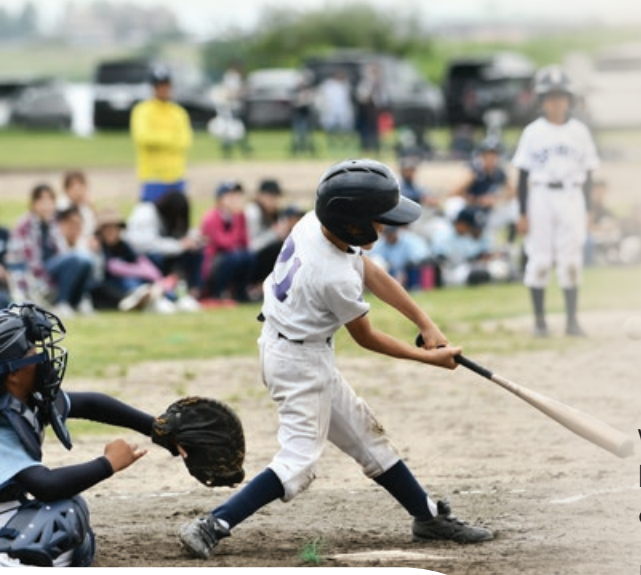
ADVANCED
FOOT & ANKLE

News and Updates
Spring



Do's and Don'ts of Kids' Baseball Cleats

With spring upon us, youth baseball and softball leagues will soon be in full swing. Purchasing properly fitting cleats can optimize your child's performance.

Both your child's feet should be measured while they're standing. If there is a slight discrepancy in length, choose the shoe size that fits the larger foot. Have your child wear their gameday or practice-day socks. Also, shop for shoes later in the day, when feet are slightly swollen. A seemingly good fit earlier in the day may become uncomfortable as the day progresses.

There should be room in the toe box: half a thumb's width to a full thumb's width beyond the big toe. That leaves room to grow without interfering with running or walking. Cleats should be comfortable the first time they're worn. Don't be fooled into thinking they'll get "broken in" — blisters await.

New cleats should be worn a few times prior to practices or games so your child gets a feel for them. Never allow your child to wear secondhand cleats. Wear patterns on the soles and insoles are unique to each wearer. Wearing cleats geared to the previous owner may result in gait abnormalities, ankle sprains, blisters, and arch or heel pain.

Cleats worn off the playing surface can be slippery and hazardous. Kids should switch to other shoes as soon as the game/practice is over.

If your child plays several sports, it's not always practical to buy sport-specific cleats for each one. Soccer cleats are very versatile and can cross over for baseball and lacrosse use; the reverse isn't necessarily true.

If your child deals with recurring foot or ankle issues caused by cleats, schedule a complete evaluation at our office.

About the Doctor

Matt Wettstein, DPM

Advanced Foot and Ankle is led by Dr. Matt Wettstein. Originally from Logan, UT, Dr. Wettstein completed his undergraduate studies at Utah State University before attending Des Moines University in the College of Podiatric Medicine and Surgery. After graduating with top honors, he then completed his residency in Salt Lake City, UT. Dr. Wettstein is married and has four, wonderful, children.

Get Social w/Us

When the Whole Joint Gets Bent Out of Shape

A bunion is a deformity of the metatarsophalangeal (MTP) joint, located at the base of the big toe. The first metatarsal bone (one of five that run along the top of the foot) turns outward, the big toe points inward, and the infamous bump appears.

Bunions might make wearing shoes a bit uncomfortable or downright painful, which of course can interfere with daily activities. With the big toe out of alignment, other foot abnormalities may crop up, such as hammertoes, corns, calluses, or ball-of-the-foot pain.

Foot structure is inherited, and some structures are more predisposed to bunion formation. For example, flat feet, low arches, and loose tendons and joints all pave the way for bunions.

Overall, men and women are equally predisposed to bunions, but women develop them 10 times as often as men. Weaker connective tissue plays a role, so does footwear selection. For instance, high heels don't cause bunions, but for those more predisposed, high heels exacerbate the situation by exerting excessive pressure on the front of the foot and cramming toes into a narrow toe box. Occupations requiring a lot of standing and walking, and previous foot or ankle injuries don't help matters.

