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

News and Updates September 2022

A Brief Lowdown on Medicare and Podiatric Services

Whether someone is approaching age 65, or 65 is already in the rearview mirror, a few nuggets of info about Medicare and podiatric services may come in handy. After all, many older Americans experience foot and ankle pain; if left untreated, it can lead to limited mobility and other health issues.

Medicare Part B covers some podiatric services. For instance, patients with diabetic nerve damage and poor circulation qualify for Medicare foot-care coverage because they're at greater risk of developing foot conditions. Medicare Part B will typically cover diabetic and at risk patients every 61 days. Some people with diabetes may also be eligible for annual coverage for the following:

- A pair of custom-molded shoes and inserts
- A pair of extra-depth shoes
- Two additional pairs of inserts (for custom-molded shoes)
- Three additional pairs of inserts (for extra-depth shoes)
- Shoe modifications (if you opt not to use inserts)

Surgical procedures for hammertoes, bunions, and fungal nails will often be covered if they are deemed "medically necessary" by your doctor. There are occasionally nuances and a hoop or two to jump through — a trademark of government programs.

The bad news is that Medicare generally does not cover routine podiatric services, such as preventive maintenance, corn and callus removal, toenail trimming, or hygienic upkeep.

Even when Medicare does cover some podiatric services, there is still a Part B deductible and possibly coinsurance and copayment expenses. Medicare Advantage plans and supplemental plans can help. Be aware that referrals or authorizations are sometimes required.

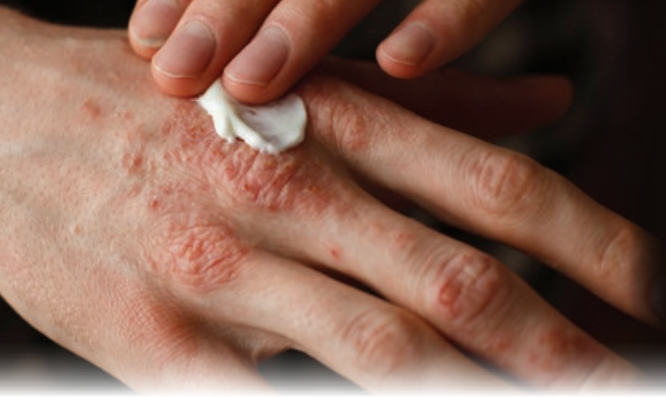
If you have questions about Medicare and podiatric services, please give our office a call.

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



Psoriasis Can Take a Toll

According to the National Psoriasis Foundation, over 8 million Americans deal with psoriasis, an autoimmune disease noted for areas of thick, reddened skin mixed with dry, whitish-silver patches. It can break out on any part of the body, including the feet (palmoplantar psoriasis).

Psoriasis is not contagious, but it's itchy, irritating, sometimes painful, and can affect self-image. It tends to run in families and is the leading risk factor for psoriatic arthritis, which typically attacks the joints of the lower extremities. Triggers for palmoplantar psoriasis flare-ups include repetitive trauma, infection, stress, smoking, and chemical irritants.

Normally, new skin cells take about a month to work their way to the skin surface, coming off the bench to replace dead skin cells. For most people, it's a seamless transition. For those with psoriasis, the new skin cells rise to the surface too rapidly, before older skin cells are ready to exit. New skin cells pile onto older ones, resulting in plaques or tiny, pus-filled blisters.

Keeping the skin clean and moisturized (e.g., hypoallergenic moisturizers, colloidal oatmeal baths) can ease discomfort and improve skin health. But any sudden foot irritation warrants a call to our office.

People who develop palmoplantar psoriasis sometimes think they have athlete's foot. That's why a thorough evaluation and accurate diagnosis are so important. After an exam and review of your medical history, we might take a biopsy to confirm a palmoplantar psoriasis diagnosis.

We can treat mild cases with prescription topical creams. Severe cases might require systemic (body-wide) medication. We may need to coordinate with other healthcare professionals as well.

Palmoplantar psoriasis can't be cured, but we can offer pain relief and help reduce the likelihood of future flare-ups.

Mark Your Calendars

Sept. 5 Labor Day: In 1917, the Adamson Act was passed, establishing the 8-hour workday.

Sept. 11 Patriot Day: DNA identification has yet to happen for over 1,100 victims of 9/11.

