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

News and Updates October 2022

Ankle Arthroscopy … Lights, Camera, Action!

Ankle arthroscopy (AA) is a minimally-invasive surgical procedure that utilizes a thin fiberoptic camera (arthroscope) and miniature tools to evaluate and treat a number of ankle conditions. Any surgery is a last resort and comes with risk, but AA is a great option to have.

Here is a small sample of ankle conditions for which AA can be effective:

- **Ankle instability:** Ankle sprains can cause ligaments to become stretched, which creates a feeling of the ankle "giving out." Ligaments can be tightened with AA.
- **Loose bodies:** Pieces of bone, cartilage, or scar tissue sometimes break free and float within the ankle joint. These can be painful and may cause the ankle joint to lock up (or click or catch) if not removed.
- **Synovitis:** Soft tissue that lines the ankle joint sometimes becomes inflamed, causing pain and swelling. Overuse, injury, rheumatoid arthritis, and osteoarthritis are often to blame. AA might be used to remove inflamed tissue.
- **Infection:** Typically, antibiotics are not enough to eliminate an ankle-joint infection. AA enables a surgeon to wash out the joint.
- **Mystery ailments:** A condition might defy a precise diagnosis by other means. AA gives the surgeon a direct look into the joint to figure out what's going on.

The big advantages of AA over "open" surgery include diminished trauma, as incisions are smaller, which means scaled-down areas of healing; more rapid healing; less postsurgical pain; reduced risk of infection and other complications; and a lesser degree of scarring. Patients with severe ankle arthritis or poor general health might not be good candidates for AA.

If you are experiencing persistent ankle or foot discomfort, please don't hesitate to contact our office.

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

Staying Healthy During Hunting and Hiking Season

Hunters and hikers who take to the woods and trails sometimes forget how taxing it can be to walk on uneven terrain. Rocks, branches, tree roots, and holes (frequently obscured by fallen leaves); steep hills; and falls from tree stands also make things dicey for feet and ankles.

Common hunting and hiking injuries/conditions include ankle sprains and fractures, Achilles tendon inflammation or ruptures, heel fractures, blisters, and fungal infections. Attention to small details can serve autumn outdoor enthusiasts well:

- Work out prior to hunting/hiking season. You likely won't duplicate the conditions you'll face when hunting or hiking the great outdoors, but every little bit helps.
- Invest in high-quality hiking boots: sturdy; well-constructed; well-insulated; waterproof; excellent tread; with steel or graphite shanks, which offer excellent foot and ankle support, reduce stress and muscle fatigue, and lower the risk of injury. Double-check the insides to make sure there are no rough spots that could be friction points.
- Stay alert to your surrounding environment.
- Pace yourself on hills. Avoid sudden push-offs, and rest when you need to. Your Achilles tendons will benefit, among other muscles and tendons.
- Use a safety harness when employing a tree stand. Most tree stands are positioned 10 to 20 feet in the air. Falls can cause serious damage on many fronts.
- Take extra socks on your outing to help prevent blisters and athlete's foot. Avoid cotton socks, which retain moisture.
- If you hunt alone, let someone know where you'll be and when you expect to return (cell phone service might be spotty). If a foot or ankle injury prevents you from walking, rescue is close at hand.

Mark Your Calendars

Oct. 3 Oktoberfest ends: Bavaria's Oktoberfest is held mostly in September (began Sept. 17).

Oct. 4 (sunset) Yom Kippur: Israeli motorists virtually disappear for a day. Bicyclists pounce.

Oct. 9 Moldy Cheese Day: Mold has its place. Think penicillin and natural decomposition of dead vegetation.

Oct. 10 Columbus Day: The Vikings were the first Europeans to reach the Americas. Dusted Columbus by 500 years.

Oct. 18 Meatloaf Appreciation Day: American meatloaf has its origins in scrapple.

Oct. 22 Fossil Day: Pressure, temperature, and fossils of microscopic organisms (diatoms) led to the formation of "fossil fuels."

Oct. 31 Halloween: Candy only became a trick-or-treat staple in the 1950s, mostly replacing nuts, fruit, cakes, and coins.

Can a Healthy Person Die from Fright?

Yes … but don't be scared.

