Premier Podiatry & Orthopedics
Formerly McDowell Podiatry

News and Updates
November 2020

Taking Outdoor Activity Indoors

With the arrival of colder weather and shorter days, many people shift from outdoor running to indoor treadmill running. The treadmill is an excellent workout tool, but there are some things to be aware of when it comes to foot and ankle health.

A runner's stride length frequently changes when going from outdoor workouts to a treadmill. A lengthened stride means fewer steps are needed to complete the same distance. However, feet and ankles may be subjected to a suddenly higher impact with each stride, which can result in injury.

A shortened stride means more strides are necessary to complete the same distance. This reduces the force of impact upon feet and ankles, but the repetitive nature and additional steps can lead to overuse injuries to tendons and muscles. With outdoor running, there are constant subtle and not-so-subtle changes in running surfaces. The body automatically adjusts to these surface shifts, employing a wider variety of muscles than treadmill running to compensate, thus diminishing the risk of overuse injuries.

Common treadmill-related running injuries include plantar fasciitis, Achilles tendonitis, and intermetatarsal neuroma (a condition in which thickened tissue between the third and fourth toes impinges on a nerve).

Ease into the outdoor-to-indoor transition to give your body a chance to adjust. Cut back on the distance and/or time running you were doing outdoors and gradually build up to it. Frequently vary the speed and degree of incline during a workout (you're kind of stuck with the surface). And, a good warm-up and proper running shoes are just as important indoors as outdoors.

If transitioning to indoor running is taking its toll on your feet and ankles, contact our office to regain solid footing.

When Rheumatoid Arthritis Targets Feet and Ankles

Over 1.3 million Americans deal with rheumatoid arthritis (RA), a disease in which the body's immune system mistakenly attacks its own healthy tissue. RA attacks multiple joints throughout the body, as well as blood vessels and nerves. Women are three times as susceptible to it as men.

Twenty percent of those with RA first experience symptoms in the feet and ankles. Over 90 percent eventually develop foot and ankle issues. RA typically attacks both feet and/or ankles simultaneously.

The bubble-like structure that surrounds a joint is lined with synovium, which lubricates and facilitates ease of movement. RA causes swelling and inflammation of the synovium, which eventually damages the joint and weakens ligaments and other tissues that support it. This can lead to pain, stiffness, and deformities such as claw foot, hammertoes, and fallen arches. RA can also soften bones, sometimes resulting in stress fractures or a collapse of the bone.

Certain surfaces may prove more challenging to navigate comfortably depending on where RA attacks. For example, if the ankles are affected, stairs and ramps may prove problematic; for the hindfoot, grass and uneven ground. Simply standing can become burdensome.

Although there is no cure for AR, various treatments can help manage foot and ankle repercussions. A podiatrist will coordinate treatment with a rheumatologist and possibly other medical professionals.

Following a comprehensive podiatric exam, nonsurgical treatments for RA include prescription medication, rest, icing, nonsteroidal anti-inflammatory medications (e.g., ibuprofen or naproxen), an orthotic to minimize pressure and pain, ankle bracing, and steroid injections to ease inflammation. When nonsurgical methods fail or deformities call for it, surgery is an option.

If you experience persistent discomfort in your foot or ankle, contact our office to schedule a thorough evaluation.

Mark Your Calendars

Nov. 3 Use Your Common Sense Day: "Common sense ain't common." — Will Rogers

Nov. 4 Check Your Blood Pressure Day: Don't take high blood pressure lightly.

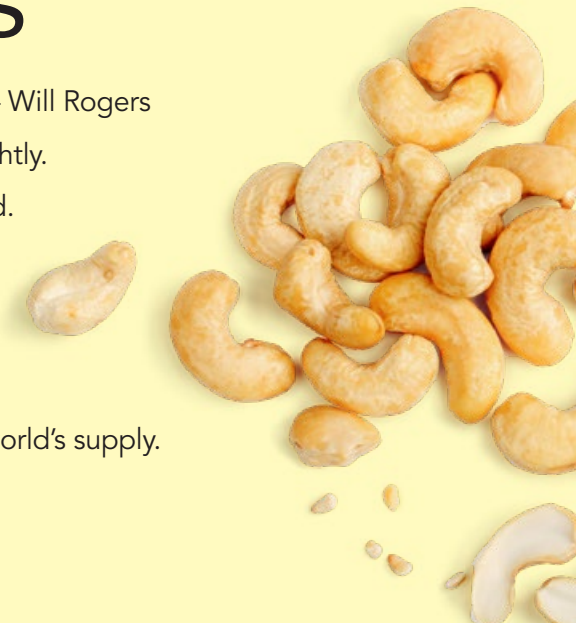
Nov. 6 Saxophone Day: It's made of brass, but it's classified as a woodwind. Just ask Kenny G.

Nov. 13 Caregiver Appreciation Day: Caregivers, unpaid ones in particular, are heroes.

Nov. 17 Take a Hike Day: This one can be taken a couple of ways. Your call.

Nov. 23 National Cashew Day: The U.S. consumes over 90 percent of the world's supply.

Nov. 25 National Parfait Day: A good warm-up for Thanksgiving gluttony.



Exposing a Thanksgiving Conspiracy

Thanksgiving is known for family traditions. A time-honored one is blaming the turkey for post-meal sleepiness; however, it's a bum rap (mostly). The real culprit is in no short supply on most Thanksgiving dinner tables: carbs!

