



Helping New (and Seasoned) Runners Stay Healthy

Scholastic cross-country running builds camaraderie, discipline, confidence, and frequently a lifelong appreciation of fitness. The tricky part is staying healthy.

Improper footwear, repetitive impact, biomechanical issues, inadequate pre-run and post-run routines, and failure to heed warning signals can lead to trouble. Shin splints, stress fractures, plantar fasciitis, and Achilles tendonitis are waiting to say hello.

New running shoes should feel comfortable from the get-go — no “break-in” period. There should be one-half inch between the longest toe and the end of the shoe. Replace running shoes after logging 300 to 400 miles.

Running shoes aren’t a one-type-suits-all proposition. A runner should select shoes that address their particular foot type — for example, low arches, normal arches, or high arches.

Distinguishing between injury and normal running discomfort may be challenging for inexperienced runners. Pushing through typical running discomfort to improve is one thing; attempting to push through injury is another.

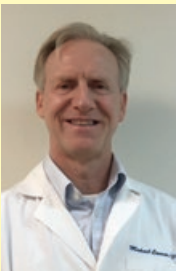
If discomfort is focused on one central area as opposed to general soreness; lingers after running and is present the next day; gradually intensifies; or causes limping, bruising, swelling, or redness, it’s likely an injury. Since some kids hide how they’re feeling, observant coaches and parents may need to shut things down. Pressing on despite the pain will increase an injury’s severity and lengthen recovery time.

Good pre-run and post-run habits (light jogging, gentle stretching) are vital. Rest days (no exercise) and recovery days (light exercise) are important, too. Cycling, elliptical training, or swimming on recovery days can enhance fitness.

Runners new and old can count on us to treat lower-extremity issues, help prevent future injuries, and lend assistance with shoe selection and stretching routines.

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



Ingrown Toenails Aren't Trivial



Ingrown toenails are a common problem that occurs when the corner of a toenail grows into the surrounding skin, most frequently on the big toe. They have a variety of causes:

- **Poorly fitted shoes.** Shoes that cram the toes elevate the risk of ingrown nails. Teens may be even more susceptible since they're still growing like weeds. Athletes should wear sport-specific shoes.
- **Improper toenail trimming.** Toenails should extend to the edge of the toe. Toenails that are cut too short and rounded at the edges are an open invitation to ingrown toenails. Toenails should be trimmed straight across.
- **Trauma.** Jamming or stubbing the toe (common in athletics) or dropping something with heft on it can result in an ingrown toenail.
- **Heredity.** Sometimes you're just bestowed a head start.

Initially, symptoms of an ingrown nail are mild: a twinge of discomfort when you press on the area, wiggle your toes, or put on your shoes. Left untreated, the condition can progress to standalone (no touch required) and intensified pain; swelling and redness; and drainage, pus, and odor — signs of infection, an always-serious matter.

Those with a circulatory issue or diabetes should contact our office immediately upon the first signs of an ingrown nail to prevent severe complications. When no infection is present, otherwise healthy people can massage the skin away from the nail during Epsom salt soaks, and afterwards apply precautionary antibiotic ointment.

If symptoms worsen, call us right away. We may remove the ingrown portion of the nail and prescribe a topical or oral medication for infection. Chronic ingrown toenails might require a minor procedure to halt their recurrence.

Mark Your Calendars

- Aug 1** National Mountain Climbing Day: Highest altitude in U.S.: Denali (Alaska, 20,310 feet).
- Aug. 4** Chocolate Chip Cookie Day: Ruth Wakefield invented them (1930) at her Toll House Inn.
- Aug. 6** Fresh Breath Day: If you're out of toothpaste or mouthwash, a saltwater rinse can help.
- Aug. 10** Lazy Day: August heat saps your strength and before you know it ... zzzzzzzz.
- Aug. 13** Friday the 13th: "Jason" was the 117th most popular baby-boy name in 2020.
- Aug. 21** Honey Bee Awareness Day: The only insect to produce a food eaten by humans.
- Aug. 28** Race Your Mouse Day: Read Beverly Cleary's *The Mouse and the Motorcycle*. A classic.



‘... the Chief of this World’s Luxuries ...’

— Mark Twain

Watermelon is a succulent summer treat that lives up to its name — it’s 92 percent water, so it’s got hydration covered. But good hydration is just the tip of the iceberg.

Watermelon is loaded with the phytonutrient lycopene, a powerful antioxidant thought to have anti-inflammatory properties. It has been linked to a diminished risk of certain cancers, and improved heart and bone health.

