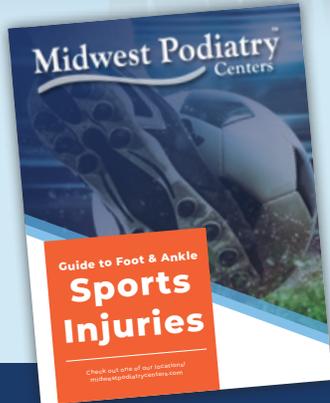


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Helping New (and Seasoned) Runners Stay Healthy



Scholastic cross-country running builds camaraderie, discipline, confidence, and frequently a lifelong appreciation of fitness. The tricky part is staying healthy.

Improper footwear, repetitive impact, biomechanical issues, inadequate pre-run and post-run routines, and failure to heed warning signals can lead to trouble. Shin splints, stress fractures, plantar fasciitis, and Achilles tendonitis are waiting to say hello.

New running shoes should feel comfortable from the get-go — no “break-in” period. There should be one-half inch between the longest toe and the end of the shoe. Replace running shoes after logging 300 to 400 miles.

Running shoes aren’t a one-type-suits-all proposition. A runner should select shoes that address their particular foot type — for example, low arches, normal arches, or high arches.

Distinguishing between injury and normal running discomfort may be challenging for inexperienced runners. Pushing through typical running discomfort to improve is one thing; attempting to push through injury is another.

If discomfort is focused on one central area as opposed to general soreness; lingers after running and is present the next day; gradually intensifies; or causes limping, bruising, swelling, or redness, it’s likely an injury. Since some kids hide how they’re feeling, observant coaches and parents may need to shut things down. Pressing on despite the pain will increase an injury’s severity and lengthen recovery time.

Good pre-run and post-run habits (light jogging, gentle stretching) are vital. Rest days (no exercise) and recovery days (light exercise) are important, too. Cycling, elliptical training, or swimming on recovery days can enhance fitness.

Runners new and old can count on us to treat lower-extremity issues, help prevent future injuries, and lend assistance with shoe selection and stretching routines.



Meet Dr. Todd Peabody

Dr. Todd A. Peabody serves patients at our Richfield, Blaine, and Edina clinics. He is thoroughly trained in all aspects of podiatric medicine, with particular specialties in sports medicine and biomechanics.

Dr. Peabody received a BS in Applied Engineering Science from Michigan State University and his Doctorate from the William M. Scholl College of Podiatric Medicine. He went on to complete a 3-year residency in reconstructive foot & ankle surgery at Beaumont – Botsford Hospital in Farmington Hills, Michigan.

Prior to beginning his podiatric career, Dr. Peabody spent many years working in a biomechanics and gait research laboratory. He gained experience in the complex nuances of foot and ankle mechanics, including work in athletic footwear design and development, orthotics testing, and gait analysis.

Dr. Peabody is a native of Michigan. He enjoys spending time with his wife and young son, is an avid runner and cyclist, and enjoys competing in a variety of events ranging from 5Ks to ultra-endurance races.



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Ingrown Toenails Aren't Trivial



Ingrown toenails are a common problem that occurs when the corner of a toenail grows into the surrounding skin, most frequently on the big toe. They have a variety of causes:

- **Poorly fitted shoes.** Shoes that cram the toes elevate the risk of ingrown nails. Teens may be even more susceptible since they're still growing like weeds. Athletes should wear sport-specific shoes.
- **Improper toenail trimming.** Toenails should extend to the edge of the toe. Toenails that are cut too short and rounded at the edges are an open invitation to ingrown toenails. Toenails should be trimmed straight across.
- **Trauma.** Jamming or stubbing the toe (common in athletics) or dropping something with heft on it can result in an ingrown toenail.
- **Heredity.** Sometimes you're just bestowed a head start.

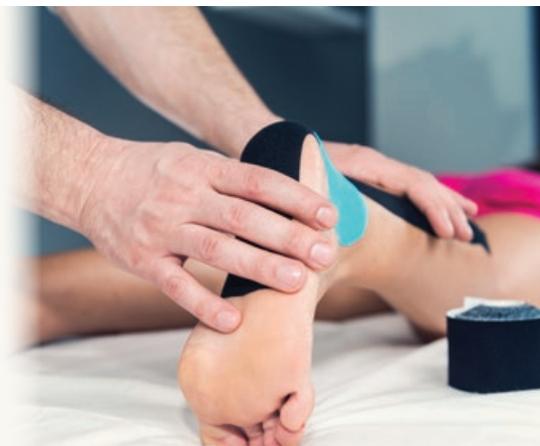
Initially, symptoms of an ingrown nail are mild: a twinge of discomfort when you press on the area, wiggle your toes, or put on your shoes. Left untreated, the condition can progress to standalone (no touch required) and intensified pain; swelling and redness; and drainage, pus, and odor — signs of infection, an always-serious matter.

Those with a circulatory issue or diabetes should contact our office immediately upon the first signs of an ingrown nail to prevent severe complications. When no infection is present, otherwise healthy people can massage the skin away from the nail during Epsom salt soaks, and afterwards apply precautionary antibiotic ointment.

If symptoms worsen, call us right away. We may remove the ingrown portion of the nail and prescribe a topical or oral medication for infection. Chronic ingrown toenails might require a minor procedure to halt their recurrence.