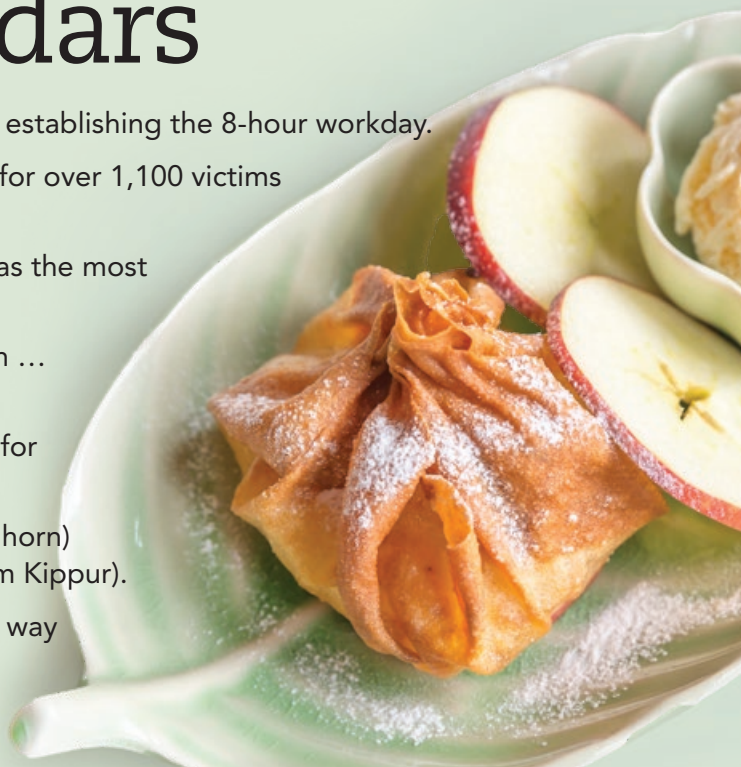
Sept. 14 Cream-Filled Doughnut Day: Per capita, Canada has the most doughnut shops.

Sept. 17 Apple Dumpling Day: Dessert, breakfast, main dish … hot or cold … sweet versatility.

Sept. 22 First day of autumn: Autumn's alias, "fall," is short for "fall of the leaf."

Sept. 26 Rosh Hashanah: The sounding of the shofar (ram's horn) ushers in the Ten Days of Repentance (through Yom Kippur).

Sept. 27 Crush a Can Day: Recycled cans typically find their way back to store shelves within 90 days.



Let's Count a Few Sheep

Sleep is one of the pillars of good health and is finally receiving its just due. Sleep restores our energy and enables our brains to get reorganized, but that's only scratching the surface, as scientists are working to unravel its mysteries.

From an evolutionary standpoint, sleep's advantages must be monumental. After all, sleep leaves an animal wide open to predators; not to mention, we sleep about a third of our lives away.

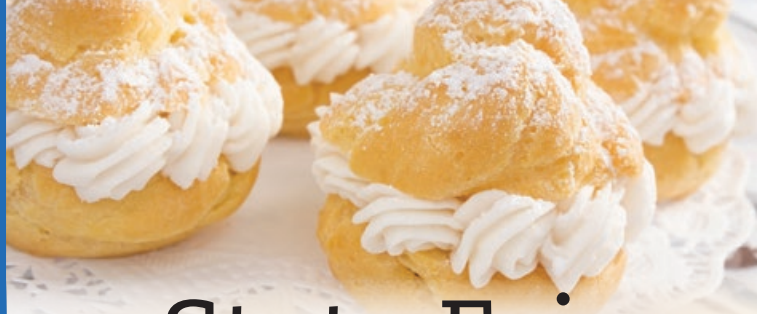
Speaking of nature, sea otters hold paws while they sleep to avoid drifting away from each other — a true Hallmark moment. Dolphins, porpoises, and whales sleep with half their brain (and opposite-side eye) awake in order to stay alert for predators and remain conscious to breathe. Bulldogs are the only canines known to experience sleep apnea. A short snout, underbite, and odd upper airway and body type will do that.

Humans are the only creatures that willingly delay sleep. The introduction of electric lights, then television, then ultimately the internet (among other reasons) all keep people up, by choice, when their bodies are pleading for sleep.

Being awake for 16 straight hours is the general equivalent of a .05% blood alcohol level (legal limit, .08%) when performing tasks. Lack of sleep also diminishes the level of the hormone leptin, an appetite regulator, so the battle of the bulge intensifies. Regular exercise improves sleep patterns, unless you work out just prior to bedtime.

