

When Winter Bites

Never underestimate the threat of frostbite — the freezing of skin and its underlying tissue. Its severity depends on temperature, length of cold exposure, and wind and moisture. Some preexisting medical conditions (circulatory disorders, diabetes, etc.), smoking and alcohol intake, various medications, and dehydration raise the risk too.

Besides bare skin exposed to the cold, the extremities are most vulnerable to frostbite. The body pulls back on blood flow to the extremities as a survival response to protect the body's core. Cold temperatures also constrict surface blood vessels, further restricting the amount of blood, and warmth, reaching these areas.

Frostbite begins as frostnip, which produces skin discoloration, minor pain, and slight tingling. Frostnip is temporary and harmless if addressed promptly. Get out of the cold and soak the affected area in warm (not hot) water.

Frostnip that progresses to frostbite is marked by a "pins and needles" feeling — caused by water in the skin transforming into ice crystals — painful, spotty patches of purple skin; clear blisters; and peeling skin. Severe frostbite is noted for blood-filled blisters; numbness; gangrene (cell death); infection; and possible amputation.

Closely monitor young children playing in the cold. Take frequent indoor breaks; check their skin; change out of wet clothes. Young kids having fun may ignore the signs of early frostbite. Adult intervention is key to preventing frostbite damage.

If you suspect frostbite:

- Get out of the cold and rewarm gradually.
- Soak affected extremities in warm (not hot) water for 15–30 minutes.
- **Do not rub/massage the area.**
- Cover the area with loose, sterile bandages.
- Do not burst blisters.

Frostnip can be successfully handled at home; superficial frostbite should be promptly attended by a medical professional (for feet, contact our office). Severe frostbite is a medical emergency.



When Con(fusion) Reigns

A tarsal coalition is the abnormal fusion of bones in the region between the heel and midfoot. Coconspirators in this sinister coalition may include the calcaneus (heel bone), talus (ankle bone), navicular, cuboid, and cuneiform bones.

Normally, these individual bones work together to facilitate proper foot motion and function. However, when two or more are fused, movement is restricted and other problems may ensue ... eventually.

In the vast majority of cases, a tarsal coalition is congenital — a child is born with it. However, symptoms frequently don't manifest until ages 8–16, sometimes later. Occasionally, an infection, injury, arthritis, or a cartilage anomaly kick-starts a tarsal coalition.

Symptoms include mild to severe pain and stiffness in the coalition area that are aggravated by weight-bearing. Range of motion is limited, foot and leg fatigue might emerge, and sometimes the arch flattens. It's not uncommon for a tarsal coalition to exist in both feet — with similar or varying degrees of severity.

When tarsal coalition symptoms appear, it is important to address them by scheduling a podiatric exam. Some kids don't mention when they're hurting. Be alert for indicators such as limping, lethargy, clumsiness, or sudden avoidance of activities they typically enjoy. Failing to act can lead to altered gait patterns that place undue stress on other parts of your child's body, an elevated risk of arthritis, and flatfoot deformities, among other consequences.

In addition to a thorough exam, we will also take a history of your child's symptoms. If we suspect a tarsal coalition, x-rays will be ordered; sometimes advanced imaging may be necessary.

Conservative treatment measures are highly effective in successfully managing a tarsal coalition and improving quality of life. If they fall short, surgery is a last resort.

Mark Your Calendars

- Jan. 1** New Year's Day: Pork is the most widely consumed meat in the world.
- Jan. 4** Trivia Day: Honey is the only food that doesn't spoil. Bacteria don't appreciate its acidity, lack of moisture, and antimicrobial properties.
- Jan. 9** Quitters' Day: Research shows most exercise, weight-loss, and eating-habit New Year's resolutions are abandoned by this day.
- Jan. 14** Dress Up Your Pet Day: If pets had a say, would this day exist?
- Jan. 19** Martin Luther King Jr. Day: King received the Nobel Peace Prize in 1964 and a posthumous Grammy in 1971 (for a speech).
- Jan. 24** Compliment Day: Why do egotists at pubs enjoy beer nuts? The beer nuts are complimentary.
- Jan. 29** Corn Chip Day: In the Southwest, Frito pie is a popular dish made with corn chips, chili, and cheese.



Way Ahead of His Time



Health and fitness pioneer Jack LaLanne lived a life packed with energy, passion, and foresight. He was born to French immigrants in 1914 in the San Francisco Bay area and described his childhood self as weak, scrawny, and addicted to sugar and junk food. At age 14, he changed course.

