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

News and Updates August 2022

A 'Medi Pedi' Goes Above and Beyond

A traditional cosmetic pedicure can be relaxing and luxurious. But health-wise, a medical pedicure ("medi pedi") takes it to the next level.

A medi pedi is a pedicure performed by a podiatrist (and podiatrist-trained nail technicians) who not only makes your feet and nails look and feel great, but can identify and treat current conditions, improving your overall foot and nail health.

Medi pedis are typically performed "dry," eliminating the traditional foot soak. Waterborne bacteria can spread from one client to the next, even when the water is drained, and the area cleaned between clients per specifications. In addition, hygiene practices frequently suffer at hectic salons. At a medi pedi appointment, the focus is solely on you.

What to expect:

- A thorough foot exam will kick things off.
- Feet will be cleaned with an alcohol-based solution or wipes.
- Nails will be expertly trimmed, filed, and buffed. Toenails may be thinned out to decrease pressure caused by nail thickness, restore a nail's natural color, or remove polish. Ingrown, split, and cracked nails will be addressed. Cuticles — barriers against bacteria — may be treated but will *not* be removed (a common salon mistake).
- The area beneath the nails will be cleaned.
- Special tools can painlessly remove calluses, corns, or dead skin cells, then the areas will be smoothed over.
- Various oils will be incorporated to moisturize feet and nails via a soothing massage, releasing muscle tension and improving circulation.

A medi pedi is typically safe for diabetics and those with poor circulation or weakened immune systems, and its benefits are long-lasting, unlike salon pedicures.

Medical pedicures may not resonate glamour (no wine, massage chair, or painted nails), but your feet and toenails will beg to differ.

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

Heel Bursitis — Common but Avoidable

Bursa are fluid-filled sacs that provide cushioning and lubrication at areas where muscles and tendons move over bone, reducing friction. The foot and ankle region combined have only one naturally occurring bursa, located between the Achilles tendon and the heel bone (calcaneus). However, others may form at different areas of the foot (e.g., ball of the foot, big toe region) as a protective response to excessive stress or trauma.

When a bursa sac becomes irritated (bursitis), pain, inflammation, swelling, and redness are typically part of the deal. The area may be painful to the touch and warmer than surrounding skin. You'll definitely notice it when walking or running, and there may be increased pain in the morning or when getting up after sitting for a while.

Many times, heel bursitis is mistaken for Achilles tendonitis by amateur foot sleuths. Tendonitis symptoms generally are felt above the heel; bursitis, directly on the heel. However, it's possible to have both at the same time — something a podiatric exam will sort out.

Causes of heel bursitis include overuse; tight shoes and/or a heel counter that is constantly rubbing against the heel; abnormal foot mechanics; and poor flexibility. Heel bursitis can also occur secondarily to a preexisting condition such as gout or rheumatoid arthritis.

Heel bursitis can almost always be treated successfully with conservative measures. Better yet, prevent heel bursitis by wearing properly fitted shoes with good cushioning and arch support; stretching before athletic activity; varying the incline on a treadmill to reduce stress on your heels; maintaining a healthy weight; and avoiding walking barefoot on hard or uneven ground.

If you experience heel discomfort, call us for a thorough evaluation, accurate diagnosis, and effective treatment.

Mark Your Calendars

Aug 1 Mountain Climbing Day: Deadliest climb? Mt. Annapurna (Nepal): 33% death rate.

Aug. 6 Root Beer Float Day: Root beer was originally called "root tea" in the late 1800s.

Aug. 8 Dollar Day: The first dollar bill (1862) featured Salmon P. Chase, Lincoln's Treasury Secretary.

Aug. 13 Filet Mignon Day: In France, filet mignon generally refers to pork, not beef.

Aug. 19 Soft Ice Cream Day: 1934 … hot day … ice cream truck … flat tire … soft-serve idea born … (allegedly).

Aug. 24 Peach Pie Day: Ancient Romans called peaches "Persian apples."

Aug. 29 More Herbs, Less Salt Day: Herbs come from green leaves; spices from seeds, bark, berries, or fruit.

Elite Painter, Tortured Soul

One historical figure who has long piqued the interest of mental-health practitioners is Vincent van Gogh, the renowned painter who took his own life at age 37 in 1890.

