



Don't Let Halloween Trick Kids' Feet and Ankles



Young kids eagerly anticipate Halloween trick-or-treating. Dressing up, a boatload of sweets at the rainbow's end — what's not to like? But don't let Halloween get the best of their feet and ankles.

Avoid costumes that extend below the middle of their shins. Long robes or dresses can get tangled with feet and result in strains, sprains, and fractures. It's best to

avoid costume footwear, which is sometimes bulky and frequently uncomfortable. It can be a tripping hazard and promote blisters. Sneakers are the ticket (even if they don't match the costume).

Your trick-or-treaters are best served by wearing synthetic-fiber, moisture-wicking socks, too. Wet feet pave the way for blisters, and late-October evenings might be chilly. Keep extra shoes and socks on hand in case puddles come into play.

Parents should be watchful for untied shoelaces. A lightning-quick tumble can do a number on feet, ankles, knees, and hands. Double knots can help.

Carry a bright flashlight to scope out high curbs, elevated sidewalk, steps, holes or dips in a lawn, slippery leaves, and fallen branches. High visibility is good for passing traffic as well.

After the loot has been gathered, encourage your kids to spread out their candy consumption over the next few weeks. Good dietary habits established early in life can help them to avoid diabetes down the road, a disease with serious implications for the feet and other parts of the body.

A little foot/ankle soreness or fatigue after a long trick-or-treat excursion isn't unusual. However, if discomfort lingers after a couple of days, there may be an injury. Contact our office to schedule a thorough evaluation.

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.





When Joints Have a Breakdown

Osteoarthritis is a degenerative joint disease characterized by the breakdown of cartilage in one or more joints. Cartilage is connective tissue at the ends of joint bones that protects and cushions them during movement — it prevents bone-on-bone grinding.

In the course of a lifetime, the typical person will walk over 100,000 miles, or four times the circumference of the earth. That's a lot of wear and tear on feet and ankles, which is why older Americans are most vulnerable to osteoarthritis.

Those who suffer significant injuries to joints earlier in life are at higher risk, too ... and might develop osteoarthritis prior to reaching their golden years. People with flat feet or high arches are also more susceptible, since those conditions direct excessive stress onto joints. The big-toe area, midfoot, and ankle are prime targets.

Osteoarthritis is marked by joint pain and inflammation, as well as stiffness, swelling, and limited range of motion, which is bound to affect walking and other activities to some degree. It's frequently even more of a jolt after waking in the morning or other long periods of inactivity. Some people also develop a bony protrusion (spur) at an affected joint, prompting blister or callus formation.

Early-stage osteoarthritis can be managed with conservative measures. Braces, custom orthotics, physical therapy, low-impact exercises, cortisone injections, immobilization, and medication (over-the-counter or prescription) often prove beneficial.

Surgery might be the only option available to ease pain and improve function for those who delay a podiatric exam until the disease hits an advanced stage.

Any persistent foot or ankle pain warrants an appointment at our office. The earlier we see you, the more manageable/treatable your condition will be.

Mark Your Calendars

- Oct. 1** World Smile Day: The giant armadillo is the land mammal with the most teeth — 74.
- Oct. 6** Garlic-Lovers Day: Garlic helps regulate blood pressure and is closely related to lilies.
- Oct. 11** Columbus Day: Columbus made four trips to the New World: 1492, 1493, 1498, 1502.
- Oct. 15** Boss's Day: Bruce Springsteen holds the mark for longest U.S. concert: 4 hrs. 4 mins.
- Oct. 16** Sweetest Day: Original intent of this day was to bring joy to the underprivileged.
- Oct. 25** National Art Day: van Gogh painted 900+ paintings but sold only one in his lifetime.
- Oct. 31** Halloween: *Halloween's* Michael Myers' face covering was a William Shatner mask.



What Type Was Dracula's Favorite?

There are four major blood groups: A, B, AB, and O. When the Rh (Rhesus) factor gets thrown in, indicated by the (+) or (-), the number of blood types is eight. Blood types come to prominence with transfusions, which take place every two seconds in the United States, according to American Red Cross data.

Transfused blood needs to be compatible with your own blood to prevent major, potentially life-threatening complications. Red blood cell antigens, antibodies, and lack thereof all play a role. (See www.communityblood.org/resources/about-blood/blood-type-compatibility for the permutations.)

Blood-type highlights include:

- The most coveted blood donors have type O-, which can be successfully transfused into anyone.
- Those with type O- (9 percent) can only receive type O- blood. Some people donate blood to themselves for future emergency situations (autologous blood donation).
- Type AB+ persons can receive blood of all types.
- More people have O+ blood than any other type (39 percent).

Blood-type information can be important for reasons other than transfusions. For instance, the ABO gene present in type A, B, and AB blood can elevate one's risk of coronary artery disease. Those with type A, B, or AB blood have an 82 percent greater risk of developing cognition and memory problems than type-O people. Certain blood types heighten the risk of various cancers as well.

However, some blood types increase resistance to particular diseases. For example, type O is a tougher foe for malaria, thanks to evolutionary factors.

You can't change your blood type, but a healthy diet, daily exercise, reducing stress, eliminating smoking, moderating alcohol intake, getting enough shut-eye, and annual physicals will move the math in a favorable direction.



French Bread Pizza Mummies

Yield: 4 servings; prep time: 5 mins.; cook time: 10 mins.; total time: 15 mins..

These easy-to-make French bread pizzas will elicit smiles from kids and grown-ups alike. And they taste good, too.

Ingredients

- 8-oz. whole-wheat French bread baguette
- 1 cup marinara sauce
- 8 black olive slices (from 2 olives)
- 4 slices (.75 oz. each) mozzarella cheese

Directions

1. Preheat oven to 425°F.
2. Cut the bread in half lengthwise, then cut each half crosswise in 2 pieces to give you 4 pieces total.
3. Place the bread cut-side-up on a baking sheet. Spread 1/4 cup of marinara sauce on each piece.
4. Place 2 slices of olives on each pizza to make eyes. Randomly lay out mummy cheese strips over the sauce. Bake on the center rack until the cheese is melted and bubbling, and the bread is crisp (about 8 minutes).

Recipe courtesy of www.skinnytaste.com.





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The Thrill of Pregnancy and the Agony of Da Feet

During pregnancy, a woman's body goes through a multitude of changes, many of which progressively intensify. Foot and ankle discomfort is frequently part of the mix.

One obvious bodily change is weight gain, which increases pressure on feet and ankles. The growing abdomen area also shifts a woman's center of gravity, which can alter her gait and place excessive stress on muscles and other soft tissues.

Extra weight can also flatten a woman's arches (flat feet). The result is overpronation — the foot rolls inward excessively — and discomfort when walking. Pain in the plantar fascia, calves, and lower back are sometimes collateral damage as well.

The hormone relaxin plays a key role in pregnancy by loosening the ligaments around the hips and pelvis to aid the birthing process. However, relaxin also diminishes stability in the feet and ankles. Joint laxity may also give a boost to bunion formation. Foot length and width often change, too, prompting the appearance of calluses and corns — put shoe shopping on the to-do list.

Throughout the pregnancy, blood heading from the lower extremities back to the heart might get backed up (venous insufficiency). Sometimes valves in the veins are weak, or the baby might be scrunching the inferior vena cava. Foot and calf cramps, numbness, and itchiness may result. Also, feet and calves frequently swell due to higher blood volume and increased water retention.

If you are expecting, include us on your pregnancy team. We will treat your foot and ankle pain and conditions; give recommendations on at-home care; and offer guidance on exercise, stretching, and footwear to make your pregnancy as comfortable as possible.

