



# Back to School!

New shoes are frequently part of the back-to-school routine. A school day is a six-hour venture; your child's foot comfort and support are vital.

## Tips prior to shopping:

- Take your child with you! It's surprising how many parents go to the shoe store alone or buy online. Kids' feet are constantly growing and developing and need to be involved.
- Have your child wear the socks they will be wearing at school so the fit matches accordingly. Same thing with orthotics.
- Shop in the afternoon or later. Feet swell slightly as the day unfolds. It's best to fit them at their largest.
- Avoid purchasing secondhand shoes when possible. Wear patterns have already been established by the previous user.

## Tips while shopping:

- Your child's feet should be measured professionally each outing — while standing. Generally, there should be a thumbnail's-width of space between the longest toe of the longer foot and the end of the shoe. Your child should be able to freely wiggle their toes.
- The widest part of the foot should match up with the widest part of the shoe. Run your finger along the side of the shoe to detect bulges or tight spots.
- The heel counter should be firm. Strongly encourage your child not to cram their feet into shoes that were never untied.
- Don't buy shoes for your child to "grow into." They should fit properly now.
- The shoe should only bend at the ball of the foot. The shank (middle of the sole) should be firm.
- Buy shoes with removable insoles to accommodate orthotics.
- If your child struggles to tie their shoes, go with Velcro instead of laces.

If you have any concerns about your child's feet or ankles, our office is just a phone call away.

## 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





# Bicycling Enemy: 'Hot Foot'

Long bicycle rides have left many riders with "hot foot" (metatarsalgia) — a burning sensation in the ball of the foot and numbness or tingling in the toes that can pop up suddenly and deal a heavy blow to your biking pleasure.

The balls of your feet are the points of contact between you and the pedals. Pedaling already subjects the joints, muscles, and other tissues in the region to a bunch of repetitive stress. When foot swelling over the course of a long ride is added to the mix, nerves in the area become compressed and irritated, circulation can become impaired, and hot foot is born.

Improperly fitted shoes, cleat positioning, and abnormal foot alignment can exacerbate the problem. Biking shoes should have ample toe room, good arch support, and fit securely without being too tight.

Proper cleat placement will distribute pressure more evenly across the foot. A professional bike fitting can aid your cause. If you forgo adjustable cleats and ride with cross-training shoes, try adjusting your foot position on the pedals to minimize the risk of hot foot. Fitting your bike with wider pedals might be beneficial too.

Some people have structural issues with their feet that need professional attention (e.g., flat feet). In these cases, orthotics can help support your arches and reduce pressure on the balls of the feet.

Thinner socks can chip in to alleviate potential pressure; however, if a person already has lean, bony feet, that might be ill-advised, as foot padding will suffer.

Taking more breaks while riding is a simple and effective hot-foot preventive measure. Between rides, there are plenty of foot-strengthening exercises, ankle-mobility exercises, and calf stretches that can diminish the risk too.

## Mark Your Calendars

- Aug. 4** WWE SummerSlam: In a 2003 commercial for SummerSlam, Brock Lesnar used his finishing maneuver (the F5) on a great white shark that was terrorizing beachgoers.
- Aug. 5** Underwear Day: Celebrate your skivvies ... unless you go commando. This is getting uncomfortable.
- Aug. 11** Summer Olympics Closing Ceremonies: The 2028 Summer Olympics will be held in Los Angeles.
- Aug. 17** Honey Bee Awareness Day: The average worker bee lives 5 to 6 weeks, producing 1/12th teaspoon of honey.
- Aug. 20** Radio Day: The term "broadcasting" comes from farming — "a wide scattering of seeds."
- Aug. 26** Women's Equality Day: In 2022, women outnumbered men by 7.4 million in number of registered voters.
- Aug. 30** Beach Day: Thousands of years of rock and marine life pulverization results in sand.

