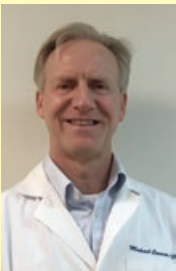


April Is National Foot Health Awareness Month!



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



Diabetic Foot Ulcers

Diabetic foot ulcers are open sores or wounds that typically strike the soles of the feet. According to the American Podiatric Medical Association, approximately 15% of diabetic patients will encounter one or more in their lifetimes. Of those, 6% will require hospitalization for infection; 14%–24% will eventually experience amputation. Those aren't scare tactics; those are the facts!

Many factors converge to raise the risk of diabetic foot ulcers. Diabetes reduces sensitivity (neuropathy) and impairs circulation. A person may have an injury and not even realize it, and healing is delayed, as too few red blood cells reach the affected area.

Foot deformities (e.g., hammertoes, bunions), the duration of diabetes, and the usual suspects — smoking, excessive alcohol intake, obesity — raise the risk of foot ulcers as well.

For those who develop a foot ulcer, immediate podiatric care is necessary to prevent infection and amputation, and will include the following:

- Taking pressure off the affected area (offloading) — orthotics, braces, specialized castings, crutches, etc.
- Removing dead skin cells and tissue (debridement).
- Applying medications or dressings. "Letting the air get at it" has been debunked; ulcers should be covered and moist.
- Correcting foot deformities to reduce friction and relieve pressure on the affected area.
- Helping the patient control their blood glucose and coordinating with their personal physician or endocrinologist.

But there's good news: Diabetic foot ulcers can be prevented! Regular podiatric checkups, a healthy diet, daily exercise, properly fitted shoes, daily foot inspections, and good foot hygiene are an excellent start.

During National Foot Health Awareness Month, commit to giving your feet the attention they deserve throughout the entire year. Partner with our practice to enhance your quality of life.



‘Foot Notes’ for Young Ones

Though a newborn’s feet are adorable, those feet will soon become the foundation of their body and require proper care:

- Keep baby’s feet clean and dry.
- Trim toenails straight across to avoid ingrown nails.
- Baby should have plenty of room to kick their feet and stretch their legs, and should be barefoot whenever possible, especially indoors. This strengthens the foot muscles and promotes improved foot sensation and balance (when walking age).
- Socks or footie pajamas should be loose around the baby’s feet. When shoes enter the picture for outdoor conditions, they should be flexible, nonrestrictive, and made of natural fibers.

As for foot development, at 6 months of age a baby’s feet are still mostly cartilage and fatty tissue. In fact, the last foot bone does not begin to develop until approximately age 3.

Flat feet will be the norm for anywhere from 18 months to 3 years, as arches only develop within that time frame.

In-toeing (feet pointed inward) and out-toeing (outward) are typically normal parts of development that often go away by age 2 but can take longer, sometimes years. If the condition affects only one foot or the child seems to stumble more than normal, a podiatric exam is recommended.

Tiptoe walking is generally nothing to be concerned about unless the child is still doing it past their third birthday. Again, a podiatric evaluation is wise.

Your child’s feet are too important to just wing it. We recommend milestone podiatric exams at 18 months, 3 years, and 5 years of age — especially if foot abnormalities run in the family. Our office is just a phone call away.

Mark Your Calendars

- April 1** April Fools’ Day: In 1996, Taco Bell announced it had purchased the Liberty Bell (to help the national debt) and renamed it the Taco Liberty Bell.
- April 5** Passover begins (sundown): The Last Supper is believed to have been a Passover seder.
- April 7** Good Friday: Worldwide, many churches’ bells toll 33 times in remembrance of Jesus’ years on earth.
- April 9** Easter: U.S. imports of British-made Cadbury Creme Eggs have been banned since 2015. The American version (Hershey’s) uses a different recipe.
- April 13** Scrabble Day: Using all seven letters in your turn is called a “bingo.”
- April 18** Tax Day: Over 90% of taxpayers file their taxes electronically.
- April 22** Earth Day: Roughly 17% of the Amazon rainforest has been lost over the past 50 years.





A Meal ... to Remember

Passover celebrates how God freed the ancient Israelites from Egyptian bondage and marks the beginning of their journey to the Promised Land.

The traditional seder kicks off Passover week, involving songs, storytelling, religious rituals, and a meal to reflect on the Egyptian saga. The seder plate (k'arah) is the focal point of the meal and home to five symbolic components, with a sixth on the side (matzo). Wine is integral as well.

