FOOT, ANKLE & LEG CENTER

News and Updates September 2021

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.

Feet May Expose Osteoporosis

Osteoporosis is a disease marked by low bone density — the body loses too much bone, doesn't produce enough, or a combination thereof. Bones weaken, become brittle, and fracture.

Osteoporosis can be painful, debilitating, and socially isolating. It's most common in women over age 50 (due to a plunge in estrogen at menopause) but can also strike men and people younger than 50. It is estimated that one out of two women will eventually experience an osteoporosis-related broken bone; men, one out of four.

With 26 bones each, the feet are vulnerable to osteoporosis. They bear the weight of the whole body, and that stress is magnified by movement. In fact, an unexplained foot fracture is frequently the first indicator of osteoporosis.

Early signs of osteoporosis might include pain when walking, accompanied by redness and swelling along the top of the foot (metatarsal bones). However, being proactive can reduce your risk:

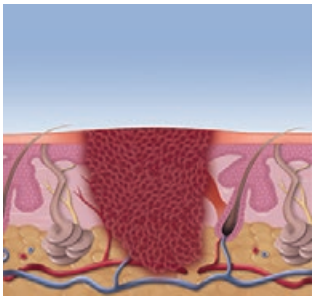
- Eat a diet with enough vitamin D and calcium (confer with your physician). Vitamin D aids calcium absorption into the bones; 10 to 15 minutes of midday sunlight exposure boosts vitamin D levels, too.
- Minimize intake of soda and high-sodium, prepackaged foods, which hinder calcium absorption.
- Quit smoking!
- Exercise regularly, including strength training, which builds up bone.
- Wear shoes that provide good support, cushioning, and protection.
- Start good health habits early in life.

If we suspect osteoporosis is impacting your foot/ankle condition, a bone-density test can confirm (or refute) our suspicion. It measures calcium and other mineral levels via a low-dose radiation X-ray.

Never ignore foot or ankle pain. Instead, schedule an appointment at our office. Early intervention can make a huge difference in your treatment and recovery.

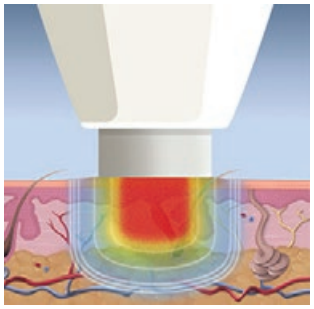
Get Rid of Warts the SWIFT Way!

Many people will contract a wart during their lifetime. Warts that occur on the soles of the feet and toes are called plantar warts. Warts are caused by the Human Papillomavirus or HPV, a highly contagious skin infection which can easily spread or be transferred to others. The virus enters the skin when we walk barefooted in common areas such as pools, gyms, spas, locker rooms and hotel rooms. Once the virus enters our skin, it commands our skin cells to keep producing more and more infected skin cells. Not only are they unsightly and contagious but they often cause pain and may bleed profusely if cut. The virus lives in the deeper layers of skin where it is not recognized by our immune system, allowing it to grow and spread unchecked.



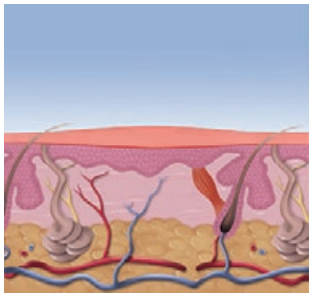
WART INFECTED SKIN

Traditional methods of getting rid of warts can be painful, difficult to eradicate, require multiple treatments and often have a high recurrence rate. These treatments include repeated applications of cryotherapy (freezing the lesions), surgical excision, laser destruction, strong acids, or injecting medication into the wart to destroy it. These treatments attempt to get rid of the wart by destroying the skin the virus lives in. Too often patients abandon continued treatment because of lack of improvement, too much pain, or both.



SWIFT APPLICATION

We are the first and most experienced clinic in Arizona utilizing the new SWIFT treatment for plantar warts. SWIFT is different. SWIFT uses low power microwave energy to injure the wart, which causes our immune system to recognize the HPV virus and destroy the wart. When the wart clears, you are immune from contracting HPV again!



RETURN OF NORMAL SKIN. NO SCAR.

Treatment with SWIFT is quick, nearly painless (no anesthetic is required), does not damage the skin or leave a scar, no bandage is required, and no time off from work or your favorite activities are needed. It usually takes 3 treatments for adults spaced 4 weeks apart to fully destroy the wart. Children, who have a stronger immune system, usually only require 2 treatments.

Swift received FDA clearance in November 2018 and over 70,000 treatments have been performed with a success rate over 85%. We have had excellent success getting rid of warts that failed traditional methods of treatment. More information can be found on our website, including a before and after photo gallery. Give us a call or come in for a consultation to find out if this state-of-the art technology can help you!

SWIFT: it's not just a treatment, it's a cure!

‘George Likes His Chicken Spicy’

Sweating can be a lifesaver in that it keeps our bodies from overheating (or staying overheated). It can also be a nuisance with sweaty palms and excessive armpit drippage caused by the body’s reaction to fear, anxiety, and overall stress.

