



Contrasting Type 1 and Type 2 Diabetes

November is Diabetes Awareness Month, so we thought we'd make you aware that diabetes and prediabetes affect roughly 40% of Americans (per CDC statistics). A staggering number!

Left unchecked, diabetes can damage blood vessels (spurring heart attacks and strokes), the kidneys, eyes, gums, nerves, and feet. The two major types of diabetes, type 1 and type 2, are united in the harm they can cause, but there are differences, too.

Type 1 diabetes accounts for 5%–10% of diabetes cases and is thought to occur due to an autoimmune reaction. The body mistakes insulin-producing cells in the pancreas for foreign invaders and destroys them — insulin enables the body's cells to receive glucose and convert it into energy.

Type 1 diabetes, formerly known as juvenile diabetes, typically strikes young children and adolescents, but occasionally occurs later than that. Lifestyle factors are not linked to its development, and its onset is usually abrupt and symptoms obvious. Because the pancreas has been stripped of its insulin-producing capabilities, insulin injections will be needed.

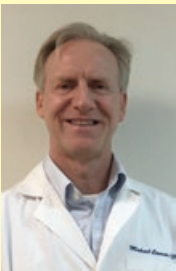
For those with **type 2 diabetes** (90%–95% of diabetes cases), the body still produces insulin (sometimes not enough) but does not process it correctly, and glucose accumulates in the bloodstream. Lifestyle modifications might keep type 2 diabetes in check, but many will need medication, too. Some might also need insulin injections.

Type 2 diabetes is a progressive condition that frequently strikes middle-agers, with symptoms taking years to appear. However, the number of younger people affected is climbing. Poor diet, obesity, and lack of exercise are linked to type 2 diabetes; genetics can factor in, too.

Type 2 diabetes can often be prevented. Both type 1 and type 2 diabetes can be managed successfully. Check out the American Diabetes Association website, <https://diabetes.org>, for more information.

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





Lisfranc Injuries — Uncommon but Serious

A Lisfranc injury is an injury to the bones and/or ligaments of the midfoot. The injury is named after Jacques Lisfranc de St. Martin, a French surgeon who served in the military in the 1800s and observed the injuries among the cavalry, many of whom fell from their horses while their foot remained stuck in the stirrup.

Lisfranc injury severity can vary widely, from ligament sprains to bone fractures and dislocations. Cartilage may be damaged as well. Unfortunately, some Lisfranc injuries include all of the above.

Sometimes a simple twist and fall can precipitate a Lisfranc injury. In high-impact activities like football, players are more susceptible because they may have weight landing on the back of their foot while their foot is flexed downward in the push-off position. Falls from height and motor vehicle accidents tend to cause more severe Lisfranc injuries.

Symptoms of a Lisfranc injury include pain, swelling or deformity in the midfoot, inability to bear weight, and bruising. In less complex Lisfranc cases, some people may mistakenly believe they have an ankle sprain.

If no ligaments are completely torn and no bones broken or displaced, a Lisfranc injury may be treated conservatively, utilizing casts, boots, and other foot support for roughly two months. Otherwise, surgery will be required that may include plates and screws to properly piece everything back together. Hardware may need to be removed at a later date.

Even with successful surgery, the issue of arthritis looms, owing to damaged cartilage. Resuming full activity could take up to a year.

Don't suffer with foot or ankle pain. The path to healing begins with a call to our office.

Mark Your Calendars

- Nov. 1** Authors Day: Agatha Christie is generally recognized as the best-selling author of all time.
- Nov. 6** Daylight saving time ends: Some blame daylight saving time for killing the drive-in movie industry.
- Nov. 8** Election Day: Gerald Ford is the only person to serve as president and vice president without having been elected to either office.
- Nov. 11** Veterans Day: Began at the end of World War I — was known as Armistice Day until 1954.
- Nov. 14** Pickle Day: The phrase “in a pickle” was introduced by Shakespeare in *The Tempest*.
- Nov. 24** Thanksgiving: President George H. W. Bush pardoned the first turkey in 1989, starting a tradition.
- Nov. 25** Black Friday: For roughly 40% of nongovernment workers, the Friday after Thanksgiving is a paid holiday.

Let's Talk Turkey!

