

# Help Your Kids Ward Off Foot Frostbite

Frostbite is freezing of the skin and underlying tissues. Cold temperature is obviously a major factor, but so is exposure to moisture. When the two combine, frostbite can form in minutes.

Simple outdoor winter activities like sledding and hiking may be all it takes to get the frostbite train rolling. It's more frequently a menace to younger kids, since they can't be bothered with foot discomfort while frolicking in the snow. Their feet get numb (which to them means everything's fine) and trouble is brewing.

In early stages of frostbite, there might be red or white patches of skin that go away as soon as the foot is rewarmed. This stage is known as "frostnip." In an advanced scenario, frostbite can lead to gangrene (tissue death) and necessitate amputation.

Outfit your child with well-fitted, warm, waterproof boots. Boots that are too loose can lead to blisters, chafing, clumsiness, and ankle injuries. Boots that are too tight can restrict circulation and hasten freezing.

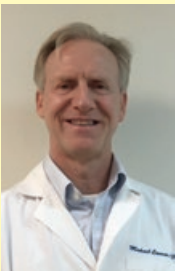
Choose warm socks that wick moisture (e.g., Merino wool, synthetic fibers). Double up the layers, and make sure socks are snug but don't restrict circulation.

When your child comes in from the cold, remove wet socks and gently pat their feet dry — do not rub their feet. Cover their feet in warm blankets, or gently put on warm, dry socks. Do not place their feet near direct heat sources (space heaters, heating pads, fireplace, etc.). If you soak their feet, make sure the water is tepid (roughly 100 degrees).

Frostbite can be painful and cause throbbing and tingling. Beyond the initial red skin, patches of white, gray, yellow, green, blue, or black require immediate medical attention.

## 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.

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# Basketball Shoes: High-Tops vs. Low-Tops

Ankle sprains are common in basketball, accounting for roughly 25% of hoops-related injuries. Many are under the impression that high-tops reduce the odds of an ankle sprain, but research does not concur.

For one thing, most basketball-related ankle sprains are prompted by a player landing on another player's foot. The shoe is mostly a bystander in these situations. Major studies exploring the high-top/low-top issue — one in 1993 involving 600+ college players, and one from 2001 involving over 10,000 Australian players — did not find low-tops or high-tops to be advantageous over the other. Prior injuries, properly stretching before playing, and whether shoes had air cells (e.g., Air Jordans) had far greater impact.

In reality, no one shoe design will satisfy the full needs of a basketball player's feet and ankles. Basketball incorporates such a diverse range of motion — jumping, landing, cutting, sprinting, dead stops, sliding side to side, etc. — it's a matter of give and take ... what a player is most comfortable with.

For instance, although high-tops offer more ankle support, energy may be transferred to the knees (similar to ski boots), making them more vulnerable to injuries. Low-tops don't offer the ankle support of high-tops, but they are lighter and provide more range of motion.

Low-toppers and high-toppers are pretty much a wash in the NBA. Kobe Bryant's low-cut line in 2008 evened the score.

About half of NBA players wear custom insoles; the other half, over-the-counter insoles. About 80% of players tape their ankles, but taping loosens after a few minutes, its supportive benefits dissipating. However, the mere contact of the tape with the skin induces improved muscle response (proprioception), which can help prevent injury. Consistent strength and balance exercises are even better.

## Mark Your Calendars

- Jan. 1** New Year's Day: Tonga, Samoa, and Kiribati are the first nations to ring in the new year.
- Jan. 11** National Milk Day: The average dairy cow produces 200,000 glasses of milk in its lifetime.
- Jan. 16** Martin Luther King Jr. Day: King was greatly influenced by Henry David Thoreau's essay "Civil Disobedience."
- Jan. 16** Australian Open Tennis Tournament begins: Australian Ken Rosewall is both the youngest and oldest man to win the tournament.
- Jan. 23** Pie Day: Oldest pie recipe? Rye-crust ed goat's cheese and honey pie (an Ancient Rome specialty).
- Jan. 28** National Lego Day: Lego combines the Danish words "leg" (play) and "godt" (good) ... *play well.*





# Saint Bernard to the Rescue

In approximately 1050 A.D., an Augustine monk named St. Bernard of Menthon established a monastery and hospice (lodging for travelers) for those undertaking the treacherous journey over the buried-in-snow Western Alps between Italy and Switzerland. This 49-mile route came to be known as the Great St. Bernard Pass.

