



Don't Let Gout Ruin Your Holidays

The holidays are known for delectable food and drink. But if they're brimming with purines, overindulgence can lead to gout, a form of arthritis marked by flare-ups of extreme pain lasting for days or weeks.

Purines are chemical compounds found in all plants and animals in varying degrees. The body converts them into uric acid, which is filtered out of the bloodstream by the kidneys. But when there's an overload of uric acid, it can accumulate in the joints, crystallize, and stab like daggers.

Men are much more likely to sustain gout attacks than women. Other risk factors include obesity, hypertension, kidney dysfunction, and taking certain medications.

The big-toe joint is the most common target of gout — it's the coolest part of the body, and uric acid is very sensitive to temperature changes (i.e., crystallization) — but no joints are exempt. Gout symptoms include sudden onset of intense pain — often in the middle of the night — redness, swelling, warmth, and extreme sensitivity.

To prevent gout flare-ups, avoid the following purine-rich foods (or partake in moderation):

- Shellfish (shrimp, crab, etc.), salmon, scallops, sardines, organ meats (e.g., liver or kidney), and red meat.
- Alcohol, especially beer, which also interferes with the body's ability to process and eliminate uric acid.
- Foods high in sugar, especially high-fructose corn syrup.
- High-sodium foods. Sodium doesn't contribute purines but can cause dehydration, which raises uric-acid levels.

Drink plenty of water and try to manage holiday stress. Stress affects our body chemistry in a way that elevates uric-acid levels.

If you experience gout over the holidays, contact our office. If treated promptly with lifestyle changes and medication, gout typically can be well managed. If it's ignored, chronic pain and eventual joint destruction are possible.



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





Summer-Ready Toenails Require a Winter Head Start

If you want unsightly fungal nails (onychomycosis) cured or well on the way to recovery by sandal and beach season, treatment should begin in early winter. Eradicated toenail fungus leaves behind visual effects that will remain until the healthy nail fully grows in — that may take roughly six months.

In its early stages, a fungal nail may be identified by white or yellowish dots appearing under the tip of the nail. Attack the problem at that point. Early treatment equals easier remedy.

As fungal nails progress, they may become fully discolored, thickened, and brittle. Eventually they can split, rise up from the nail bed, emit a foul odor, and become painful. Diabetics with toenail fungus may develop cellulitis — a serious bacterial skin infection.

Don't try hiding fungal nails with toenail polish. It just worsens the problem. If one toenail is beset by fungus, neighboring toenails are next. The fungus can also become entrenched between the toes, migrate to the sole, and spread to a person's hand (and other people) if it touches the foot.

Fungi love warm, moist environments and only need microscopic abrasions on the foot to invade and set up shop. Reduce your risk of contracting toenail fungus this winter:

- Change wet shoes and socks throughout the day as needed.
- Treat shoes with antifungal sprays and powders.
- Rotate shoes each day to allow the unworn pair to fully dry out.
- Wash your feet at least once per day.

Treatments for fungal toenails include prescription topical and oral medications, and laser therapy. Medical-grade, breathable resin nail applications are a temporary, natural-looking aesthetic upgrade *while the nail is being treated*. Over-the-counter treatments are virtually useless.

Don't allow fungal toenails to hinder your summer. Contact our office today to schedule treatment.

Primary Care Physician vs. Podiatrist

When your feet or ankles are in pain or discomfort, life can come to a screeching halt. Even favorite activities can seem torturous when your foundation is hurting. For some people, their first thought is to see their primary care physician — they might want to reconsider (if their insurance allows).

Primary care physicians (PCP) and podiatrists both undergo rigorous education and training spanning 11 to 15 years. A PCP's training encompasses all aspects of the human body. That is impressive, but it also means they're limited to a general understanding of any specific area of the body.

Podiatrists, however, spend the bulk of their training zeroed in on one area: the feet and ankles. Feet and ankles are complex tapestries of muscles, ligaments, tendons, nerves, bones, and blood vessels. Approximately one-quarter of the body's bones are at ankle level and below. Podiatrists also do battle with fungal infections, skin conditions, toenail issues, and some systemic diseases (e.g., diabetes).

Imaging tests of the foot or ankle sometimes reveal subtle abnormalities that only a foot and ankle specialist will detect. That's not a knock on PCPs; again, it's a matter of specialization.