Van Gogh was a prolific letter writer during his abbreviated adult life … no simple task in the 19th century. The letters, sent primarily to his younger brother and other family members, documented his mental and physical struggles in great detail.

Van Gogh produced artwork and letters at a feverish pace — over a 10-year span, nearly 900 paintings, 1,100+ drawings, and 800+ letters. Then he'd crash and burn, exhausted and depressed, before returning to work with hyperenthusiasm — cyclical behavior and evidence of bipolar disorder, according to many medical experts.

In addition, van Gogh had suffered epileptic seizures since childhood. In hopes of countering his seizures, anxiety, and depression, he drank absinthe, a potent alcoholic beverage popular among Parisian artists at the time (van Gogh spent his last four years in France). Absinthe contained the toxin thujone, which likely exacerbated his conditions.

Following the self-removal of his earlobe (not his whole ear) as a result of a falling-out with a friend, it is hypothesized that van Gogh experienced brief psychosis and abruptly stopped drinking. Alcohol withdrawal may have spurred a bout of delirium.

Epilepsy and mental health issues might not have been the source of van Gogh's creative genius, but they surely influenced his work. The sheer volume of his paintings and writings in a condensed time frame is an outlier, not to mention that treatment medications could conceivably have altered his vision. Tragically, these conditions played featured roles in his demise.

Chill-Out Honeydew Cucumber Slushy

6 servings

The dog days of August call for a delightfully tasty, refreshing, and healthy remedy. This slushy, high in B vitamins, will both cool and calm you. Enjoy!

Ingredients

- 4 cups honeydew (from about 1 small melon), rind removed, flesh cut into 1" pieces, frozen
- 2½ cups coconut water
- 1/3 cup mint leaves
- 2 tbsp. fresh lime juice
- 1/2 tsp. kosher salt
- 6 oz. English hothouse cucumber (about half a cucumber), peeled, cut into 1" pieces, plus more sliced for garnish

Directions

1. Blend honeydew, coconut water, mint, lime juice, salt, 6 oz. cucumber, and 2 cups ice in a blender until smooth. Divide among glasses, then garnish with cucumber slices.
2. **Do ahead:** Slushy can be made 1 hour ahead. Store in blender jar in freezer, then reblend on high speed to reincorporate.

Recipe courtesy of www.bonappetit.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

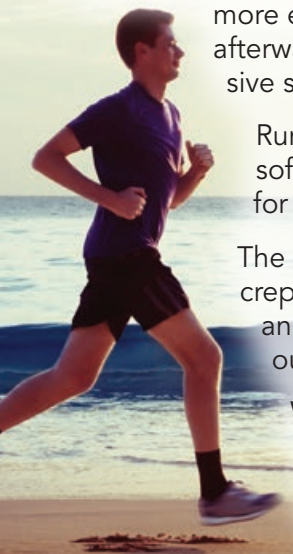
Why Consider Non-Invasive EPAT? EPAT has a proven success rate that is equal to or greater than that of traditional treatment methods (including surgery) and without the risks, complications and lengthy recovery time. EPAT is performed in the office, does not require anesthesia, requires a minimal amount 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.

Running at the Beach Not Always a Shore Thing

For many beach vacationers, workouts with an ocean view, such as beach running, are on the agenda. But take heed of the following.



Running on sand requires more exertion than other typical running surfaces — studies have shown up to 1.6 times more energy is expended. More muscles are put to work, which means you might experience soreness afterward that you haven't felt before. To counter that, cut back on your normal mileage to avoid excessive stress not only on muscles, but on ligaments and tendons, too.

Run at low tide, as close to the water as possible without splashing, as the sand is packed (but still soft) and provides improved stability. Unpacked sand away from the water's edge is more of a menace for strains, sprains, and even fractures.

The shoreline is on a natural slant, which places extra stress on the pelvis as it adjusts for leg-length discrepancy with each stride. In turn, there's a chain reaction of added pressure on the back, hips, knees, ankles, and feet. If you plan to run along the water's edge, run an equal distance in both directions (an out and back) so that both sides of your body share the burden of the tilted landscape.

Wear running shoes, too. They provide support for your arches, heels, and ankles as well as protection from broken seashells, rocks, debris, jellyfish stings, etc.

If your beach trip wasn't a vacation for your feet or ankles, contact our office to make things right.