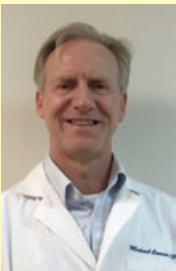




Tailor's Bunion ... Keeping Up with Big Brother

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 tailor's bunion, or bunionette, is a prominence of the fifth metatarsal bone (the long bone that runs along the top outside of the foot) where it connects to the base of the little toe. The fifth metatarsal begins to protrude outward; the little toe begins to point inward. The subsequent bump is prone to irritation, pain, redness, and swelling and can significantly impact one's quality of life. Occasionally, a bone spur (a bony outgrowth) on the outside of the metatarsal bone causes similar issues.

Tailor's bunion has been identified as such for centuries. Early on, tailors spent long hours sewing while sitting on the ground cross-legged, the outside edges of their feet rubbing along the ground. The resultant friction and pressure greased the skids for little-toe bunions.

Tailor's bunions are not as common as regular old bunions. One study of over 2,200 subjects with foot disorders found that nearly ten times as many had regular bunions than tailor's bunions. Some people are blessed to have a regular bunion and tailor's bunion on the same foot!

Prime instigators of tailor's bunions include inherited foot bone structure that's abnormal, loose ligaments, wearing shoes that don't fit correctly or are otherwise terrible for foot health when worn too much (e.g., high heels), and tight calf muscles.

If you suffer from discomfort in the little-toe area, contact our office. A tailor's bunion is a fairly simple diagnosis because the bony protrusion is so visually apparent. Conservative treatment measures are abundant — e.g., shoe modification, padding, oral medications, icing, orthotic devices (over-the-counter or custom), and corticosteroid injections. Surgery looms if conservative options fail.



‘Pain and Expletives: The Stubbed Toe Story’

While going barefoot, stocking-footed, or donning open-toed footwear, we’ve all stubbed a toe. The pain is jolting because the toes are teeming with nerve receptors (more so than many other parts of the body) that relay messages about pressure, vibration, texture, temperature, pain, and body position to the brain. Hopping on one leg, desperate foot rubbing, and choice words often follow. Most times, the pain quickly dissipates.

However, if you stub your toe and the discomfort is not temporary, a number of things could be going on. For instance, swelling, bruising, and intense pain when applying weight to the toe might indicate a broken bone. (Bruising can occur apart from a broken bone and sometimes takes a day or two to appear.)

Ligament tears are possible, too. Ligaments in the toes aren’t as sturdy as elsewhere and tear more easily. The object responsible for the stubbing might splay two toes.

If a toenail bears the brunt of the impact, the nailbed might get damaged and bleed under the nail (subungual hematoma). Nails are home to lots of bacteria, so any damage there raises the risk of infection.

Lacerations can result from a stub, too. If a wound continues to leak blood after being tended to, a medical professional should have a look. Stitches and disinfection may be necessary.

If pain recedes quickly after stubbing your toe, there is no deformity or swelling, and your nail displays no obvious changes, you’re good to go. Otherwise, rest, ice, and elevate the toe. If improvement stalls, give our office a call. If you have severe pain, diabetes, or circulatory issues, call us right away.

Mark Your Calendars

- Feb. 2** Groundhog Day: Groundhogs are also known as woodchucks and whistle-pigs.
- Feb. 9** National Pizza Day: Lombardi’s of New York City is recognized as the first U.S. pizzeria (1905).
- Feb. 12** Super Bowl: Fans of Detroit, Cleveland, Jacksonville, and Houston are still pining for a Super Bowl appearance.
- Feb. 14** Frederick Douglass Day: Douglass was the first African American to receive a vote for president at a major political party convention (1888, Republican Convention).
- Feb. 14** Valentine’s Day: Americans spend over \$750 million on Valentine’s gifts for their pets.
- Feb. 20** Presidents’ Day: George Washington is recognized as America’s first mule breeder.
- Feb. 22** Ash Wednesday: The ashes are traditionally derived from the previous year’s Palm Sunday branches.





Urine and Sweat: The Keys to Romance?

Pheromones are chemical substances secreted by animals in fluids such as sweat, urine, and breast milk. The chemicals involved send signals to others of the same species, triggering a response such as a hormonal change or specific behavior.