Additional causes of bunions include arthritic conditions, which damage cartilage within the MTP joint, and pregnancy, since hormonal changes can loosen ligaments and flatten feet.

Many times, bunions can be managed well with conservative measures. However, when conservative measures fail to alleviate pain and quality of life is diminished, it may be time to consider surgery. The longer you wait, the more complex the situation becomes.

If a bunion is giving you problems, contact our office to schedule an examination.

Diet, Inflammation, and Feet

Inflammation is a normal part of the body's response to infection or injury. Damaged tissue releases chemical messengers that signal white blood cells to get busy with the healing process. Blood flow to the affected area increases and causes warmth, redness, swelling, and sometimes pain. Inflammation should be a relatively short-term process.

However, some foods we ingest trigger the release of inflammatory messengers that raise the risk of chronic, low-grade inflammation that spreads throughout the body. Inflammation then turns from ally to enemy, damaging healthy cells, tissues, and organs, and eventually leading to various diseases.

As for the feet and ankles, chronic inflammation may target the plantar fascia, the thick band of tissue that runs across the bottom of the foot. It's also a common cause of foot or ankle pain associated with osteoarthritis, rheumatoid arthritis, and gout. Over time, chronic inflammation can damage cartilage, ligaments, and muscle, and weaken bones.

Foods notorious for causing chronic inflammation include many baked goods and highly processed foods, which contain refined grains, sugar, and trans fats. The saturated fat found in red meat can trigger inflammation, as can too many omega-6 fatty acids, commonly found in vegetable oils.

Foods/products that spike blood sugar quickly, such as pasta, white flour, and sweets, are associated with inflammation. Inflammation issues may also arise due to allergies to common foods — for instance, those with wheat.

Reduce or eliminate unhealthy foods and replace them with the abundance of available healthful, anti-inflammatory ones. A diet emphasizing fresh fruits and vegetables (especially leafy greens), foods high in omega-3 fatty acids (e.g., tuna, salmon), whole grains, nuts and seeds, and lean meats can do wonders in keeping chronic inflammation at bay.

Prescription Orthotics Are Ready When Needed

Over-the-counter (OTC) shoe inserts and insoles can be purchased at pharmacies, the mall, or online. They provide cushioning or support for minor foot or ankle discomfort and are best suited for those whose pain is not consistent. Sometimes they serve as a preventive measure for people who need to be on their feet for long stretches of time.

However, inserts are mass produced and intended for a wide customer base. As such, they can't address the root cause of one's foot/ankle discomfort — everyone's feet and ankles are unique. Symptoms may persist and intensify over time, eventually affecting other areas linked to the foot or ankle.

Persistent foot discomfort/dysfunction should always be addressed by a podiatrist. After a thorough examination and diagnosis, a podiatrist has numerous weapons in the treatment arsenal, one of which is prescription orthotics. These special shoe or heel inserts are customized for each individual's unique foot structure.

Prescription orthotics can …

- align and support the foot or ankle, and improve overall function.
- prevent, correct, or accommodate foot deformities.
- absorb shock and redirect ("offload") pressure from painful areas of the foot or areas vulnerable to ulcers (especially important for those who have poor circulation and/or diabetes).
- improve balance, athletic performance, and overall quality of life.

For patients leery of the price tag, a big-picture outlook is advisable. Prescription orthotics — precision-made for your feet — can last for years. OTC inserts/insoles need to be replaced every six months on average (and frequently provide little benefit). In the long run, prescription orthotics are often economically advantageous in addition to offering superior support, correction, and function.

Oven-Baked Super Green Falafels

These oven-baked falafels make a great on-the-go snack and can add more substance to salads!

