



NEXT STEP

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From Connecticut Foot Care Centers, LLC



SPRING 2014

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We offer same day appointments for foot and ankle injuries

Podiatrists are trained in all aspects of the foot and ankle, whether it is a sprained ankle, broken toe, wound care, or trauma to the foot and ankle. In the past if you had an ankle injury, you would have to see an orthopedist. Today we evaluate and treat any problems you have with the foot or ankle.

Here is a scenario: You drop something on your big toe or stub your toe on a piece of furniture. It is swelling and hurts to walk on. You believe it may be broken. Is that something you can call your podiatrist to make an emergency appointment? Yes. Traumas like these are considered emergencies and will be seen that day in our offices.

Scenario two: Your child is playing baseball when they slide into second base and with horror, you watch as their ankle twists a way it should never twist. As you run on the field, it looks to you like their ankle may be badly injured. The team trainer says it's likely a sprain, but to get it checked out. Does a podiatrist treat children and do they diagnose sprains? Yes. We see sprains and children regularly in our office and we recommend you make an appointment for us to see them right away.

Scenario three: You're a diabetic, and even though you've tried to be good about taking your medicine and keeping your blood sugar under control, you still developed an ulcer. Currently that ulcer is draining, hot to the touch, and looks infected. Should you see your endocrinologist or your podiatrist? Make an appointment with us immediately. While your endocrinologist takes care of your total diabetic care, we take care of your diabetic feet. To avoid further infection and possibly amputation, it is imperative that you call immediately.

If you have any of these problems, please don't hesitate to call to make an appointment with one of our four podiatrists. Emergencies happen and we will see them immediately or that same-day.

Ingrown Toenails

Have you noticed that the corner of your toenail is growing into the skin? Is it red, inflamed, hot, or look infected? Is this a problem you have had in the past? You likely have an ingrown toenail, a condition treated in our offices.

What is an ingrown toenail?

When a toenail is ingrown, it is curved and grows into the skin, usually at the nail borders (the sides of the nail). This irritates the skin, often creating pain, redness, swelling, and warmth in the toe.

Causes

Causes of ingrown toenails include:

- Heredity
- Trauma
- Improper trimming
- Nail conditions

Treatment

Home treatment is strongly discouraged if an infection is suspected, or for those who have medical conditions that put feet at high risk, such as diabetes, nerve damage in the foot, or poor circulation.

After examining the toe, the foot and ankle surgeon will select the treatment best suited for you. If an infection is present, an oral antibiotic may be prescribed.

Recurring problems require a minor surgical procedure performed in the office that will ease the pain and remove the offending nail. After applying a local anesthetic, the doctor removes part of the nail's side border. Some nails may become ingrown again, requiring removal of the nail root.

Following the nail procedure, a light bandage will be applied. Most people experience very little pain after surgery and may resume normal activity the next day. If your surgeon has prescribed an oral antibiotic, be sure to take all the medication even if your symptoms have improved.

Preventing Ingrown Toenails

Many cases of ingrown toenails may be prevented by:

- Proper trimming. Cut toenails in a fairly straight line, and don't cut them too short. You should be able to get your fingernail under the sides and end of the nail.
- Well-fitted shoes and socks. Don't wear shoes that are short or tight in the toe area.

Ingrown Nail

Toenails should be cut straight across and filed smooth. Cutting down the sides of nails can lead to ingrown toenails.



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What Is a Hammertoe?

A hammertoe is a contracture (bending) of one or both joints of the second, third, fourth, or fifth (little) toes. This abnormal bending can put pressure on the toe when wearing shoes, causing problems to develop.

Hammertoes usually start out as mild deformities and get progressively worse over time. In the earlier stages, hammertoes are flexible and the symptoms can often be managed with noninvasive measures. But if left untreated, hammertoes can become more rigid and will not respond to non-surgical treatment.

Because of the progressive nature of hammertoes, they should receive early attention. Hammertoes never get better without some kind of intervention.

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Causes

The most common cause of hammertoe is a muscle/tendon imbalance. This imbalance, which leads to a bending of the toe, results from mechanical (structural) changes in the foot that occur over time in some people.

Hammertoes may be aggravated by shoes that don't fit properly. A hammertoe may result if a toe is too long and is forced into a cramped position when a tight shoe is worn.