Insufficient sleep is estimated to gouge the U.S. economy over $400 billion each year through poor job performance, job-related accidents, absenteeism, etc. Drowsy driving is a factor in over 6,000 auto accident fatalities annually.

Science dreams of unlocking the secrets of sleep. In many respects, it's still a riddle wrapped in a blanket.



State Fair Cream Puffs

Makes 10 servings; Prep time: 25 min.;
Bake time: 30 min. + cooling

It's fair season. State fair, county fair, street fair — all's fair when it comes to this luscious treat.

Ingredients

- 1 cup water
- 1/2 cup butter
- 1/4 teaspoon salt
- 1 cup all-purpose flour
- 4 large eggs, room temperature
- 2 tablespoons 2% milk
- 1 large egg yolk, lightly beaten
- 2 cups heavy whipping cream
- 1/4 cup confectioners' sugar
- 1/2 teaspoon vanilla extract
- Additional confectioners' sugar

Directions

1. Preheat oven to 400°. In a large saucepan, bring the water, butter, and salt to a boil over medium heat. Add flour all at once; stir until a smooth ball forms. Remove from heat; let stand for 5 minutes. Add eggs, 1 at a time, beating well after each addition. Continue beating until mixture is smooth and shiny.
2. Drop by 1/4 cupfuls 3 in. apart onto greased baking sheets. Combine milk and egg yolk; brush over puffs. Bake until golden brown, 30–35 minutes. Remove to wire racks. Immediately cut a slit in each for steam to escape; let cool.
3. In a large bowl, beat cream until it begins to thicken. Add sugar and vanilla; beat until almost stiff. Split cream puffs; discard soft dough from inside. Fill the cream puffs just before serving. Dust with confectioners' sugar. Refrigerate leftovers.

Recipe courtesy of www.tasteofhome.com.

EPAT

Wilton Footcare Associates
Dr. Michael Connor, D.P.M.
27 Danbury Rd., Wilton, CT 06897 USA
203-761-1230 • WiltonPodiatry.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

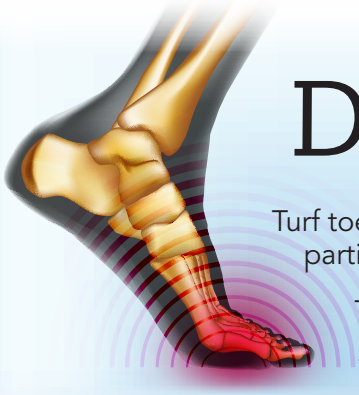
Is it safe? Yes, this FDA cleared technology was developed in Europe and is currently used around the globe. A wealth of medical experience, state-of-the-art engineering and optimal quality have been built into each EPAT device, and extensive clinical studies and tests have confirmed its safety and efficacy

If performed by a qualified caregiver 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.



Dealing with Turf Toe

Turf toe is a condition that can bedevil football players, hoopsters, gymnasts, and dancers — or participants in any activity that involves substantial flexing of the big toe on hard surfaces.

Turf toe is a sprain/hyperextension of the big toe's primary joint (metatarsophalangeal [MTP] joint). The MTP joint is surrounded by important structures that hold it in place and provide stability, including the plantar plate (a thick, strong ligament), collateral ligaments, tendons, and two tiny sesamoid bones embedded in a tendon. When any soft tissue of the MTP joint is overstretched, partially torn, or completely torn, turf toe is born.

Typically, turf toe strikes suddenly during a fateful push-off or pivot/cut, but it's not unheard of for it to slowly evolve over time. Pain and swelling can range from moderate to severe. Tears will likely produce bruising.

The term "turf toe" became prominent with the introduction of artificial-turf playing fields in the 1970s. Artificial surfaces are harder, less shock absorbent, and "stick" more than natural grass, and are therefore tougher on the joints. Today, colleges and many high schools depend on them. In addition, the softer, more flexible footwear designed for them is great for agility but lousy for forefoot stability.

Moderate turf toe symptoms will benefit from the RICE method: Rest, Icing, Compression, and Elevation. If symptoms are severe or moderate symptoms don't improve in a few days, a call to our office is advised.

Some turf toe issues may require immobilization (e.g., a walking boot or cast). Healing time can range from several days to a month or more, and physical therapy may be recommended. Surgery is rarely necessary; however, those experiencing severe turf toe whose livelihoods involve high-level athletics may be candidates.