Teens and Tarsal Coalition

As if the teenage years aren't difficult enough to navigate, tarsal coalition is a foot condition that can appear at this time as well! This occurs when the tarsal bones located at the rear of the foot and in the heel are abnormally connected (often present yet unnoticeable at birth). The result is rigid flat feet causing pain and difficulty with simple, every day activities—much less participation in sports.



For many, orthotics or physical therapy is enough to relieve discomfort and get them back to their normal lifestyle. Altering activities and taking a break from them can reduce stress on the bones and help alleviate pain as well. Sometimes medicated injections or a temporary cast or boot is prescribed. However, in severe cases surgery may be necessary.

If your teen is complaining (more than normal!) and no longer wants to participate in activities he or she typically enjoyed because of foot pain, don't roll your eyes, put in some ear buds and go to your room and shut the door (a taste of their own medicine!). Take those complaints seriously and come see us so we can get your teenager on a treatment plan and back to the activities he or she loves!

Have a Strange Sensation in the Ball of Your Foot?

Does it feel like you're always stepping on a little stone that's lodged in the front of your shoe, just beneath the toes, but nothing's there? Is it sometimes accompanied by a burning, tingling or numbness around the toes and the ball of your foot?

What you *might* be experiencing is a neuroma. What's that?

A neuroma is a thickening of the tissue surrounding one or more of your nerves. This type of growth is benign, but it can compress and irritate the nerves it surrounds. This leads to strange, painful, and annoying sensations.

What can cause a neuroma to form? Basically, any sort of consistent pressure or irritation to the area could do it. This might involve wearing shoes that are too cramped toward the front of the foot (high heels tend to be a number one suspect), engaging in extended running or other sports with high foot impact can also cause problems if the feet aren't provided enough time for rest and recovery.

It might also be possible that the cause is more natural in nature; that you have a foot shape that makes the development of a neuroma more likely.

Whatever the potential cause, your best course of action is to seek proper diagnosis and treatment for the condition. Don't let that phantom pebble drive you up the wall; get the help you need today!



Dr. Peabody Suggests: Summer Angel Hair Lemon Ricotta

Yield: 4 servings; prep time: 5 mins.; cook time: 25 mins.; total time: 30 mins.

*Delicious and easy to make.
The perfect summer combination!*

Ingredients

- 8 ounces angel hair pasta
- 1 tablespoon olive oil, divided
- 1 pint cherry tomatoes
- 2 garlic cloves, minced
- 1/4 cup dry sherry
- 2 teaspoons lemon zest
- 2 tablespoons lemon juice
- 1/2 teaspoon salt
- 1/4 cup basil cut into thin ribbons
- 1 cup ricotta cheese

Directions

1. Bring a large pot of water to a rolling boil. Season liberally with salt.
2. Heat a large skillet to a medium-high heat. Add 2 teaspoons olive oil. Add cherry tomatoes. Cook until the skins on the tomatoes are starting to burst, about 5–6 minutes. Add garlic, cook another minute.
3. Add sherry, reduce for 1–2 minutes. Use the back of a wooden spoon to gently smash the tomatoes, releasing their juice.
4. Add lemon zest, lemon juice, and salt. Continue to cook until the tomatoes are completely cooked and soft.
5. In the meantime, cook angel hair until it's just shy of being done.
6. Using tongs, transfer angel hair to tomato sauce; reserve cooking liquid.
7. Toss pasta with the sauce. The sauce will most likely need a little bit more liquid; add 1/4 cup of the starchy cooking liquid to the pasta until you have a sauce-like consistency. (Author added 3/4 c.)
8. Season with salt and pepper.
9. Add in the basil, toss until combined.
10. Dot with ricotta cheese.

Recipe courtesy of www.cookingforkeeps.com.



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Smooth Walking Hinges on Healthy Ankles

The ankle acts as a hinge between the foot and leg. It is considered a mobility-based joint (especially for up-and-down movement) but has a good degree of stability. It needs to be stable to withstand up to 1.5 times a person's weight with each step taken on level ground — and two or three times that rate for running, jumping, and navigating inclines.

The ankle is comprised of two joints: the true ankle joint and the subtalar joint. The true ankle joint consists of three bones: the tibia, fibula, and talus.

The tibia, the larger of the two lower-leg bones, forms the inside part of the ankle. The fibula runs parallel (roughly) to the tibia and forms the outside part. Those two attractive ankle knobs are the ends of the tibia and fibula. They rendezvous with the ankle's talus bone. Thus, the tibia and fibula have the dubious distinction of frequently playing roles in leg fractures *and* ankle fractures.

The talus pulls double duty. It also teams up with the calcaneus (heel bone) to form the subtalar joint. The subtalar joint is responsible for side-to-side motion; the true ankle joint, up-and-down motion.

Articular cartilage covers the ends of the bones, reducing bone-on-bone friction. Space in the joints is lined with a thin membrane, synovium, which cushions and lubricates. Ligaments hold the ankle bones together. Tendons connect muscles of the lower leg with bones of the foot and ankle; the Achilles tendon hogs the spotlight.

Ankles are engineering marvels but take a daily pounding. Don't ignore lingering pain or discomfort. Schedule an appointment at our office instead.