The **lamb shank bone** (zeroa) represents the lamb each Hebrew family was instructed to slaughter. The 10th plague on Egypt was death of the first-born. Israelite families smeared lamb blood above and on the sides of their home's doorframe, which signaled to the destroyer angel sent by God to "pass over" that household, thus sparing it.

A **vegetable** (karpas) from the earth or green herb that's not bitter, often celery or parsley, dipped in saltwater represents the tears of the enslaved Hebrews.

Bitter herbs (maror), frequently horseradish and romaine lettuce, remind Jews of the bitterness of slavery.

The **hard-boiled and/or roasted egg** (beitzah) represents the cycle of life and renewal and is a traditional food of mourning.

Charoset is a sweet paste of apples, wine, walnuts, and cinnamon, symbolizing the mortar used by the Israelites to make bricks while enslaved.

Matzo is bread without yeast (unleavened). Before departing Egypt, the Israelites were instructed to not add yeast to the bread dough since there would be no time to wait for the bread to rise ... Pharaoh was kind of wishy-washy on the whole "setting them free" thing.

A host of other celebratory dishes might be served at a seder, depending on family tradition, many of which include components from the seder plate.

Happy Passover!



Weeknight Skillet Spinach Pie

Servings: 8; prep time: 35 min.; bake time: 35 min. + cooling

Ingredients

- 2 large eggs, room temperature, lightly beaten
- 3 packages (10 ounces each) frozen chopped spinach, thawed and squeezed dry
- 2 cups (8 ounces) crumbled feta cheese
- 1½ cups shredded part-skim mozzarella cheese
- ¼ cup chopped walnuts, toasted
- 1½ teaspoons dried oregano
- 1½ teaspoons dill weed
- ½ teaspoon pepper
- ¼ teaspoon salt
- ¼ cup julienned soft sun-dried tomatoes (not packed in oil), optional
- ⅓ cup canola oil
- 12 sheets phyllo dough (14x9-inch size)

Directions

1. Preheat oven to 375°F. In a large bowl, combine eggs, spinach, cheeses, walnuts, seasonings, and, if desired, tomatoes; set aside. Brush a 10-inch cast-iron or other ovenproof skillet with some of the oil; set aside.
2. Unroll phyllo dough. Place 1 sheet of phyllo dough on a work surface; brush with oil. (Keep remaining phyllo covered with a damp towel to prevent it from drying out.) Place in prepared skillet, letting edges of phyllo hang over sides. Repeat with an additional 5 sheets of phyllo, again brushing with oil and rotating sheets to cover the skillet.
3. Spread spinach mixture over phyllo in skillet. Top with an additional 6 sheets of phyllo, again brushing with oil and rotating sheets. Fold ends of phyllo up over top of pie; brush with oil.
4. Using a sharp knife, cut into 8 wedges. Bake on a lower oven rack until top is golden brown, 35–40 minutes. Cool on a wire rack. Refrigerate leftovers.

Recipe courtesy of www.tasteofhome.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.

Putting Foot to Pedal

Bicycling is a superb way to exercise and enjoy the outdoors. But although cycling is a low-impact activity, feet are still put through their paces. They are the points of energy transfer from human to machine, so equipping them with the proper footwear is vital.

Casual riders who have no known preexisting foot or ankle issues should be fine with a good pair of sneakers — a firm sole and ample tread to grip the pedals. They supply decent support across the arch and instep and provide the heel lift that cycling shoes do.

Casuals with preexisting foot or ankle problems or who wear orthotic shoe inserts would be wise to consider cycling-specific shoes (most accommodate inserts). Cycling shoes have stable shanks that reduce the stress of pedaling on the feet and more effectively transfer power from the feet to the pedals.

Serious cyclists, of course, go with cycling shoes, and many choose to utilize toe clips, which enable riders to pull up on the pedal in addition to push down in the pedal stroke. “Clipless” systems involve cleated shoes locking in with the pedals.

Even with proper footwear, riders aren’t immune to foot and ankle issues. For instance, biomechanical imbalances of the foot and ankle can cause discomfort or pain — prescription orthotics may help. Overtraining, improper seat height, inadequate warm-up, and starting out too quickly lay the groundwork for Achilles tendonitis. Nerve impingement in the vicinity of toes two through four may result in numbness, tingling, or a burning sensation — sometimes wider shoes or loosening shoelaces is a simple solution.

If your feet pay the price when cycling, schedule an appointment at our office to find relief.