Although other exercise advocates existed when he started out, LaLanne was devoted to exercise and diet, making him distinct. Exercise in the 1930s was mainly geared toward bodybuilder, boxer, wrestler, and soldier types. LaLanne sought to include men and women of all ages and positions.

LaLanne was no dumbbell. He went beyond hoisting barbells and designed his own equipment, such as selective weight and cable systems, which are still used today. He also devised pulley machines, a machine for leg extensions, and a resistance band. LaLanne demonstrated that people could tone their muscles without becoming muscle-bound, which had been a common concern.

LaLanne opened the first modern health club in 1936 and created the prototype of today's gym chains in the 1960s. His TV show, the *Jack LaLanne Show*, aired from 1951–1985 and sparked a surge of health and fitness interest, paving a lucrative path for Jane Fonda, Richard Simmons, and Denise Austin.

In the 1950s, LaLanne spoke out on the evils of smoking and excessive alcohol intake, which flew in the face of public perception at the time. LaLanne saw nothing “sophisticated” or “glamorous” about them. He also emphasized fitness for health reasons, not cosmetic ones, and already recognized the hazards of ultra-processed foods, chemical additives, trans-fats, and overmedication.

Until his dying day in January 2011 at age 96, Jack LaLanne stressed that good habits formed early in life can sustain a person throughout their life. He certainly practiced what he preached.



Southwest Chicken Noodle Bowl

Servings: 4; prep time: 15 min.; cook time: 15 min.

Sauerkraut has much wider potential than just New Year's Day. This delicious recipe will bear that out.

Ingredients

- 1 pound boneless, skinless chicken breast halves, thinly sliced
- 1 tablespoon Southwest seasoning
- 2 tablespoons extra virgin olive oil
- 4 cups low-sodium chicken broth
- 1 large red and/or yellow bell pepper, chopped
- 4 green onions, trimmed and cut diagonally into 1-inch pieces
- 1 medium russet potato, peeled and spiralized
- 1 cup fresh salsa
- 2 tablespoons fresh lime juice
- Sauerkraut of choice

Directions

1. Sprinkle the chicken all over with the Southwest seasoning. Heat 1 tablespoon of the olive oil in an extra-large skillet over medium-high heat. Add half the chicken and cook, stirring occasionally, until no longer pink on the outside, about 2 minutes (the chicken will not be cooked through.) Transfer the chicken to a plate. Add the remaining olive oil and chicken to the skillet. Cook the chicken until no longer pink, 2 to 3 minutes. Return all of the chicken to the skillet.
2. Add the broth and bring to a boil. Stir in the bell peppers, green onions, and potato noodles and return to a boil. Reduce the heat and simmer, stirring occasionally, until the vegetables are tender and the chicken is cooked through, 3 minutes. Gently stir in the salsa and lime juice and serve.
3. Top with your favorite sauerkraut.

Recipe courtesy of www.olivemypickle.com.



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.

Don't Take This for Granted



Trimming one's toenails seems like a simple task, but for many older adults, that's not the case. Unsteady hands, reduced flexibility, arthritic pain, and weakened eyesight can render toenail trimming an extremely difficult, if not impossible, task.

Those who attempt it anyway run a higher risk of painful ingrown nails, as toenails may be cut too short or with edges rounded instead of nails being trimmed straight across. Cuts and abrasions are on the radar too.

Improper nail trimming can be downright hazardous for those with circulatory disorders, diabetes, or weakened immune systems. Ingrown toenails, cuts, scrapes, and punctures are more likely to become infected and potentially lead to ulcers — dramatically raising the risk of amputation. Healing is slowed and more challenging to sustain. In addition, an injury may go unnoticed due to impaired sensation (e.g., peripheral neuropathy) or the person not being able to get a good look.

To avoid dire scenarios, we strongly advise people with these health conditions to have their toenails trimmed at our office. We will properly trim their toenails and address other aspects of nail health, such as thickened nails and fungal infections. On average, toenails will need to be trimmed every six to eight weeks.

For those who are free of the aforementioned systemic disorders (but still struggle to trim their toenails), perhaps a family member or friend can assist. Salon pedicures are an iffy proposition, as some don't follow proper sterilization protocols. They also won't catch other conditions that can affect overall foot health.

If you or an older adult in your life needs help with toenail trimming, schedule an appointment with our office.