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September 2021



Meet Our New Doctor

Dr. Amanda McGuire

Specializing in all aspects of foot and ankle surgery, whether an acute injury or a chronic condition, Dr. Amanda McGuire is committed to providing comprehensive foot and ankle care and treatment to her patients. Dr. McGuire is board certified by the American Board of Podiatric Medicine (ABPM) and is also board-qualified in forefoot and reconstructive rearfoot/ankle surgery with the American Board of Foot and Ankle Surgery. She is an Associate of the American College of Foot and Ankle Surgeons, and Diplomate of ABPM.

Dr. McGuire received her B.S. degree from Michigan Technological University, located in the Upper Peninsula of Michigan where she majored in Biological Science with a Minor in Psychology. She then graduated from Dr. William M. Scholl College of Podiatric Medicine before going on to complete her 3-year surgical residency at Katherine Shaw Bethea Hospital in Dixon, IL. It was there that she received comprehensive training in reconstructive and revision foot & ankle surgery, lower extremity trauma, diabetic limb salvage, advanced wound care modalities, and sports medicine. In her third and final year, she was granted the honor of serving as Chief Resident of the program.

Dr. McGuire appreciates the importance of healthy, functional, and pain-free feet regardless of age or activity level. She recognizes the physical, mental, financial, and emotional toll that injury and illness can take on a person and values the personal relationship she cultivates with her patients. Dr. McGuire strives to educate her patients on their conditions and empower them to play an active role in their healthcare.

Dr. McGuire enjoys living in the Twin Cities with her husband (a Lakeville native), her young son, and their dog Bindi! Outside of work, she spends time with son, her family near and far, she loves trying new things, and adores skiing. She looks forward to meeting you and making sure that you feel great on your feet!



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.



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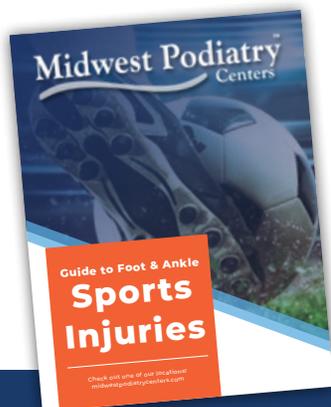


Plantar Warts Are Sole Survivors

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.

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Keeping Foot Fungus from Traveling Toe-to-Toe

A fungal infection on your feet can include athlete's foot or fungal toenails. It can even include them at the same time because—surprise!—they can be caused by the same type of fungi.

This means that a case of athlete's foot has the potential of infecting your toenails, and vice versa. You also want to make sure nobody else in your family or inner circle (like your gym pals) catches a fungal infection from you, either. Fungus like this is not the most contagious thing in the world, but it still has that chance—and who wants to have foot fungus traced back to them?

Here are some simple tips on keeping foot fungus from traveling around on your foot, and from your foot to another's.

Continues on next page

Fall Word Find

Q N X A B O U V V K Z B B J V H A Z L Q K F Q S K
K P B C B H N M W Y W M A H A Y U L Y X L J L S W
B K H T W W Z S L Q Z J K R I D J Q W Q Y Z S R K
S F S A K L F T A N A O V O Z H R Q Y S U M V P Z
H E A C O R N K K H G E L P A O E I K E C D B V E
F Q V A D T L X R W S C N J Y G D N A L N M X B O
R K H A E H P N S T Z V F E U I I T B P M A L A A
H A I N E S U N F L O W E R S A C M F P C R C J M
L K K A X L I O V Q K E L I H P D Q S A C W C E T
R I J E O K V Y F H E E E X A N Q C O D X A K I J
Y P G T P Y U K L E X E Q G A U D S L B R S U A E
J M I M Z E G W Z M Q N H V T E U F G O A W L K T
P R U E F S V E V W N F J V T M D O E D I R Y A H
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L S O H U Y R A S C K R X R W C K L W C G E G L H
T A S P H G O A H W Y W A H H Z O A R A B A V C T
S K V O H J N D H D O B P Z W V Y W G D T Y A N A
K A C C S W R M G C D Z Z Y T U A M J M W Q C U Y
Y X U M U W L E H F R O N Z B C L O E W Z V L L Z
X X H J H P Q Y K L V O M O O Q N M U T U A G J E
V N N B P M Q X Y F J G I F U S G N A Z Q E B V L

FIND THESE FALL WORDS!

Acorn
Barn
Harvest
Orchard
Rake
Apples
Cider
Hayride
Pie
Sunflowers
Autumn
Football
Leaves
Pumpkins

“Keeping Foot Fungus from Traveling Toe-to-Toe” Continued

- **Keep shower shoes on in public areas.** Fungi love damp, warm places with a lot of foot traffic. Showers, pools, and locker rooms fit that bill very nicely. One of the best ways to prevent the spread of fungus is to wear shower shoes in locations such as these.
- **Do not share towels.** You probably shouldn't be doing this anyway, but it can be especially troublesome if you have fungus! Be extra safe and have a color of towel only for you.
- **Keep your clippers private.** The toenail clippers you use should only be used by you and sanitized regularly. And do not use your toenail clippers on your fingernails. Yes, you can get a fungal infection there, too!
- **Avoid touching the fungus.** The less you are in contact with your own fungal infection, the less chance you have of spreading it. Try not to pick at it as much as possible, and if you do have to touch it, thoroughly wash your hands as soon as possible.



If you have further questions about treating or preventing the spread of foot fungus, please don't hesitate to talk with us about it!

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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.