Fast-forwarding to 1660, the monks at the hospice acquired mastiff-like dogs as companions and watch-dogs. These “St. Bernards,” named after the hospice, were a bit smaller than today’s breed, with shorter reddish-brown and white fur and a longer tail.

In approximately 1700, servants (marroniers) from the hospice would accompany travelers who were heading to the nearest town in Switzerland, joined by their furry friends. The marroniers quickly found the St. Bernards to have a keen sense of direction, an innate ability to navigate snowstorms and dense fog, and a knack for detecting impending avalanches.

Eventually, the monks sent the dogs on excursions of their own, in twos or threes. They would find travelers who had been buried in the snow, dig down to them, then lie on or next to them to provide warmth while the other dog(s) summoned help. They have been credited with over 2,000 rescues over a 200-year span, with the last recorded one occurring in 1897.

The most famous canine St. Bernard is Barry. Barry was a favorite at the hospice from roughly 1800–1812 who allegedly made 40+ rescues. To this day, there is always one dog at the hospice who carries his namesake.

The mini brandy barrel around St. Bernard rescuers’ necks has no historical validity — just an artist being creative. If the hospice dogs had carried them, they likely wouldn’t have contained alcohol, one of the last things a near-frozen body needs if the goal is to survive.



## Drunken Chicken Stew

Yield: 5 servings; prep time: 5 min.; cook time: 30 min.; total time: 35 min.

*Tasty, easy, and quick to make, this drunken chicken stew is the perfect dish to share with friends over a glass of wine on a cold winter’s day!*

### Ingredients

- 3 chicken breasts, cut into small cubes (alternatively, 35 oz. pork tenderloin)
- 2 cloves of garlic, finely chopped
- 3 tbsp. olive oil
- 1 green pepper chopped lengthwise
- 18 oz. chopped tomatoes
- 1/2 cup dry white wine
- 1 pinch of cumin
- 9 ounces hard yellow cheese (cheddar, or if you can find Greek graviera)
- 2 carrots
- salt to taste
- a handful of peppercorns
- freshly ground pepper

### Directions

1. Heat the olive oil to a large frying pan and sauté the chicken/pork on medium heat for 5–6 minutes, while stirring.
2. Add the peppers and garlic, and sauté for about 2 minutes.
3. In the meantime, boil the carrots until tender and add to the pan. Deglaze with the wine.
4. Add the tomatoes, salt, peppercorns, ground pepper, and cumin. If you are using canned tomatoes, sprinkle some sugar to prevent the sauce from getting too sour.
5. Let it simmer on low heat for about 15 minutes, or until the sauce has thickened.
6. Cut the cheese in small cubes. Add to the pan while still hot and stir. Remove from the stove immediately and serve in a large bowl.
7. Enjoy with a glass of dry white wine and some crusty bread!

Recipe courtesy of [www.mygreekdish.com](http://www.mygreekdish.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.**

## Dealing with Ankle Arthritis

The ends of bones of the ankle joint are covered in articular cartilage, which enables the bones to move smoothly against each other. When the cartilage is diminished by wear and tear, the ravages of rheumatoid arthritis, lateral ankle instability, or congenital ankle conditions, bone grinds against bone — a painful predicament.

Conservative treatments may be effective for years and include anti-inflammatory medications, modified activity, specialty shoes, walking aids, braces, and possibly steroid injections. Eventually, however, the effectiveness of these measures may falter. For some people, that could mean considering ankle fusion surgery.

The ankle joint consists of three bones: the tibia, fibula, and talus bone. The talus bone acts like a hinge, allowing your foot to move up and down. In ankle fusion surgery, the talus bone and the tibia are prepped so that they grow together, or fuse. Fusing the two bones together eliminates the pain of their grinding against each other.

Depending on the circumstances, the surgery may be “open” — an incision(s) allowing the surgeon to see the whole joint — or minimally invasive (arthroscopy), utilizing smaller incisions and a tiny camera and tools to conduct the surgery. Screws and plates might be involved, as could a bone graft from the heel bone or pelvis.

The surgery will change how a patient walks, though the foot won't become fully rigid. The good news is that pain is eliminated, the fused bone is durable, and activities such as hiking, cycling, skiing, and physically demanding jobs are frequently possible again.

Ankle fusion surgery requires patience; weight bearing may be delayed for six to 12 weeks. But for those who can hang in there, a high percentage will be pleased with the results.