In addition, podiatrists are trained to perform surgery on the foot and ankle. PCPs can assist with conservative treatments such as ankle wraps or prescription medication, but they cannot advise on or assist with foot or ankle surgery.

Bottom line ... treating conditions of the foot and ankle requires expertise, not general knowledge. Some conditions that are not addressed properly at the outset can become chronic. If you are experiencing foot or ankle discomfort, think "podiatrist" and contact our office for an appointment.



The Most Common Source of Heel Pain

When a person experiences discomfort on the bottom of the heel or in the arch area, a prime suspect is plantar fasciitis. Another telltale symptom is a sharp stabbing pain upon arising after an extended period of sitting or lying down.

Plantar fasciitis is inflammation of the plantar fascia, the thick band of connective tissue extending from the heel to the toes. The plantar fascia serves as a shock absorber and can withstand a pounding each day. But when the forces acting upon it are too great for too long, small tears develop that precipitate painful swelling and inflammation.

Overpronation is a common cause of plantar fasciitis. When the foot rolls inward excessively when walking, it hikes the tension on the plantar fascia. Flat feet and, conversely, feet with high arches do the same, as does wearing unsupportive footwear on hard, flat surfaces — especially for those whose work demands they be on their feet most of the day. Excessive running and being overweight (obesity or pregnancy) heighten the risk, too.

If you experience stubborn heel or arch discomfort, call our office for an appointment. If we determine that you're suffering from plantar fasciitis, a host of conservative remedies are available. Shoe modification is a good start (good arch support and a slightly raised heel). Stretching exercises, icing, avoidance of barefoot walking, and limiting the activities that ratchet up the discomfort (no-brainer) often prove beneficial.

If you're still experiencing discomfort after a few weeks, we have plenty of other conservative treatment options in our toolbox. Surgery is rarely needed, but if 12 months of conservative measures prove fruitless, that specter may be raised.



Crustless Jalapeño Mini Quiches

Servings: 24 mini quiches; prep time: 10 minutes; cook time: 25 minutes; total time: 35 minutes

These crustless jalapeño mini quiches are packed with flavor, low in carbs, high in protein, and the perfect bite-sized holiday appetizer to serve at your next family gathering!

Ingredients

- 6 eggs
- 1/2 cup chopped broccoli
- 1/2 cup chopped red pepper
- 1/4 cup chopped jalapeños, deseeded
- 1/2 cup chopped red onion
- 1/4 cup grated cheddar cheese
- 1/8 cup milk
- 1/2 tsp. salt
- 1/4 tsp. pepper

Directions

1. Preheat oven to 350 °F.
2. Prepare all veggies by chopping as small as possible. Whisk eggs, milk, veggies, cheese, salt, and pepper in a large bowl.
3. Grease mini muffin cups with olive oil, and carefully pour egg mixture into egg cups, filling to within a couple of millimeters from the top.
4. Cook in the oven for 25 minutes.
5. Let cool and serve on a large serving platter.

(Recipe courtesy of Taylor Stinson at <https://thegirlonbloor.com>.)



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Don't Rush Shoes for Your Little One

Let's cut to the chase: Babies who are not yet walking should not be wearing shoes. There's no hurry even after they begin to walk.

Allow babies to be barefoot as much as possible. It promotes muscle growth, toe grasping, balance, and coordination. It also strengthens the arch and ligaments of the foot and ankle — especially when they're walking.

Shoes are an impediment to babies. They change the natural way babies use their muscles and interfere with sensory information the child would otherwise pick up about the world around them via their feet. Toddlers keep their heads up more when they're walking barefoot; the sensory information they receive from their bare feet is sufficient. When wearing shoes, they tend to look down more frequently, which is when they fall.

Going barefoot also promotes good posture. In addition, proper development of a baby's/toddler's feet can determine their activity level in the future.

When it's cold outside, loose socks and booties are enough to keep a baby's feet warm. They allow for movement and offer breathability. Make sure booties conform to the shape of the child's feet.

Of course, when a child is walking, chilly weather or a gravelly driveway call for shoes. Shoes should be flexible and light-weight, and they should not be restrictive. Select shoes made of natural fibers, such as leather or canvas, which enable your toddler's feet to breathe. Some synthetic fibers trap heat, make a child's feet sweat, and open the door to blisters.

If your child has begun to walk, it's a good time to schedule an appointment at our office. We can check on their development and more easily correct potential structural issues.