



Tightening Those Loose Ankle Ligaments

When conservative measures to treat chronic ankle instability (e.g., bracing, physical therapy) don't produce the desired results, lateral ankle ligament reconstruction (ALR) surgery may be the only remaining treatment option ... but a good one.

Now, some people are not ideal candidates for this surgery — for instance, those with poor circulation, nerve or collagen disease, or who will be unable to undergo postsurgical rehab. But assuming everything's a go, here's what to expect:

- ALR is typically an outpatient surgery normally conducted under general anesthesia.
- A modified Bröstrom-Gould procedure is the most commonly performed ALR. An incision is made on the outside of the ankle (C or J shape), the ankle ligaments are identified, and then tightened by stitches or anchors placed into the fibula.
- Another possible technique is weaving a tendon into the bones around the ankle, which is held in place by stitches and possibly a screw. The tendon might be donated by your own hamstring, your ankle, or a cadaver.
- Postsurgical rehab will involve a splint or cast, no weight bearing for a while, then a removable walking boot that teams up with some weight bearing, and an ankle brace. Physical therapy will be part of the mix, too.
- Total recovery time is typically four to six months.
- Long-term studies show that over 90 percent of patients have good or excellent outcomes with their ALR surgeries.

Remember that no surgery is risk-free. Anesthesia complications, infection, damage to nerves and blood vessels, bleeding, blood clots, and loss of or increased sensitivity around the incision area are possible.

Don't ignore ankle sprains. Some sprains "blossom" into something more substantial without professional attention. Contact our office instead.

About the Doctor

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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





Knee Scooters: Things to Consider

Chances are, you have already seen someone utilizing a knee scooter (a.k.a. knee walker) to stay mobile and keep weight off an injured or surgically repaired ankle or foot.

Knee scooters have several advantages over crutches and walkers. For starters, it takes a significant amount of upper-body strength to walk with crutches or a walker. Not everyone has that — or the necessary endurance — or they might be suffering from an arm or shoulder injury. Crutches or walkers can also cause underarm, hand, or wrist discomfort. Those aren't issues with knee scooters.

Knee scooters also provide elevation for the foot or ankle, which aids healing. If you stop for whatever reason, your hands are free. Not so with crutches and walkers.

The speed of a knee scooter is advantageous as well — on smooth surfaces. For college students, knee scooters can be lifesavers for getting to class on time. Many universities provide golf-cart services to help students with mobility issues, but students are at their mercy as far as the clock goes.

There are potential drawbacks, too:

- Turns may cause tip-overs for some; there is a learning curve. Be extra cautious to start and take wide turns.
- Tighter office or home spaces may not accommodate them.
- Stairs are an obvious problem.
- Conditions like tendonitis may be a concern for the push-off leg if the scooter is used for great distances without rest breaks. Long stretches at a 90-degree angle are not great for the leg on the scooter, either.
- Insurance typically does not cover them. If you'd still like one, you can weigh the benefits of buying versus renting.

If you've got questions about knee scooters, contact our office for expert guidance.

Mark Your Calendars

- Feb. 2** Groundhog Day: Punxsutawney Phil is fun ... but bad at his job (39% success rate).
- Feb. 7** Periodic Table Day: Over 75% of the elements are metals. Most abundant metal? Aluminum.
- Feb. 13** Super Bowl Sunday: The Roman numeral designation began in 1971 (Super Bowl V).
- Feb. 14** Valentine's Day: More money is spent on jewelry than any other V-Day gift category.
- Feb. 20** Cherry Pie Day: #5 most popular, behind apple, pumpkin, pecan, and banana cream.
- Feb. 21** Presidents' Day: The National Wrestling Hall of Fame inducted Lincoln in 1992.
- Feb. 22** Be Humble Day: The creator of this day is unknown ... true humility.





Two Sides to Every Story

Issachar Zacharie, a skilled English podiatrist, arrived in America in the mid-1840s. He had a commanding presence — intelligent, witty, eloquent ... and gifted in self-promotion. He offered distinguished public figures free podiatry services, garnered glowing testimonials, then watched as patients rolled in with cash in hand.

After settling in Washington, D.C., in 1862 (amidst the Civil War), he made inroads with political heavyweights, including President Lincoln, who had numerous foot issues. During appointments, they struck up a friendship, discussing matters of the republic and Jewish affairs — Zacharie was Jewish and Jews were a growing national constituency.

