Premier Podiatry & Orthopedics
Formerly McDowell Podiatry

News and Updates
February 2021

Prescription Orthotics Are Ready When Needed

Over-the-counter (OTC) shoe inserts and insoles can be purchased at pharmacies, the mall, or online. They provide cushioning or support for minor foot or ankle discomfort and are best suited for those whose pain is not consistent. Sometimes they serve as a preventive measure for people who need to be on their feet for long stretches of time.

However, inserts are mass produced and intended for a wide customer base. As such, they can't address the root cause of one's foot/ankle discomfort — everyone's feet and ankles are unique. Symptoms may persist and intensify over time, eventually affecting other areas linked to the foot or ankle.

Persistent foot discomfort/dysfunction should always be addressed by a podiatrist. After a thorough examination and diagnosis, a podiatrist has numerous weapons in the treatment arsenal, one of which is prescription orthotics. These special shoe or heel inserts are customized for each individual's unique foot structure.

Prescription orthotics can …

- align and support the foot or ankle, and improve overall function.
- prevent, correct, or accommodate foot deformities.
- absorb shock and redirect ("offload") pressure from painful areas of the foot or areas vulnerable to ulcers (especially important for those who have poor circulation and/or diabetes).
- improve balance, athletic performance, and overall quality of life.

For patients leery of the price tag, a big-picture outlook is advisable. Prescription orthotics — precision-made for your feet — can last for years. OTC inserts/insoles need to be replaced every six months on average (and frequently provide little benefit). In the long run, prescription orthotics are often economically advantageous in addition to offering superior support, correction, and function.

Jack Frost Nipping at Your … Toes

Raynaud's is a condition in which vasospasms temporarily narrow blood vessels in the fingers and/or toes, restricting blood flow to these areas and causing dreaded cold hands and feet. Raynaud's of unknown origin is called primary Raynaud's (roughly 80 percent of cases). When an underlying condition is to blame, it's referred to as secondary Raynaud's.

Cold temperatures and stress are the predominant triggers of Raynaud's attacks. The skin may turn white, then blue for a while. When blood flow returns, affected areas turn red and may tingle, burn, throb, or feel numb. An attack can range from a minute to several hours. And it doesn't require bone-chilling temperatures to trigger Raynaud's. Sometimes a temperature dip below 60 degrees is all it takes.

Risk factors for primary Raynaud's include being a woman under age 30, family history, and living in a cold climate.

Secondary Raynaud's risk factors include being over 30 years of age; presence of an underlying disease or condition that directly damages blood vessels or nerves aiding circulation; exposure to certain workplace chemicals; various medications; smoking; and residing in a chilly environment.

Simple lifestyle changes can keep primary Raynaud's at bay. Wear warm socks (merino wool socks, not too thick) and enclosed shoes outdoors in chilly weather, and keep your feet dry. Use foot and hand warmers in your shoes and mittens (mittens are preferable to gloves). Consider an electric blanket for sleeping; exercise regularly to diminish stress; and quit smoking, which constricts blood vessels.

People with secondary Raynaud's might need medication on top of lifestyle changes to keep their underlying condition in check.

If stress or chilly weather triggers a reaction in your toes, contact our office for a thorough evaluation.

Mark Your Calendars

Feb. 3 Feed the Birds Day: Midwinter food sources get scarce. Birds appreciate seeds most.

Feb. 5 Weatherperson's Day: 90 percent chance that weather forecasting is a thankless task.

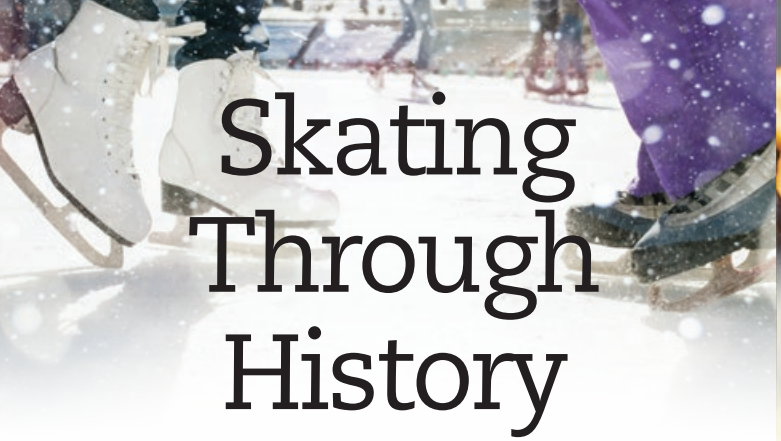
Feb. 6 Lame Duck Day: Time to give someone else a quack at the job.

Feb. 9 Pizza Day: Halloween(!) and Super Bowl Sunday lead the way in highest consumption.

Feb. 12 Lost Penny Day: Find a penny … a sign of good luck. Find $100 … really good luck.

Feb. 22 Walking the Dog Day: Walk your canine pal or do the yo-yo trick; they both count.

Feb. 28 National Chili Day: Chili did not originate in Mexico. Try the San Antonio, Texas, area.



Skating Through History

Today's ice skates bear little resemblance to their forebearers from over 3,000 years ago. The first skates were developed in the Scandinavian region (no surprise there!) and were comprised of the shin bones of cattle and horses — a.k.a. "bone skates."

Holes were pierced in ends of the bone and fitted with leather straps that attached to the wearer's footwear. Not very elegant, but efficient enough to navigate frozen waterways.

