



About L. David Richer, DPM



A native of the Bay Area, California, Dr. Richer pursued his medical education and training on the East Coast, attending Temple University School of Podiatric Medicine in Philadelphia followed by a 3-year residency in foot and ankle surgery in New York City and Washington, D.C.

Dr. Richer relocated to Arizona in 2001 after his training and joined group practice. In 2006 he left the group and founded the Foot, Ankle & Leg Center in Scottsdale where he offers the latest medical and surgical care to patients of all ages.

At the Foot, Ankle & Leg Center our mission is to provide high quality, effective medical and surgical care. We do so in a comfortable, relaxed setting where we treat patients like family. We strive to eliminate your pain and get you back on your feet as quickly as possible so you can enjoy your favorite activities and sports. We empower our patients with the most up to date information needed to make the right decision for their own care. We utilize the least invasive methods, when possible, to fix the problem. If you have been suffering with Foot, Ankle or Leg pain, we can help!

We welcome you to the Foot, Ankle & Leg Center family.



A-Hiking We Will Go

Hiking on an idyllic autumn day can quickly be ruined by foot and ankle pain. Proper hiking boots and socks can help ward off trouble.

Buy hiking boots at an outdoor sporting goods store, which likely has someone employed with hiking-boot expertise. Avoid big-box store and online purchases. Boots should be well-insulated, waterproof, and have steel or graphite shanks, which provide excellent protection, superior foot and ankle support, and diminish muscle strain ... and resultant injuries.

Boots should fit *somewhat* snugly at the heel, yet allow some wiggle room for your toes. (When your boot is untied, you should be able to fit two fingers comfortably between your heel and the back wall of the boot.) When boots are too tight or they're too loose and your feet slide within them, excessive friction leads to blisters, hikers' mortal enemy.

Because feet naturally swell slightly as the day progresses, try on hiking boots late in the day to minimize the chances of purchasing boots that wind up being too small. When fitting new boots, wear the socks you will wear while hiking.

Wear your boots around the house, on walks, and when running errands to break them in before hitting the trails.

Double up on socks. Your first layer should be synthetic socks that fit tightly to minimize friction and wick moisture to the second (outside) pair. Wool (or wool mix) socks absorb moisture wicked by the first pair, enable it to evaporate quickly, maintain heat, and enhance comfort. Avoid 100-percent cotton socks. They absorb sweat but dry very slowly — the perfect recipe for blisters.

If you experience foot or ankle pain, contact our office. We can help you fully enjoy the splendor of autumn.

Primary Care Physician vs. Podiatrist



When your feet or ankles are in pain or discomfort, life can come to a screeching halt. Even favorite activities can seem torturous when your foundation is hurting. For some people, their first thought is to see their primary care physician — they might want to reconsider (if their insurance allows).

Primary care physicians (PCP) and podiatrists both undergo rigorous education and training spanning 11 to 15 years. A PCP's training encompasses all aspects of the human body. That is impressive, but it also means they're limited to a general understanding of any specific area of the body.

Podiatrists, however, spend the bulk of their training zeroed in on one area: the feet and ankles. Feet and ankles are complex tapestries of muscles, ligaments, tendons, nerves, bones, and blood vessels. Approximately one-quarter of the body's bones are at ankle level and below. Podiatrists also do battle with fungal infections, skin conditions, toenail issues, and some systemic diseases (e.g., diabetes).

Imaging tests of the foot or ankle sometimes reveal subtle abnormalities that only a foot and ankle specialist will detect. That's not a knock on PCPs; again, it's a matter of specialization.

In addition, podiatrists are trained to perform surgery on the foot and ankle. PCPs can assist with conservative treatments such as ankle wraps or prescription medication, but they cannot advise on or assist with foot or ankle surgery.

Bottom line ... treating conditions of the foot and ankle requires expertise, not general knowledge. Some conditions that are not addressed properly at the outset can become chronic. If you are experiencing foot or ankle discomfort, think "podiatrist" and contact our office for an appointment.

Mark Your Calendars

- October 7** Bald and Free Day: No haircuts, no windblown hair, no gray ... freedom!
- October 13** International Skeptics Day: Doubt this is a real day? Perfect!
- October 14** National Dessert Day: Leave some room for this day.
- October 16** Dictionary Day: It took Noah Webster 27 years to write his.
- October 17** Wear Something Gaudy Day: Anything from the '70s will do.
- October 25** World Pasta Day: In Italian, "pasta" means "paste" (i.e., the dough concoction).
- October 27** Black Cat Day: What happens when a black cat walks under a ladder?