Occasionally, a hammertoe is the result of an earlier trauma to the toe. In some people, hammertoes are inherited.

Symptoms

Common symptoms of hammertoes include:

- Pain or irritation of the affected toe when wearing shoes.
- Corns and calluses (a buildup of skin) on the toe, between two toes, or on the ball of the foot. Corns are caused by constant friction against the shoe. They may be soft or hard, depending upon their location.
- Inflammation, redness, or a burning sensation.
- Contracture of the toe.
- In more severe causes of hammertoe, open sores may form.

Non-surgical Treatment

There are a variety of treatment options for hammertoe. The treatment your foot and ankle surgeon selects will depend upon the severity of your hammertoe and other factors.

A number of non-surgical measures can be undertaken:

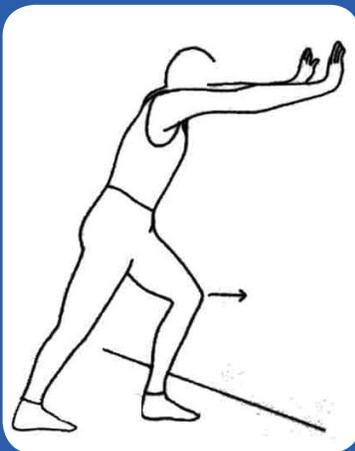
- Padding corns and calluses. Your foot and ankle surgeon

What is a Hammertoe.....Continued on pg 4

HEEL PAIN STRETCH:

Standing Calf Stretch

Place your hands on the wall. Putting your weight on one leg, extend the other leg behind your body, keeping both heels on the floor. Lean forward, bending the front leg, until you feel a gentle stretch in the calf of the rear leg. Reverse leg and repeat. Hold 30 seconds. Repeat 5 times for each leg. Hold 30 seconds. Repeat 5 times for each leg, 1 time per day.



Diabetic Recipe

Fiesta Nachos



Makes: 4

Serving Size: 7 chips with topping

Preparation Time: 25 minutes

Cooking Time: 16 minutes

Ingredients

6 scallions (white part only), thinly sliced

2 garlic cloves, minced

1 medium jalapeno pepper, seeded and diced

1 tsp. salt-free Southwestern seasoning blend (optional)

4 cups (about 28 chips) baked tortilla chips (such as Guiltless Gourmet)

3/4 cup shredded, reduced-fat sharp cheddar cheese (such as Cabot's 75% reduced-fat sharp cheddar cheese)

1/2 large tomato, seeded and diced (about 1/2 cup)

1/4 cup sliced, pitted black olives (sliced into thin rounds)

2 Tbsp. fresh cilantro

Preparation

1. Preheat the oven to 400 degrees. Meanwhile, coat a small skillet with cooking spray. Add the scallions and saute over medium-high heat for 2 minutes. Add the garlic, jalapeno pepper, and if desired, Southwestern seasoning blend. Saute for 2 minutes more. Remove the skillet from the heat and set aside.

2. Coat a large baking sheet with cooking spray. Arrange the tortilla chips close together on the baking sheet, and bake for 5 minutes.

3. Sprinkle the chips with the cheese and scallion-garlic mixture. Bake for 5 to 7 minutes, until the cheese melts. Add the nachos to a serving platter, and top with tomato, black olives, and cilantro.

This recipe is from Diabetes Forecast.



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can provide or prescribe pads designed to shield corns from irritation. If you want to try over-the-counter pads, avoid the medicated types. Medicated pads are generally not recommended because they contain a small amount of acid that can be harmful. Consult your surgeon about this option.



- Changes in footwear. Avoid shoes with pointed toes, shoes that are too short, or shoes with high heels- conditions that can force your toe against the front of the shoe. Instead, choose comfortable shoes with a deep, roomy toe box and heels no higher than two inches.
- Orthotic devices. A custom orthotic device placed in your shoe may help control the muscle/tendon imbalance.
- Injection therapy. Corticosteroid injections are sometimes used to ease pain and inflammation caused by hammertoes.
- Medications. Oral nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, may be recommended to reduce pain and inflammation.
- Splinting/strapping. Splints or small straps may be applied by the surgeon to realign the bent toe.

When Is Surgery Needed?

In some cases, usually when the hammertoe has become more rigid and painful, or when an open sore has developed, surgery is needed.

WACKY SHOE OF THE QUARTER

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OF THE
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