Some explanation is in order. Turkey — protein in general — contains many types of amino acids, which are the building blocks of protein. After a person consumes a serving of protein, the amino acids make a beeline to the brain, where they're utilized to produce hormones and neurotransmitters.

One of turkey's amino acids is tryptophan, which the brain converts into serotonin and melatonin, key components of sleep. However, in the battle among amino acids for brain access, tryptophan typically is crowded out — access denied. But who eats only turkey at Thanksgiving? The answer, of course, is no one. And many of the accompanying foods are loaded with carbohydrates — mashed potatoes, yams (and marshmallows!), stuffing, breads, casseroles, pies … and sometimes multiple helpings.

Consuming carbs triggers the release of insulin, which draws most amino acids away from the brain since they aid in breaking down sugars. But an amino acid exempt from this duty is … tryptophan. With the competition thinned out, tryptophan now has a clear pathway to the brain to do its sleepy best.

In addition, digesting a huge meal takes a lot of energy, so the brain diverts resources from other areas of the body to the gastrointestinal tract. This also diminishes our get-up-and-go.

There's enough rightful blame to throw around for Thanksgiving sleepiness — carbs, overeating, travel, wine, overly warm house, droning relatives(?). It's unfair to make turkey the protein-rich scapegoat.

Ground Turkey Enchilada Stir-Fry with Couscous

Serves 4; calories per serving: 438; prep time: 10 minutes; inactive: 5 minutes; cook: 25 minutes

Though technically not an "enchilada" (no rolled tortillas), every bite will remind you of the flavors of this popular comfort food.

Ingredients

- 1/2 cup whole-wheat couscous
- 1 pound lean ground turkey
- Salt and freshly ground black pepper
- 1 teaspoon olive oil
- 2 cups butternut squash, peeled, seeded, and diced
- 1 cup broccoli florets
- One 15-ounce can no-sodium-added black beans
- One 10-ounce can enchilada sauce
- 1/2 cup salsa

Suggested toppings: chopped fresh cilantro, diced avocado, shredded cheese, lime juice

Directions

1. Pour 1/2 cup of water into a small saucepan and bring to a boil over high heat. Pour the couscous into the saucepan and stir well. Turn off the heat, cover, and let stand 5 minutes. Fluff with a fork and set aside.
2. Meanwhile, in a large skillet or wok, cook the ground turkey over medium heat, breaking it up with a wooden spoon, until cooked through and browned, about 5 minutes. Sprinkle with salt and pepper. Transfer to a bowl and set aside. Drain the excess fat and wipe the pan clean. Heat the oil in the same pan over high heat, then add the squash and cook, stirring occasionally, until browned and softened, 8 to 10 minutes. Add the broccoli and cook 3 to 5 minutes more. Add the turkey, beans, enchilada sauce, and salsa, and stir until all the ingredients are well combined.
3. Serve with the couscous and top with suggested toppings as desired.

(Recipe courtesy of the Food Network, www.foodnetwork.com.)

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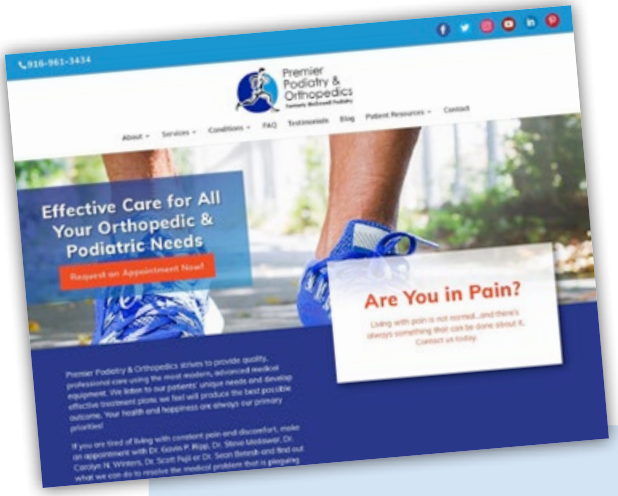

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The Most Common Source of Heel Pain

When a person experiences discomfort on the bottom of the heel or in the arch area, a prime suspect is plantar fasciitis. Another telltale symptom is a sharp stabbing pain upon arising after an extended period of sitting or lying down.

Plantar fasciitis is inflammation of the plantar fascia, the thick band of connective tissue extending from the heel to the toes. The plantar fascia serves as a shock absorber and can withstand a pounding each day. But when the forces acting upon it are too great for too long, small tears develop that precipitate painful swelling and inflammation.

Overpronation is a common cause of plantar fasciitis. When the foot rolls inward excessively when walking, it hikes the tension on the plantar fascia. Flat feet and, conversely, feet with high arches do the same, as does wearing unsupportive footwear on hard, flat surfaces — especially for those whose work demands they be on their feet most of the day. Excessive running and being overweight (obesity or pregnancy) heighten the risk, too.

If you experience stubborn heel or arch discomfort, call our office for an appointment. If we determine that you're suffering from plantar fasciitis, a host of conservative remedies are available. Shoe modification is a good start (good arch support and a slightly raised heel). Stretching exercises, icing, avoidance of barefoot walking, and limiting the activities that ratchet up the discomfort (no-brainer) often prove beneficial.

If you're still experiencing discomfort after a few weeks, we have plenty of other conservative treatment options in our toolbox. Surgery is rarely needed, but if 12 months of conservative measures prove fruitless, that specter may be raised.