FOOT, ANKLE & LEG CENTER News and Updates October 2022

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.



Custom Orthotics for Different Circumstances



Just as prescription eyeglasses correct vision deficiencies in eyes, custom orthotics correct deficiencies in the alignment of feet. Orthotics can relieve pressure and alleviate discomfort by repositioning structures of the foot to help them move properly and reduce the risk of injury. Good ankle, knee, and

lower-back health depend on proper foot alignment, too.

Many people can benefit from custom orthotics. For example:

- Older people who may have arthritic conditions in their feet or ankles.
- Young children who have a foot deformity such as flat feet or an in-toeing or out-toeing disorder.
- Athletes who have slight foot imbalances that under normal conditions are not harmful and might not even be detectable, but in highstress athletic activity can cause muscle, ligament, tendon, and joint fatigue; reduce efficiency; and elevate susceptibility to injury.
- Diabetics dealing with or trying to prevent foot ulcers.

There are three broad categories of custom orthotics:

Soft orthotic devices can improve balance, take pressure off uncomfortable or sore spots, and absorb shock. They are constructed of soft, compressible materials for improved cushioning. People with arthritis, a lack of protective fatty tissue, or diabetes benefit most.

Rigid orthotics are made of firm materials such as carbon fiber or plastic. They are designed to control foot function in two major foot joints just below the ankle joint to mitigate discomfort in the ankles, knees, and lower back.

Semi-rigid orthotics are often used by athletes to reduce soreness, fatigue, and perform more efficiently. They consist of a layer of soft material reinforced with more rigid material.

If your foot alignment is out of whack, it can have far-reaching ramifications. A thorough podiatric exam at our office can help you straighten things out.

Staying Healthy During Hunting and Hiking Season

Hunters and hikers who take to the woods and trails sometimes forget how taxing it can be to walk on uneven terrain. Rocks, branches, tree roots, and holes (frequently obscured by fallen leaves); steep hills; and falls from tree stands also make things dicey for feet and ankles.

Common hunting and hiking injuries/conditions include ankle sprains and fractures, Achilles tendon inflammation or ruptures, heel fractures, blisters, and fungal infections. Attention to small details can serve autumn outdoor enthusiasts well:

- Work out prior to hunting/hiking season. You likely won't duplicate the conditions you'll face when hunting or hiking the great outdoors, but every little bit helps.
- Invest in high-quality hiking boots: sturdy; well-constructed; well-insulated; waterproof; excellent tread; with steel or graphite shanks, which offer excellent foot and ankle support, reduce stress and muscle fatigue, and lower the risk of injury. Double-check the insides to make sure there are no rough spots that could be friction points.
- Stay alert to your surrounding environment.
- Pace yourself on hills. Avoid sudden push-offs, and rest when you need to. Your Achilles tendons will benefit, among other muscles and tendons.
- Use a safety harness when employing a tree stand. Most tree stands are positioned 10 to 20 feet in the air. Falls can cause serious damage on many fronts.
- Take extra socks on your outing to help prevent blisters and athlete's foot. Avoid cotton socks, which retain moisture.
- If you hunt alone, let someone know where you'll be and when you expect to return (cell phone service might be spotty). If a foot or ankle injury prevents you from walking, rescue is close at hand.

Mark Your Calendars

- Oct. 3 Oktoberfest ends: Bavaria's Oktoberfest is held mostly in September (began Sept. 17).
- Oct. 4 (sunset) Yom Kippur: Israeli motorists virtually disappear for a day. Bicyclists pounce.
- **Oct. 9** Moldy Cheese Day: Mold has its place. Think penicillin and natural decomposition of dead vegetation.
- Oct. 10 Columbus Day: The Vikings were the first Europeans to reach the Americas. Dusted Columbus by 500 years.
- Oct. 18 Meatloaf Appreciation Day: American meatloaf has its origins in scrapple.
- **Oct. 22** Fossil Day: Pressure, temperature, and fossils of microscopic organisms (diatoms) led to the formation of "fossil fuels."
- Oct. 31 Halloween: Candy only became a trick-or-treat staple in the 1950s, mostly replacing nuts, fruit, cakes, and coins.

Can a Healthy Person Die from Fright?

Yes ... but don't be scared.