Locomotion was a tad different from modern skates. "Skaters" did not push off with their legs to propel themselves. They stabbed a sharp stick into the ice, between their legs, and pushed off with that. Since bone skates had no sharp edges and were flat and slippery — fat in the bones produced oily surfaces — they could glide in all directions, but turns were challenging.

Fast-forwarding to the 13th century, skates began to transition from animal bone to wood, with an iron blade fastened underneath. Control and speed were improved, and the cumbersome sticks were ditched, but the price was diminished gliding capability (a friction thing).

Over the following centuries, a dramatic curl was added to the toe of the blade, which prevented the tip of the skate from getting stuck in the ice and sending the skater sprawling. Longer, thinner blades changed how weight was distributed, so the blade didn't sink as deeply into the ice, creating a smoother glide (it's all about the glide).

In the 20th century, strap-on skates passed the baton to boots with screwed-in blades. Skaters could move more easily and safely, and fewer strides were required to cover a distance.

If you enjoy ice skating but wish you were smoother on your skates, don't fret. You're likely doing much better than you would be on animal bones.

Chicken Piccata Pasta

Serves: 4; prep: 10 min.; cook: 30 min.; total: 40 min.

White wine revs up the sauce of this hearty and vibrant dish — perfect for Valentine's Day!

Ingredients

- 8 oz. multigrain spaghetti
- 1 c. fresh flat-leaf parsley
- 1 lemon
- 1 lb. boneless, skinless chicken breasts
- Kosher salt
- Pepper
- 2 tbsp. olive oil
- 4 clove garlic
- 1 tbsp. capers
- 1/2 tsp. crushed red pepper flakes
- 1/2 c. dry white wine

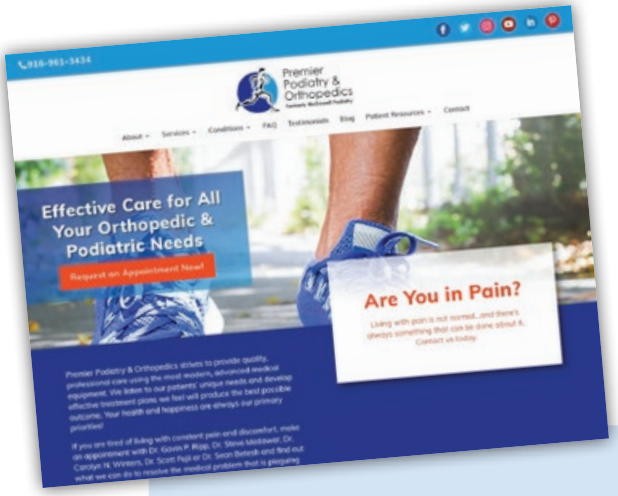
Instructions

1. Cook the pasta according to package directions. Reserve 1/2 cup of the cooking water, drain the pasta, and return it to the pot; then toss with 1/2 cup parsley and the lemon zest and juice.
2. Meanwhile, thinly slice the chicken crosswise into 1/4-inch-thick pieces and season with 1/4 teaspoon each of salt and pepper. Heat 1 tablespoon of oil in a large skillet over medium-high heat. Add half the chicken and cook until golden brown, 1 to 2 minutes per side; transfer to a bowl.
3. Reduce heat to medium, add the remaining oil and chicken, and cook for 1 minute. Turn the chicken; scatter the garlic, capers, and red pepper flakes over the top; and cook 1 minute more. Return the first batch of chicken to the skillet and toss to combine.
4. Add the wine and simmer for 1 minute. Remove from heat, sprinkle the remaining parsley over the top, then toss with the pasta (adding some of the reserved pasta water if needed).

Recipe courtesy of Woman's Day, https://www.womansday.com/food-recipes.

Premier Podiatry & Orthopedics
Formerly McDowell Podiatry

6620 Coyle Avenue, Suite 202
Carmichael, CA 95608
576 N Sunrise Avenue, Suite 230
Roseville, CA 95661
(916) 961-3434



Visit our website!
PPOSac.com

Diet, Inflammation, and Feet

Inflammation is a normal part of the body's response to infection or injury. Damaged tissue releases chemical messengers that signal white blood cells to get busy with the healing process. Blood flow to the affected area increases and causes warmth, redness, swelling, and sometimes pain. Inflammation should be a relatively short-term process.

However, some foods we ingest trigger the release of inflammatory messengers that raise the risk of chronic, low-grade inflammation that spreads throughout the body. Inflammation then turns from ally to enemy, damaging healthy cells, tissues, and organs, and eventually leading to various diseases.

As for the feet and ankles, chronic inflammation may target the plantar fascia, the thick band of tissue that runs across the bottom of the foot. It's also a common cause of foot or ankle pain associated with osteoarthritis, rheumatoid arthritis, and gout. Over time, chronic inflammation can damage cartilage, ligaments, and muscle, and weaken bones.

Foods notorious for causing chronic inflammation include many baked goods and highly processed foods, which contain refined grains, sugar, and trans fats. The saturated fat found in red meat can trigger inflammation, as can too many omega-6 fatty acids, commonly found in vegetable oils.

Foods/products that spike blood sugar quickly, such as pasta, white flour, and sweets, are associated with inflammation. Inflammation issues may also arise due to allergies to common foods — for instance, those with wheat.

Reduce or eliminate unhealthy foods and replace them with the abundance of available healthful, anti-inflammatory ones. A diet emphasizing fresh fruits and vegetables (especially leafy greens), foods high in omega-3 fatty acids (e.g., tuna, salmon), whole grains, nuts and seeds, and lean meats can do wonders in keeping chronic inflammation at bay.