The bald eagle is our national symbol, but if Benjamin Franklin had his way, it would have been the turkey. (Franklin wasn't enamored with eagles' scavenging.) Culinarily, however, turkeys managed to co-opt Thanksgiving.

It's unknown if turkey was on the menu at the "first Thanksgiving" in Plymouth in 1621. Plymouth colonist William Bradford recorded that "wild fowl" was served, but that could have been geese or ducks. However, he also mentioned that there were wild turkeys in the Plymouth area.

Eventually, turkeys caught on as a popular game bird. They were native to North America, plentiful, delicious, and just one bird could feed a slew of people — perfect for large holiday gatherings.

Turkey is a lean meat that packs a protein punch: about 20 g per serving. It's low in fat, chockful of B-complex vitamins, and contains the essential nutrient choline, which helps regulate mood, memory, muscle control, and other functions. It's also a good source of iron, potassium (helps regulate the heartbeat), and selenium (boosts the immune system), among other nutrients.

Dark meat has slightly more fat than white meat, but it's mostly unsaturated fat. Wild turkeys have more dark meat than domestic, factory-raised turkeys because they're much more active. They're good runners and can even fly up to one-quarter mile. The legs and thighs, and to a lesser degree the breasts, thus have more myoglobin (muscle hemoglobin) to supply oxygen to the muscles. The more myoglobin, the darker the meat.

Leaving the skin on a turkey, though delicious, roughly doubles the saturated fat content. Unsurprisingly, frying a turkey will add significant calories and fat. However, the skin absorbs most of the oils — avoid the skin, avoid the fat.

Enjoy your healthy-for-you turkey ... and happy Thanksgiving!



TLC (Thanksgiving Leftover Casserole)

Servings: 8; prep time: 20 min. + standing; bake: 65 min.

There are always Thanksgiving leftovers. Put them to good use with this recipe!

Ingredients

- 4 cups seasoned stuffing cubes
- 4 cups cubed cooked turkey
- 2 celery ribs, finely chopped
- 1 cup frozen peas
- 1 cup fresh or frozen cranberries
- 1/2 cup chopped sweet onion
- 1/4 cup all-purpose flour
- 4 large eggs
- 3 cups 2% milk
- 1 can (8-1/4 ounces) cream-style corn
- 1/2 teaspoon salt
- 1/2 teaspoon pepper
- 2 tablespoons butter
- 1/3 cup coarsely chopped pecans

Directions

1. Preheat oven to 350°. Layer first 6 ingredients in a greased 13x9-in. baking dish. In a large bowl, whisk flour, eggs, and milk until smooth. Add corn, salt, and pepper; mix well. Pour over top; let stand 15 minutes. Dot with butter and sprinkle with pecans.
2. Cover and bake 35 minutes. Uncover and bake 30–35 minutes or until a knife inserted in the center comes out clean.

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.

Laser-Focused on Your Foot and Ankle Health

Lasers in podiatry have a wide range of effective uses, including the removal of plantar warts and ingrown toenails, restoration of fungal nails, and the promotion of healing and/or pain reduction for conditions such as arthritis, plantar fasciitis, tendonitis, and diabetic foot ulcers.

Light energy from lasers stimulates intercellular activity at the injured area, reducing pain, accelerating healing, and improving circulation (which elevates the amount of oxygen and nutrients arriving on the scene). In addition, only local anesthesia is required, there is typically minimal downtime on the road to recovery, and the healing process is less painful (and quicker!).

The treatment session itself is painless (you may feel a warm sensation in the area), and lasers enable podiatrists to treat foot and ankle conditions at the source, unlike topical treatments. A treatment generally takes 15 minutes — but can vary depending on how large an area is being addressed — so it won't put a big crimp in the rest of your day. And there are no side effects.

Laser therapy might not be covered by your insurance, depending on the condition, which would mean more out-of-pocket costs compared to other noninvasive treatments. A series of laser treatments may be required for optimum healing.

Many other conservative treatments do a fine job in alleviating pain and facilitating healing, but it's great to know you have an enhanced healing option waiting in the wings if your condition is conducive to it and you are willing.

Lingering foot or ankle discomfort is never normal. A thorough evaluation, accurate diagnosis, and effective treatment are only a phone call away.