If you’re trying to avoid excessive perspiration levels, be aware of dietary effects. As usual, moderation is key.

For instance, downing multiple caffeinated beverages each day revs up the central nervous system, increases heart rate, elevates blood pressure, and rouses the sweat glands.

Once you surpass one beer or glass of wine, the body’s internal temperature can rise. The brain responds by barking the command for perspiration.

Your digestive system has to work overtime to digest fatty foods, raising the body’s temperature. By now, you know what that means.

Processed foods typically lack the fiber and enzymes that aid proper digestion. Many are salty, too. The body needs to rid itself of the extra sodium. It does so via the urine but may try to get a head start by sweating it out.

When protein-rich foods are broken down, a byproduct called urea is produced. The body may try to dispose of it through sweating. The term “meat sweats” has some validity.

Sugar- and carbohydrate-laden foods make digestion more challenging and can cause insulin spikes … and perspiration.

Spicy foods frequently contain the chemical compound capsaicin, which produces that coveted (for some) burning sensation in the mouth. Capsaicin doesn’t actually raise the temperature in your mouth, but it tricks the nerves (and brain) into believing it, inducing a sweaty reaction. *Seinfeld’s* George Costanza knows the feeling.

Mediterranean Chicken and Mushroom Skillet

Yield: 4 servings; prep: 35 min.; cook: 23 min.; total: 58 min.

September is National Chicken Month and National Mushroom Month. This tasty recipe covers both bases.

Ingredients

- 1 tablespoon olive oil
- 4 small boneless, skinless chicken breasts (1 lb.)
- 1 pound sliced fresh mushrooms
- 1 onion, finely chopped
- 1/2 cup chicken broth
- 1 clove garlic, minced
- 1/2 teaspoon dried thyme leaves
- 1/2 cup crumbled feta cheese
- 1 tablespoon chopped fresh parsley

Directions

Step 1: Heat oil in large nonstick skillet on medium-high heat. Add chicken; cook 6 to 8 min. on each side or until done (165 °F). Remove chicken from skillet, reserving drippings in skillet; cover chicken to keep warm.

Step 2: Add mushrooms and onions to drippings; cook 10 min., stirring occasionally. Add broth, garlic, and thyme; stir. Cook 5 min.; stir in cheese.

Step 3: Top chicken with mushroom mixture and parsley.

SUGGESTION: Serve with a mixed-greens salad or hot cooked brown rice.

Recipe courtesy of www.myrecipes.com.

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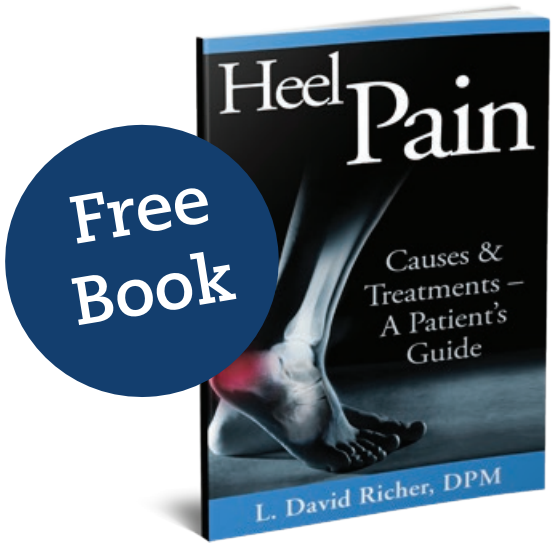

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High Ankle Sprains Aren't Garden Variety

The ankle is the rendezvous point of the tibia, fibula, and talus bones. Ligaments (tough, elastic connective tissue) hold them together, providing joint stability and enabling motion. Stretched or torn ankle ligaments equal a sprained ankle.

Most ankle sprains are "lateral" ones. The anterior talofibular ligament on the outside of the ankle typically gets injured when a person "rolls" their ankle. Pain, swelling, and sometimes bruising are its calling cards.

High ankle sprains occur far less frequently than lateral ankle sprains and involve injury to a different set of ligaments: the syndesmosis. The syndesmosis lies between the tibia and fibula, above the ankle joint (hence "high" ankle sprain). It provides shock absorption and prevents the tibia and fibula from splaying — a critical task, given the tremendous amount of force placed upon it when a person walks, runs, jumps, or cuts.

High ankle sprains are painful, but swelling is less of an issue compared to lateral ankle sprains, and bruising is typically absent. However, they take much longer to heal since they shoulder such a heavy load.

Contact sports that involve cutting quickly are primary sources of high ankle sprains (particularly football). Initial treatment includes RICE — Rest, Ice, Compression, and Elevation. After that, a podiatric exam is imperative.

If the syndesmosis is severely sprained, a screw(s) is sometimes placed between the tibia and fibula to hold them together to buy time for the ligament to heal (two to three months). If a screw is not necessary, athletes can often return to their sport in six to eight weeks' time, but the effects of a high ankle sprain sometimes linger for several months longer.