Ingredients

- 1 can chickpeas (14 oz.), drained and rinsed
- 1 onion, finely chopped
- 1 cup (4¼ oz.) frozen peas, slightly thawed
- 2 tablespoons white chia seeds
- 1 cup (3 oz.) finely chopped broccoli
- 2 cups (2½ oz.) firmly packed shredded kale leaves
- 1 cup (3/4 oz.) flat-leaf parsley leaves
- 1/2 cup (1/4 oz.) mint leaves
- 1½ teaspoons ground cumin
- 1/2 teaspoon baking powder
- Sea salt and cracked black pepper
- Extra-virgin olive oil, for brushing
- Flatbreads, to serve (your choice of flatbreads!)
- Arugula, to serve
- Sliced radishes, to serve
- Labneh, to serve

Directions

1. Preheat oven to 425 °F. Line a large baking tray with nonstick baking paper.
2. Place the chickpeas, onion, peas, chia seeds, broccoli, kale, parsley, mint, cumin, baking powder, salt, and pepper in a food processor, and process until very finely chopped.
3. Press 2-tablespoon portions of the mixture into patties and place on the tray. Brush the patties generously with oil and bake for 15 minutes. Brush the patties with more oil and bake for a further 15 minutes or until golden and crisp.
4. Divide flatbreads between serving plates and top with arugula, radish, labneh, and the falafels to serve.

(Leftovers can be stored in the fridge — in an airtight container — for up to 2 days.)

Recipe courtesy of Donna Hay, an Australian food stylist, author, and magazine editor. https://www.donnahay.com.au/recipes/fresh-light

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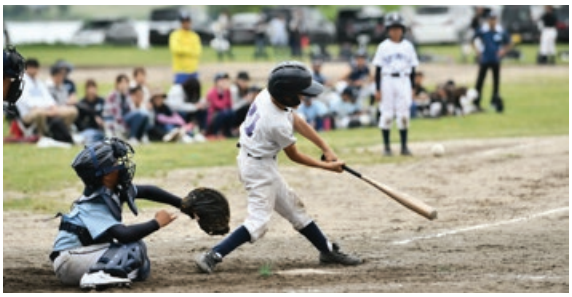
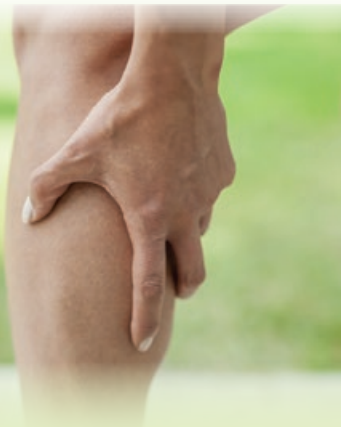
Do's and Don'ts of Kids' Baseball Cleats



See page one.

Poor Circulation Is Rich with Consequences



Reduced circulation in the lower extremities caused by plaque buildup in blood vessels is called peripheral arterial disease (PAD). Ten to 12 million Americans, and one in five people over age 70, grapple with it. PAD and diabetes combined account for the majority of foot and leg amputations in the United States.

Unfortunately, most people do not experience symptoms in PAD's earliest stages. When they eventually do, PAD has already gained traction.

Common symptoms of PAD include pain or cramping in the calf after walking for a few minutes. Stopping to rest allows enough blood to return to the calf, and the discomfort dissipates … until walking is resumed (a.k.a. intermittent claudication).

Other indicators for advancing PAD include lower-leg fatigue/weakness; skin discoloration; less supple skin; skin that feels cool to the touch; cessation of hair growth; changes in toenail color or thickness; and slow-to-heal abrasions, cuts, and other issues. When PAD overlaps peripheral neuropathy (diminished sensation in the feet), it's double trouble. Peripheral neuropathy may hide injuries, and PAD interferes with healing. Conditions are ripe for ulceration and infection, precursors to amputation.

If you experience discomfort, pain, or fatigue in your lower extremities, schedule an evaluation at our office. A simple test for PAD is an ankle-brachial index, which compares blood pressure in the ankle with that of the arm. If PAD seems likely, you may be referred to a vascular specialist, since circulation problems likely exist elsewhere in the body, too.

Fortunately, PAD can be successfully managed — or better yet, prevented! Exercise; a heart-healthy diet; ditching all tobacco products; shedding extra pounds; and medication to control hypertension, high cholesterol, and diabetes help immensely. Severe cases may necessitate surgery.