When a person is frightened or perceives themself to be in danger, the body releases adrenaline — the "fight or flight" response. The heart races, respiration quickens, perspiration is triggered, glucose levels rise (for energy), and blood is redirected to major muscle groups.

But not all adrenaline rushes are the same. When someone goes skydiving, rides a roller coaster, braves a Halloween funhouse, or watches a horror movie, the adrenaline is certainly flowing. However, people are able to anticipate and prepare for these scenarios to some degree, which mitigates the intensity of the reaction.

However, an adrenaline surge arising from a sudden, unexpected, life-threatening predicament elevates the concern a touch. In rare instances, a sudden influx of adrenaline can cause ventricular fibrillation — the most frequent cause of sudden cardiac death — a condition in which the heart's ventricles twitch (quiver) and don't pump blood to the rest of the body.

Takotsubo cardiomyopathy (a.k.a. "broken heart syndrome") is a temporary condition that can be induced by intense emotional distress — like losing a loved one. An adrenaline spike is thought to be a factor in weakening the heart's left ventricle, which impacts blood flow. Takotsubo cardiomyopathy's symptoms match those of a heart attack, even though there is no arterial blockage. Most victims recover, but a few don't (mostly older women).

Bottom line, the chance of someone in good cardiovascular health dying of sudden shock or fright is

infinitesimally small ... but not zero. Unsurprisingly, those with cardiovascular disease might not tolerate adrenaline surges as well. There's a reason for those thrill-ride warnings at amusement parks. Even so, sudden-death risk is still extremely low.

Lemon Dill Chicken Meatball Soup

Servings: 4; prep time: 5 min.; cook time: 25 min.; total time: 30 min.

This healthy and hearty dinner is the perfect autumn dish ... and a nice antidote for dipping temperatures.

Ingredients

- 2 carrots, sliced
- 2 stalks celery, sliced
- 1 small onion, chopped
- 2 tbsp. olive oil
- 5 c. lower-sodium chicken broth
- 3 c. water
- 1¾ c. bulgur
- 12 oz. ground chicken breast
- 1/4 c. finely chopped fresh dill
- 1 tsp. grated lemon zest
- Salt
- 1/4 tsp. ground black pepper

Directions

- In 6- to 7-quart saucepot on medium, cook carrots, celery, and onion in olive oil for 10 minutes, stirring. Add chicken broth and water; heat to boiling on high. Stir in bulgur. Reduce heat; simmer 8 to 10 minutes or until bulgur is almost tender.
- Meanwhile, combine ground chicken breast, dill, lemon zest, and 1/4 teaspoon each of salt and pepper. Form chicken mixture into 1-inch balls; add to simmering soup along with 1/4 teaspoon salt. Cook 6 minutes or until cooked through.

Recipe courtesy of www.goodhousekeeping.com.



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Growing Pains Are Real!

Sever's disease (a.k.a. calcaneal apophysitis) is inflammation of the heel's growth plate, an area where new bone is developing. This condition — it's not actually a "disease" — typically strikes during kids' growth spurts (ages 8 to 14). It's painful, fairly common, and very treatable.

Heel-bone growth frequently outpaces that of the Achilles tendon. (The heel bone is one of the first bones to reach full adult size.) That makes the Achilles tendon too tight; in turn, it pulls excessively on the heel's growth plate at their attachment point. Since the heel bone is still growing and the growth plate hasn't fully hardened yet, this is a weak area, and inflammation, pain, and swelling can occur.

Repeated running, jumping, and overall pounding can pave the way for Sever's, which means kids who play highimpact sports — especially on hard surfaces — are more vulnerable. Low-impact activities such as swimming and bicycling are kinder to the heel bone. Other potential causes of Sever's include obesity, an already-short Achilles tendon, high or flat arches, excessive pronation, and short-leg syndrome.

> Due to heel pain, a child may limp, walk on their toes, or just not seem their normal self when participating in high-energy activities. Persistent discomfort is a cue to call our office. We will review your child's medical history, ask some questions, conduct a thorough exam, and possibly take X-rays to pinpoint the problem, as many conditions can cause heel pain.

> > Treatment for Sever's will focus on relieving pressure on the heel bone. Rest, an exercise/stretching routine, and shoe inserts or custom orthotic devices typically do the trick. In more severe cases, casting may be recommended for a few weeks.