# ‘We Hardly Knew Ye’ Olympic Sports

The modern Olympic Games began in 1896. As you can imagine, some sports we’re familiar with today were not as popular, or in existence, in the earlier years. Others got a shot and didn’t stick around, including the following:

**Tug-of-war.** Gym class, summer camp, and company picnics are likely most associated with tug-of-war, but it was actually part of the Olympics itinerary from 1900–1920. The countries who medaled were the U.S., Great Britain, France, Belgium, Sweden, Denmark, and the Netherlands. Seems a team of sumo wrestlers from Japan could have been formidable.

**Rope climbing.** Competitors started from a seated position on the floor, using only their hands to climb to the top of a 25-foot-long rope as quickly as possible. Rope climbing was part of the gymnastics program. Today, we have speed climbing instead, a form of indoor rock climbing.

**Long jump ... for horses.** The long jump world record for a horse is 28 feet. The record for a human is Mike Powell’s 29 ft. 4¼ in. Chalk one up for humankind, although Powell wasn’t carrying anyone on his back.

**Live pigeon shooting.** Target shooting is a long-standing event at the Olympics, but in the 1900 Paris Olympic Games, live pigeons were used. Over 300 pigeons bid adieu. Clay varieties took over after that despite a protest from New York City (kidding!).

**Cross country running.** At the 1924 Olympics, the heat plus noxious fumes from a nearby energy plant caused 23 of 38 competitors to drop out of the race. It was never a stand-alone event again, although it is the fifth discipline of the modern pentathlon (3,000 m).



## Roasted Vegetable and Black Bean Tacos

Yield: 2 servings; prep time: 15 min.; total time: 15 min.

*These hearty vegan tacos are quick and easy to make, perfect for busy weeknights. They are so tasty, no one will miss the meat or dairy.*

### Ingredients

- 1 cup roasted root vegetables
- ½ cup cooked or canned black beans, rinsed
- 2 teaspoons extra-virgin olive oil
- 1 teaspoon ground cumin
- 1 teaspoon chili powder
- ½ teaspoon ground coriander
- ¼ teaspoon kosher salt
- ¼ teaspoon ground pepper
- 4 corn tortillas, lightly toasted or warmed
- ½ avocado, cut into 8 slices
- 1 lime, cut into wedges
- Chopped fresh cilantro and salsa for garnish

### Directions

1. Combine roasted root vegetables, beans, oil, cumin, chili powder, coriander, salt, and pepper in a saucepan. Cover and cook over medium-low heat until heated through, 6 to 8 minutes.
2. Divide the mixture among the tortillas. Top with avocado. Serve with lime wedges. Garnish with cilantro and/or salsa, if desired.

Recipe courtesy of [www.eatingwell.com](http://www.eatingwell.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.**

## When the Body Attacks Itself

Rheumatoid arthritis (RA) is an autoimmune disease — a person's immune system malfunctions and attacks their own body instead of foreign invaders. In the case of RA, the body produces substances that attack the joints, particularly in the feet, ankles, and hands.

RA causes pain, inflammation, swelling, stiffness, redness, and a feeling of warmth around affected joints. Over time, chronic attacks can damage a joint's bones, cartilage, and other soft tissues and lead to permanent joint destruction, deformity, and disability.

Approximately 90% of those with RA will develop symptoms in the foot or ankle. The ball of the foot is the most likely initial target, and in many cases, foot arthritis is the first indicator of RA. Frequently, multiple joints in both feet will be affected simultaneously, often the same ones.

The cause of RA is unknown. There is likely a genetic component, and it's suspected that an environmental or chemical trigger kick-starts the process. About 75% of those afflicted with RA are women, most commonly in the 30 to 50 age range. Currently, there is no cure, but RA can be successfully managed.

In addition to arthritic symptoms, RA may spur bunions, hammertoes, claw toes, calluses, and fallen arches, among other conditions. Medication and daily exercise are critical measures to manage pain. Our office can also prescribe orthotic devices and accommodative shoes, aspirate (draw out) joint fluid, and incorporate steroid injections. Some RA-related conditions may require surgery.

If you experience persistent foot or ankle pain, schedule an appointment at our office. If you have rheumatoid arthritis, we will team up with your rheumatologist to help you achieve/maintain a good quality of life.

