



# 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.

## About the Doctors



Dr. Corey Fox has been practicing podiatry for over twenty years. Dr. Fox completed his studies at the California College of Podiatric Medicine.

Dr. Fox is a Fellow at the American

College of Foot and Ankle Surgeons, a Diplomate at the American Board of Podiatric Surgery, and members of the International Society for Medical Shockwave Treatment and the International Associate for Dance Medicine and Science. Dr. Fox has mastered heel pain treatments and has a wide range of specialties including diabetes, neuroma, plantar fasciitis, bunions, and gout.



Dr. Justin LoBello graduated from Temple University School of Podiatric Medicine in Philadelphia, PA. Before joining Massapequa Podiatry Associates, Dr. LoBello served as the chief

podiatry resident of Huntington Hospital at Northwell Health. His clinical interests include but are not limited to sports-related injuries, diabetic foot management, and surgical correction of painful foot deformities.



# Plantar Warts Are Sole Survivors

Plantar warts are caused by a strain of HPV (human papillomavirus) and crop up on the sole of the foot. The virus frequently invades the skin through tiny, inconspicuous cuts and abrasions.

Teens tend to be more susceptible to plantar warts, but anyone who walks barefoot in warm, moist environments such as locker rooms, communal shower areas, and swimming pool decking — tropical paradises for the virus — is at risk. This is the most common route for the virus to spread.

Plantar warts are typically hard and flat, have well-defined boundaries, rough surfaces, and when left untreated can grow up to one inch in circumference. They are often grayish or brownish in color with pinpoints of black in the center (clotted blood vessels). Single warts can spread into clusters.

Plantar warts sometimes become painful, especially when they're centered on weight-bearing areas of the foot, such as the ball of the foot or heel. When a person compensates for the pain by subtly changing their walking pattern, new discomfort can pop up.

In many cases, plantar warts disappear on their own, although they often return for repeat engagements. Generally, self-treating a plantar wart with over-the-counter products containing acids or other chemicals to destroy it is not advisable — healthy tissue frequently gets caught in the crossfire. Diabetics should never self-treat.

If a plantar wart is causing you grief, give our office a call. Weapons in our treatment arsenal include cryotherapy (freezing the wart with liquid nitrogen); laser therapy, which burns off tiny blood vessels, thus starving the wart; a wart-removal preparation prescribed and supervised by our office; or minor surgery utilizing an electric needle to remove the wart.

## Mark Your Calendars

- Sept. 1** Newspaper Carrier Day: A vanishing breed; if you have one, thank her or him!
- Sept. 6** Read a Book Day: Religious/political texts aside, *Don Quixote* is the #1 best seller.
- Sept. 18** Cheeseburger Day: The oldest U.S. burger chain is White Castle.
- Sept. 20** Pepperoni Pizza Day: First online order — August 1994 with Pizza Hut.
- Sept. 22** Hobbit Day: To Tolkien, Merry was intelligent and perceptive ... unlike the movies.
- Sept. 28** Ask a Stupid Question Day: Apparently, there is such a thing as a stupid question.
- Sept. 31** Calendar Confusion Day: There is no September 31. Just keeping you on your toes!



# ‘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](http://www.myrecipes.com).



Feet May Expose Osteoporosis

See page one.

No part of this newsletter may be used or reproduced in any manner whatsoever without written permission of the author. No expressed or implied guarantees have been made or are made by the author or publisher. Individual results may vary. Neither author nor publisher accepts any liability or responsibility to any person with respect to any loss or damage alleged to have been caused by the information in this newsletter. Always seek professional medical advice.



# 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.