The Sheer Lunacy of Full Moons

Do full moons hold mystical sway over human biology and behavior? The truth is out there (the research kind), but large-scale studies and replication are needed to back it up.

A 1996 *American Journal of Emergency Medicine* study examined over 150,000 records of emergency room visits to a suburban hospital. ERs can be a whirlwind naturally, but full moons didn't statistically impact visitation numbers compared to other nights.

Some epileptic patients have maintained their seizures are at greater risk of being triggered by a full moon. A study published in *Epilepsy & Behavior* in 2004 found no such connection. However, a 1999 study reported in the *Journal of Affective Disorders* suggested that nocturnal illumination by a full moon prior to the days of indoor lighting and window shades was enough to potentially interrupt a person's sleep-wake cycle (especially those who lived outdoors). The resulting partial sleep deprivation might have been sufficient to induce seizures in those with seizure disorders.

Since the Middle Ages, the lunar cycle — along with a dash of witchcraft and demon possession — has been affiliated with the onset or exacerbation of psychiatric symptoms. A 2005 Mayo Clinic study found no evidence to support that notion. However, a 2014 Canadian study observed that during the 12 hours preceding and following a full moon, personality-disorder and psychiatric urgent-care cases rose significantly.

Some full-moon legends may have arisen for psychological reasons. A full moon on a clear night is spectacular. When something strange happens that night, people also remember the dazzling orb hogging the night sky. When oddities occur during "regular" moons, no association is made. And because we've been conditioned to believe full moons precipitate bizarreness, it's frequently a matter of self-fulfilling prophecy.



Curried Pumpkin and Peas

Serves 6; calories per serving: 260; total time: 45 minutes

Tender pumpkin, delightful peas, seasoning, and a touch of curry powder ... scrumptious!

Ingredients

- 2 tbsp. unsalted butter
- 1 medium onion
- 1 garlic clove
- 2 1/2 tsp. curry powder
- 1/2 tsp. salt
- 1/2 tsp. freshly ground pepper
- 2 lb. pumpkin
- 2 medium red potatoes
- 1 1/2 c. low-sodium chicken broth
- 3/4 c. golden raisins
- 3/4 c. frozen baby peas
- fresh cilantro

Instructions

Heat butter in a large pan over medium-high heat, add onion, and cook until golden brown, about 5 minutes. Add garlic and cook 1 minute more. Stir in curry powder, salt, and pepper. Add pumpkin and potatoes, and cook for 5 minutes, stirring frequently. Pour in broth and raisins, cover, and reduce heat to medium. After 15 minutes, add peas. Replace cover and continue to cook until pumpkin and potatoes are tender, 5 to 10 minutes more. Garnish with cilantro.

(Recipe courtesy of Country Living, www.countryliving.com.)



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See page one.

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Dealing with Achilles Tendonitis

The Achilles tendon, located at the back of the ankle joint, is the largest tendon in the human body. Tendons attach muscles to bone, and in the Achilles' case, it attaches the two most powerful muscles in the lower extremities — the calf muscles (soleus and gastrocnemius) — to the heel bone.

The calf muscles help balance our bodies while standing, propel the body forward when walking or running, and launch the body upward when jumping. As such, they can exert tremendous pressure on the Achilles tendon.

When the Achilles tendon is overused, it becomes inflamed, otherwise known as Achilles tendonitis. The condition causes pain, stiffness, swelling, redness, and diminished tendon strength. It can happen to anyone, but those engaged in intense activity with running, cutting, pivoting, and jumping are more prone. Even more vulnerable are those age 35+ who play sports, since tendons and ligaments tend to lose elasticity and strength as a person ages.

Other factors that might play a role in Achilles tendonitis include flat feet, a sudden change in training surface or training intensity, unsupportive footwear, a high foot arch, and obesity.

In most cases, conservative treatment is highly effective when Achilles tendonitis is diagnosed and treated early. Rest, icing, anti-inflammatory medication, heel lifts, avoidance of barefoot walking, stretching (unless it causes pain), and a modified exercise regimen are common measures taken. Once the tendon is feeling better, a gradual return to normal activity is recommended.

Surgery is a last resort but may be required if the tendonitis has been chronic or severe, or if the tendon ruptures. Sudden or lingering pain in the feet or ankles is never normal. Contact our office for a thorough evaluation.