Watermelon has a good supply of vitamins A, B6, and C; potassium; and amino acids arginine and citrulline, which help maintain healthy blood vessels. Calories are minimal, as are fat, cholesterol, and sodium levels. Watermelon is a great source of fiber, too.

As healthful as watermelon is, don’t go overboard. More than 30 mg daily of lycopene can produce nausea, diarrhea, indigestion, and bloating. Those with hyperkalemia (too much potassium in the blood) should stick to one cup or less per day — check with your physician. Watermelon also has its fair share of natural sugar.

Roughly 85 percent of watermelons sold in the United States are seedless. Seedless watermelons are sterile hybrids, kind of like the whole donkey-mating-with-a-horse-producing-a-sterile-mule thing.

A Japanese technique of placing a square glass box around a growing watermelon produces a cube watermelon. They’re stackable and space savers in refrigerators. Unique, but you pay out the wazoo (\$75+ each).

The watermelon hails from Egypt and has been cultivated for over 5,000 years. Watermelon seeds have been discovered in ancient Egyptian tombs along with drawings of watermelons on tomb walls. Watermelons were believed to nourish the dead as they journeyed through the underworld. If that’s not an endorsement of the watermelon, nothing is.



Burst Cherry Tomato Angel Hair with Lemon and Ricotta

Yield: 4 servings; prep time: 5 mins.; cook time: 25 mins.; total time: 30 mins.

*Delicious and easy to make.
The perfect summer combination!*

Ingredients

- 8 ounces angel hair pasta
- 1 tablespoon olive oil, divided
- 1 pint cherry tomatoes
- 2 garlic cloves, minced
- 1/4 cup dry sherry
- 2 teaspoons lemon zest
- 2 tablespoons lemon juice
- 1/2 teaspoon salt
- 1/4 cup basil cut into thin ribbons
- 1 cup ricotta cheese

Directions

1. Bring a large pot of water to a rolling boil. Season liberally with salt.
2. Heat a large skillet to a medium-high heat. Add 2 teaspoons olive oil. Add cherry tomatoes. Cook until the skins on the tomatoes are starting to burst, about 5–6 minutes. Add garlic, cook another minute.
3. Add sherry, reduce for 1–2 minutes. Use the back of a wooden spoon to gently smash the tomatoes, releasing their juice.
4. Add lemon zest, lemon juice, and salt. Continue to cook until the tomatoes are completely cooked and soft.
5. In the meantime, cook angel hair until it’s just shy of being done.
6. Using tongs, transfer angel hair to tomato sauce; reserve cooking liquid.
7. Toss pasta with the sauce. The sauce will most likely need a little bit more liquid; add 1/4 cup of the starchy cooking liquid to the pasta until you have a sauce-like consistency. (Author added 3/4 c.)
8. Season with salt and pepper.
9. Add in the basil, toss until combined.
10. Dot with ricotta cheese.





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Smooth Walking Hinges on Healthy Ankles

The ankle acts as a hinge between the foot and leg. It is considered a mobility-based joint (especially for up-and-down movement) but has a good degree of stability. It needs to be stable to withstand up to 1.5 times a person's weight with each step taken on level ground — and two or three times that rate for running, jumping, and navigating inclines.

The ankle is comprised of two joints: the true ankle joint and the subtalar joint. The true ankle joint consists of three bones: the tibia, fibula, and talus.

The tibia, the larger of the two lower-leg bones, forms the inside part of the ankle. The fibula runs parallel (roughly) to the tibia and forms the outside part. Those two attractive ankle knobs are the ends of the tibia and fibula. They rendezvous with the ankle's talus bone. Thus, the tibia and fibula have the dubious distinction of frequently playing roles in leg fractures *and* ankle fractures.

The talus pulls double duty. It also teams up with the calcaneus (heel bone) to form the subtalar joint. The subtalar joint is responsible for side-to-side motion; the true ankle joint, up-and-down motion.

Articular cartilage covers the ends of the bones, reducing bone-on-bone friction. Space in the joints is lined with a thin membrane, synovium, which cushions and lubricates. Ligaments hold the ankle bones together. Tendons connect muscles of the lower leg with bones of the foot and ankle; the Achilles tendon hogs the spotlight.

Ankles are engineering marvels but take a daily pounding. Don't ignore lingering pain or discomfort. Schedule an appointment at our office instead.