Scientific research has identified four general types of pheromones in animals. Some alter mood and emotions (modulator pheromones). Others influence reproductive and developmental systems (primer). Some are "signaler" pheromones (e.g., overall health, recent diet, hierarchy) — "This is my turf. I am big and strong. Go away if you know what's good for you." Other pheromones are involved in attraction to a potential mate (releaser).

Perfume, cologne, soap, shower gel, body lotion, and deodorant manufacturers pounce on that last element. They make claims that with one spritz, application, or shower, their pheromone-imbued products will enhance sexual attraction. There's just one problem: Scientists don't even know if human pheromones exist. And if they do, humans might not have the means to detect them.

Nonhuman mammals, amphibians, and reptiles have an active vomeronasal organ, tissue that detects pheromones. Humans have one too, but it's currently thought to be nonfunctional. The sense of smell is a key component of pheromone detection, but over the span of human evolution, humans' reliance on that sense has dwindled, possibly eliminating or greatly diminishing the role of pheromones.

Scientists haven't ruled out pheromones or pheromone detection in humans; interesting research is ongoing. Although marketing claims on pheromones are bogus, the body-care products themselves might still be wise for social occasions. Or, bypass a shower, show up in sweaty clothes, and see how that works out.



Linguine with Shrimp Scampi

Yield: 3 servings; Prep time: 10 min.; Cook time: 15 min.;
Total time: 25 min.

This recipe, courtesy of Ina Garten (Barefoot Contessa Family Style) and www.foodnetwork.com, is simple, tasty, and comforting. Perfect for Valentine's Day!

Ingredients

- Vegetable oil
- 1 tablespoon kosher salt (step 1 of directions) plus 1½ teaspoons (step 2)
- 3/4 lb. linguine
- 3 tablespoons unsalted butter
- 2½ tablespoons good olive oil
- 1½ tablespoons minced garlic (4 cloves)
- 1 lb. large shrimp (about 16 shrimp), peeled and deveined
- 1/4 teaspoon freshly ground black pepper
- 1/3 cup chopped fresh parsley leaves
- 1/2 lemon, zest grated
- 1/4 cup freshly squeezed lemon juice (2 lemons)
- 1/4 lemon, thinly sliced in half-rounds
- 1/8 teaspoon hot red pepper flakes

Directions

1. Drizzle some oil in a large pot of boiling salted water, add 1 tablespoon of salt and the linguine, and cook for 7 to 10 minutes, or according to the directions on the package.
2. Meanwhile, in another large (12-inch), heavy-bottomed pan, melt the butter and the olive oil over medium-low heat. Add the garlic. Sauté for 1 minute. Be careful, the garlic burns easily! Add the shrimp, 1½ teaspoons of salt, and the pepper, and sauté until the shrimp have just turned pink, about 5 minutes, stirring often. Remove from the heat, add the parsley, lemon zest, lemon juice, lemon slices, and red pepper flakes. Toss to combine.
3. When the pasta is done, drain the cooked linguine and then put it back in the pot. Immediately add the shrimp and sauce, toss well, and serve.

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.

Takin' It Outdoors ... Healthfully

Spring is just around the corner. Many who shifted their exercise routines indoors to beat the winter chill will soon be heading outdoors again. But consider the following to keep your feet and ankles healthy.

Despite the indoor workouts, our overall activity levels are typically lower during the winter. Many people overrate their fitness level when they return to outdoor workouts. Whether it's running, hiking, bicycling, etc., many go too hard out of the gate, their bodies can't keep up, and injuries occur.

Try transitioning to the outdoors gradually. If you've been doing three miles on the treadmill over the winter, try a two-mile outdoor run to start. If you had been doing four treadmill workouts per week, do three treadmill and one outdoor the first week, two and two the second week, and so on.

Spring still has chilly days, and properly warming up outdoors sometimes gets short shrift, which can cause problems — cold temperatures can pressure people to get moving ... before they're ready. However, stretching before exercise should not be intense — gentle and easy. A brisk walk before a run or bike-riding venture can get the juices flowing. Save the more intense stretching for the post-workout cool-down.

Many studies indicate that exercise injuries peak in the spring. One from 2018 found that Achilles tendon ruptures spiked in the spring and were at their lowest in the fall. Stress fractures shoot up in the spring, too.

If you hit a few bumps in the road with the shift to outdoor workouts, contact our office to schedule a thorough evaluation, proper diagnosis, and effective treatment.

