimming-related subject is fins (a.k.a. flippers). Many swimmers love them. They ramp up power and speed, can improve your form, and over time can enhance flexibility in the ankles and feet — and they're fun! They should fit snugly but not too tightly. Some might be too stiff, which can cause discomfort and fatigue. It's also good to mix up your workouts: some with fins, some without.

For those with preexisting ankle conditions, but who still crave the power and speed, there are swimming fins that strap around the leg, just above the ankles, which relieves stress on the ankles.

Swimming is a great workout, but feet and ankles occasionally disagree. If you experience lingering pain, contact our office to schedule a thorough examination.