



Premier
Podiatry &
Orthopedics
Formerly McDowell Podiatry

News and Updates

April 2022

April Is National Foot Health Awareness Month

Podiatric medicine is devoted to the prevention, diagnosis, and treatment of foot, ankle, and lower-leg disorders. Here are some of the most common problems our office deals with:

- Diabetes can be bad news for feet (among other body parts) if it's not prevented or controlled. Nerve damage (neuropathy) causes a gradual loss of protective sensation — for instance, pain, pressure, and temperature. Injuries can go undetected; ulcers and infection can take root. Diabetes also impedes circulation, which slows healing. Diabetes and amputation have a history together, too.
- Ankle sprains are suffered by an estimated 25,000+ Americans each day.
- Ingrown nails can result from improper nail trimming, trauma, shoes that fit poorly, and abnormal foot structure.
- Achilles tendonitis occurs when the Achilles tendon, the largest tendon in the body, is placed under excessive pressure. Inflammation and small, painful tears can put a damper on your day.
- Plantar fasciitis is inflammation of the plantar fascia, which links your heel bone with the base of your toes. The resulting heel and/or arch pain can induce colorful language.

And then there are bunions, hammertoes, shin splints, stress fractures, neuromas, fungal conditions, flat feet, and tons of other disorders. A podiatrist's seven to eight years of medical training — focused on feet and ankles — plus yearly continuous learning come in quite handy.

We sometimes are asked about the difference between a podiatrist and an orthopedist. Like podiatrists, orthopedists are medical doctors, but they are trained to treat widescale bone and joint problems. A few specialize in foot and ankle issues, but their foot and ankle training is typically not as extensive as that of podiatrists.

If you are experiencing persistent foot or ankle discomfort, which is never normal, contact our office for an appointment.

Medial Tibial Stress Syndrome Can Be Like a Kick to the Shin



Medial tibial stress syndrome, or “shin splints,” is a common overuse injury that many athletes contend with. It is most notorious among runners, but participants in sports/activities with a lot of stop-and-go or jumping (e.g., tennis, basketball, ballet dancing) are susceptible, too.

Shin splints are characterized by pain and tenderness in the front of the leg, along the tibia (shinbone), following exercise. As shin splints progress, they will be felt during exercise, not just after. Tiny tears in the muscle and bone tissue on the shinbone cause pain and inflammation. There may be discernible, tender lumps along the shin.

Ignoring the discomfort and trying to plow ahead can herald the arrival of a stress fracture — a much more concerning and painful scenario that will require a longer recovery time as well.

Shin splints frequently occur when trying to do too much, too soon. Consistently running on hard or uneven surfaces, failing to warm up adequately, and wearing shoes that aren’t sport specific and/or lack proper support and cushioning don’t help either.

Physiologic factors playing into the hands of shin splints include excessive pronation (feet rolling inward), high arches, tight calf muscles, and certain running gaits.

Treatments for shin splints include rest, icing, and over-the-counter anti-inflammatory medication. Gentle stretching late in the healing process may be beneficial, too (consult our office).

Not all shin pain is caused by shin splints — for example, a stress fracture, bone bruise, or Paget’s disease may be the culprit. If shin discomfort dogs you despite the conservative treatments listed above, contact our office to schedule a thorough evaluation, accurate diagnosis, and proper treatment.

Mark Your Calendars

- April 1** April Fools’ Day: In England and Canada, morning pranks only (just sleep till noon).
- April 8** Zoo Lovers Day: There are 39 animals extinct in the wild that live on in zoos.
- April 15** Good Friday: Kites are flown in Bermuda. Their shape and wood symbolize the cross.
- April 15** Passover begins (sundown): Southwestern Arizona is a hotbed for matzo wheat.
- April 17** Easter Sunday: It can fall no earlier than March 22; no later than April 25.
- April 18** Tax Day: Forty-two of 48 states approved the 16th amendment in 1913 (income tax).
- April 22** Earth Day: Simply obeying the speed limit can improve fuel efficiency by 7–14%.





Liar! Liar! Pants on Fire!

We all lie to some extent, and that's the truth. Generally, lying elevates one's respiratory rate, heart rate, and blood pressure, and the liar may begin to sweat. A whopper of a lie, a teensy lie ... both evoke the same bodily responses.

That brings us to the polygraph machine, which monitors the aforementioned body physiology. The old analog machines with wildly jumping needles have been replaced by laptop computers.

Typically, the polygraph subject is given "control" questions and "relevant" questions. Control questions concern misdeeds similar to those being investigated but are broadly based and refer to the suspect's past. These provide a baseline. Relevant questions are more "threatening" and pertain specifically to the alleged wrongdoing.

A truthful/innocent person, in theory, should show more of a physiologic response to the control questions since they know they did not commit the crime referred to in the relevant questions. A greater response to relevant questions shows a subject's "deception."

However, some people can cheat the system. For instance, inducing pain while answering control questions will spike the physiologic response (e.g., biting one's tongue). Then, even if they lie during the relevant questions, their physiologic response will be lower than for the control questions and their answers considered truthful. During relevant questions, successful controlled breathing can skew the results, too.