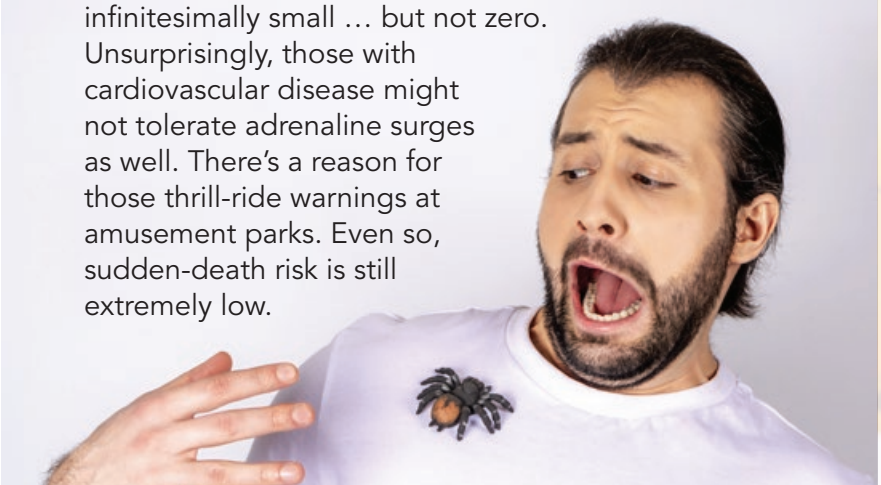
When a person is frightened or perceives themself to be in danger, the body releases adrenaline — the "fight or flight" response. The heart races, respiration quickens, perspiration is triggered, glucose levels rise (for energy), and blood is redirected to major muscle groups.

But not all adrenaline rushes are the same. When someone goes skydiving, rides a roller coaster, braves a Halloween funhouse, or watches a horror movie, the adrenaline is certainly flowing. However, people are able to anticipate and prepare for these scenarios to some degree, which mitigates the intensity of the reaction.

However, an adrenaline surge arising from a sudden, unexpected, life-threatening predicament elevates the concern a touch. In rare instances, a sudden influx of adrenaline can cause ventricular fibrillation — the most frequent cause of sudden cardiac death — a condition in which the heart's ventricles twitch (quiver) and don't pump blood to the rest of the body.

Takotsubo cardiomyopathy (a.k.a. "broken heart syndrome") is a temporary condition that can be induced by intense emotional distress — like losing a loved one. An adrenaline spike is thought to be a factor in weakening the heart's left ventricle, which impacts blood flow. Takotsubo cardiomyopathy's symptoms match those of a heart attack, even though there is no arterial blockage. Most victims recover, but a few don't (mostly older women).

Bottom line, the chance of someone in good cardiovascular health dying of sudden shock or fright is infinitesimally small … but not zero. Unsurprisingly, those with cardiovascular disease might not tolerate adrenaline surges as well. There's a reason for those thrill-ride warnings at amusement parks. Even so, sudden-death risk is still extremely low.



Lemon Dill Chicken Meatball Soup

Servings: 4; prep time: 5 min.; cook time: 25 min.; total time: 30 min.

This healthy and hearty dinner is the perfect autumn dish … and a nice antidote for dipping temperatures.

Ingredients

- 2 carrots, sliced
- 2 stalks celery, sliced
- 1 small onion, chopped
- 2 tbsp. olive oil
- 5 c. lower-sodium chicken broth
- 3 c. water
- 1¾ c. bulgur
- 12 oz. ground chicken breast
- 1/4 c. finely chopped fresh dill
- 1 tsp. grated lemon zest
- Salt
- 1/4 tsp. ground black pepper

Directions

1. In 6- to 7-quart saucepot on medium, cook carrots, celery, and onion in olive oil for 10 minutes, stirring. Add chicken broth and water; heat to boiling on high. Stir in bulgur. Reduce heat; simmer 8 to 10 minutes or until bulgur is almost tender.
2. Meanwhile, combine ground chicken breast, dill, lemon zest, and 1/4 teaspoon each of salt and pepper. Form chicken mixture into 1-inch balls; add to simmering soup along with 1/4 teaspoon salt. Cook 6 minutes or until cooked through.

Recipe courtesy of www.goodhousekeeping.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.

Growing Pains Are Real!

Sever's disease (a.k.a. calcaneal apophysitis) is inflammation of the heel's growth plate, an area where new bone is developing. This condition — it's not actually a "disease" — typically strikes during kids' growth spurts (ages 8 to 14). It's painful, fairly common, and very treatable.

Heel-bone growth frequently outpaces that of the Achilles tendon. (The heel bone is one of the first bones to reach full adult size.) That makes the Achilles tendon too tight; in turn, it pulls excessively on the heel's growth plate at their attachment point. Since the heel bone is still growing and the growth plate hasn't fully hardened yet, this is a weak area, and inflammation, pain, and swelling can occur.

Repeated running, jumping, and overall pounding can pave the way for Sever's, which means kids who play high-impact sports — especially on hard surfaces — are more vulnerable. Low-impact activities such as swimming and bicycling are kinder to the heel bone. Other potential causes of Sever's include obesity, an already-short Achilles tendon, high or flat arches, excessive pronation, and short-leg syndrome.

Due to heel pain, a child may limp, walk on their toes, or just not seem their normal self when participating in high-energy activities. Persistent discomfort is a cue to call our office. We will review your child's medical history, ask some questions, conduct a thorough exam, and possibly take X-rays to pinpoint the problem, as many conditions can cause heel pain.

Treatment for Sever's will focus on relieving pressure on the heel bone. Rest, an exercise/stretching routine, and shoe inserts or custom orthotic devices typically do the trick. In more severe cases, casting may be recommended for a few weeks.