Lincoln dispatched Zacharie to New Orleans in 1863 following its Union capture to gauge Southern sentiment toward Union policies; win Jewish support for the Union; and gather military intelligence. Zacharie eventually traveled the South as a diplomat.

The results were mixed. Zacharie provided valuable assistance to New Orleans Jews experiencing food and medical-supply shortages. And he strongly urged Lincoln to rescind Ulysses Grant's anti-Semitic General Orders No. 11, which called for the expulsion of Jews from parts of three Southern states under Grant's military purview for Confederacy trade blockade violations.

Conversely, the network of ragtag intelligence gatherers he assembled frequently dropped the ball. He also failed on several diplomatic fronts, including backing an alleged, and controversial, plan to end the war — the Union would take over the South, and the Confederate army would oust Emperor Maximilian in Mexico and establish their own state there.

Before war's end, Zacharie returned to podiatry in Philadelphia and relished his status as a prized social guest.

Some historians consider Zacharie a charlatan who lived for rubbing shoulders with the glitterati. Others argue he was a strong advocate for oppressed Jews in this country — and legitimized podiatry. Either way, he is an interesting historical footnote.



For Valentine's Day ... Chicken Saltimbocca for Two

Yield: 2 servings; Prep time: 20 mins.

This healthy chicken saltimbocca recipe makes an impressive yet quick, classy Valentine's Day dinner. Serve this Italian-inspired chicken with roasted broccoli rabe and creamy polenta to round out this elegant meal.

Ingredients

- 2 small boneless, skinless chicken breasts (5–6 ounces each)
- 1/4 teaspoon ground pepper
- 2 thin slices prosciutto
- 2–4 fresh sage leaves
- 1½ teaspoons all-purpose flour
- 1 tablespoon butter
- 2 tablespoons extra-virgin olive oil
- 3/4 cup dry Marsala wine

Directions

1. Put chicken breasts between pieces of plastic wrap and, using a rolling pin or the smooth side of a meat mallet, bash them to a thickness of about 1/4 inch, but don't bash so hard that they break up. Season with pepper. Wrap a slice of prosciutto around each chicken escalope, and put a sage leaf or two on top. Lightly dust the chicken on both sides with flour.
2. Heat butter and oil in a large skillet over medium heat. Cook the chicken until no longer pink in the middle, about 3 minutes per side. To check if it's done, stick the tip of a sharp knife into it — the juice that runs out should be clear with no trace of pink. Transfer the chicken to a warm platter and cover with foil.
3. Add Marsala to the pan and cook over high heat until thickened and reduced by about half, 3 to 4 minutes. Serve the sauce over the chicken.

Recipe courtesy of
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.

Winter's Last Hurrah

Skiing and snowboarding are favorite wintertime recreational activities, but feet and ankles sometimes pay the price.

Skier's toe, or "toe bang," is bleeding under the toenail (subungual hematoma) caused by poorly fitted ski boots. If boots are too loose, feet move back and forth and the big toe gets rammed into the front of the boot. If too tight, there's constant pressure on the toe/toenail. Skier's toe can be painful and may need to be drained ... by a podiatrist.

Ankle sprains and fractures are common injuries on the slopes, with sudden twists and turns, falls, ski-lift stumbles, collisions, fatigue, and lack of judgment. Properly fitted boots are a must (a pattern is emerging), as are properly adjusted fastenings.

Snowboarders have an injury named after them: snowboarder's fracture. Landing a jump sometimes forcefully twists the ankle upward and outward. It's seemingly "just" a bad ankle sprain, and x-rays frequently don't pick it up. Snowboarder's fractures are a challenge to diagnose, especially by ER doctors lacking expertise in podiatry. If your "sprain" is not improving, contact our office upon returning home.

Metatarsalgia is inflammation in the ball of the foot typically caused by overuse. It manifests as numbness, a burning sensation, or a general achy feeling. Morton's neuroma is nerve inflammation most often occurring between the third and fourth toes — poor boot fitting, pinched nerve, discomfort.

Beware of frostbite, too. Purchase winter sport-specific socks made of wool, bamboo, or a hybrid of either with an artificial fiber (polyamide or polypropylene) for wicking. Don't wear multiple layers (reduced breathability and bunching), and make sure they don't cut off circulation at the top of the sock. Good waterproof ski/snowboarding boots are vital.

If your feet or ankles have the post-vacation blues, our office can help.