Polygraph accuracy ranges from 50 to 87 percent — very unreliable. Technically, polygraphs are admissible as evidence in court in most states; however, both parties must agree to it, which is a rarity. Polygraphs are permitted in the hiring process for jobs involving sensitive information or advanced security clearances.

The polygraph industry rakes in over \$2 billion per year. Lying has truly set them free.



Baked Chicken Florentine

Yield: 4 servings; Prep time: 10 minutes; Cook time: 30 minutes

If you're looking to change up the traditional Easter dinner menu, this simple, delicious, healthy recipe will do the trick.

Ingredients

- 1 pound boneless, skinless chicken breasts (4 medium-sized chicken breasts)
- 4 cups spinach leaves
- 4 Roma tomatoes, diced and separated into 2 equal groups
- 8 oz. extra sharp cheddar cheese, shredded
- 5 tbsp. olive oil
- 2 tsp. garlic powder
- 2 tsp. dried oregano
- 1 tbsp. fresh basil, chopped
- 1/2 lemon, juiced
- salt and pepper to taste

Directions

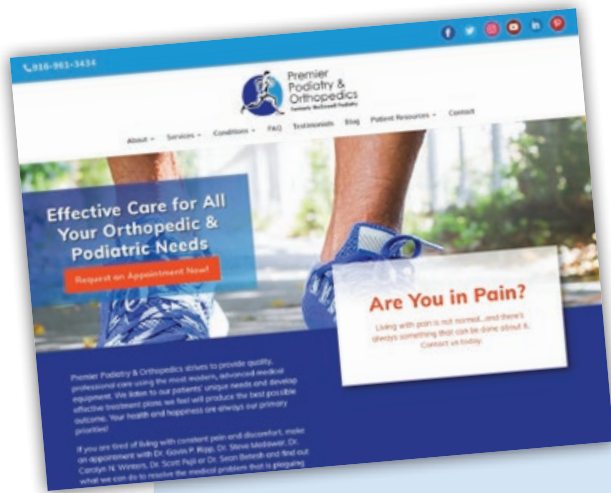
1. Preheat oven to 375°.
2. Place a chicken breast on a cutting board, cover tightly with plastic wrap, and pound evenly with a rolling pin or mallet to thin it. (Don't pound too hard. Flip it over, repeat.) Do this for each chicken breast.
3. Place spinach in bottom of large baking dish; drizzle with 1 tbsp. olive oil.
4. Place thin chicken breasts on top of spinach. Drizzle chicken with 2 tbsp. olive oil, 1 tsp. garlic powder, 1 tsp. dried oregano, and season with salt and pepper.
5. Cover chicken with half of the diced tomatoes and all the shredded cheese.
6. Cover baking dish lightly with foil, and bake in oven for 10 minutes. After 10 minutes, remove foil and place back in oven for additional 10 to 12 minutes, until cheese is golden brown and chicken is cooked through. (**Note: Cooking times will vary depending on how thin your chicken breasts are.)
7. While chicken is cooking, combine remaining diced tomatoes, 2 tbsp. olive oil, remaining 1 tsp. garlic powder, juice of half lemon, and chopped basil in a small bowl and toss to combine. Season as needed with salt and pepper.
8. Remove cooked chicken from oven; allow to cool slightly before plating. Top with diced tomato mixture and serve.

Recipe courtesy of Brynn McDowell of The Domestic Dietitian, <https://thedomesticdietitian.com>.



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Don't Make Toenail Polish a Long-Term Thing

With warm weather, sandals and open-toed shoes are out in force. Many wearers also enjoy jazzing up their toenails with colorful (or clear) nail polish. But don't make that a permanent or long-term proposition.

Leaving nail polish on too long can dry out toenails and make them brittle. Healthy toenails are a protective barrier against bacteria and fungi trying to set up shop. Thinned-out, brittle nails have lowered defenses.

Repetitive painting and long-term use of toenail polish can cause nail discoloration (typically yellowish) spurred by iron oxide, a chemical contained in many nail polishes. Frequent painting without proper, polish-free breaks can also trap moisture beneath the nails — another contributor to discoloration — and heighten the risk of fungal infection. Nail salons that don't follow proper hygiene and sanitation protocols boost the odds of infection as well.

These toenail-polish tips can help:

- Remove the nail polish after two weeks, and give your toenails a break for at least a few days. During this time, you can inspect your nails to make sure they're healthy. Remember that nails can become discolored for reasons other than nail polish — for instance, a fungal infection or diabetes.
- Paint a clear base coat before applying polish to reduce the likelihood of staining.
- Lighter nail polish colors will not stain nails as easily or quickly as darker colors.
- Do not paint over infected toenails. Moisture is a fungal infection's best friend, and nail polish can seal it in.
- Check out the American Podiatric Medical Association's Seal of Acceptance/Approval products at www.apma.org.

If you have concerns about your toenails, contact our office to schedule a thorough evaluation.

