

An elderly couple is walking along a path in a park. The man is wearing a maroon sweater and a grey scarf, and the woman is wearing a purple turtleneck and a white cardigan. They are both smiling and looking at each other. In the background, there are trees with vibrant autumn foliage in shades of yellow, orange, and red. A green lawn is visible in the foreground.

September Is Falls Prevention Awareness Month

According to the CDC, about 36 million older adults fall each year, resulting in 32,000 deaths. Falls are the leading cause of injury and injury leading to death among older Americans, but many are preventable through good foot and ankle health.

Feet are biomechanical marvels, but weightbearing and activity can eventually take a toll. As we pile up the years, feet tend to flatten and widen; tissues and tendons lose their elasticity; and fat pads on our soles thin out, diminishing cushioning and shock absorption (ankle joints, knees, hips, and the spine also pay the price).

In addition, loss of strength, reduced flexibility, and painful foot conditions — calluses, corns, arthritis, bunions, hammertoes, diabetes complications, etc. — all contribute to altering a person's gait and their ability to maintain balance and coordination.

Some simple counters to these conspiring forces include:

- **Don't ignore foot or ankle pain.** Pain is never normal, no matter how old a person is. If you experience persistent, lingering discomfort or pain, give our office a call. You likely have a treatable condition.
- **Examine your feet.** If you spot changes such as bumps, discoloration, slowed healing — among others — contact us.
- **Exercise.** Some simple stretches and exercises can aid foot and ankle strength and mobility. Walking regularly can improve circulation and bone strength and help manage weight.
- **We're a team.** We can treat foot and ankle conditions; prescribe orthotics, assistive devices, or medications; or recommend over-the-counter aids; then it's in the patient's hands to carry out the game plan. Same with footwear recommendations, lifestyle changes, and reducing fall risks around your home.
- **Fear not.** Surgery is a last resort but is sometimes necessary. Thankfully, many surgeries can be performed on an outpatient basis.



The Gridiron, the Pitch, and Turf Toe

School football and soccer seasons are upon us, and that means a rise in turf toe injuries.

Turf toe is a hyperextension of the big toe joint (metatarsophalangeal [MTP] joint). When the joint is bent too far or with too much force, the ligaments, tendons, and other soft tissues stretch beyond their normal range of motion, sometimes tearing. The resultant pain might be constant or intermittent (e.g., when weight is applied) and is frequently accompanied by swelling, bruising, and stiffness. In severe cases, the MTP joint becomes unstable and might pop out of place.

Turf toe is so named because the injury spiked with the introduction of artificial turf playing surfaces in the 1970s. Although turf technology has advanced since then, athletes' cleats still get caught more easily on turf than on grass, but turf toe can occur on any playing surface. Shoes with too much flexibility add to the risk.

Turf toe frequently develops gradually due to repetitive stress. The sudden starts and stops and change of direction in sports such as football, soccer, and basketball sometimes take a toll. Turf toe can also result from a direct impact, like a tackle or collision.

To reduce the risk of turf toe, athletes should properly warm up before playing or practicing and wear sport-appropriate shoes/cleats that provide good support.

Treatment for turf toe depends on its severity (there are three grades). Fortunately, surgery is a rarity; conservative measures applied consistently usually do the trick. Athletes should not attempt to "tough it out" with turf toe, as it will just lead to more game time missed.

Instead, contact our office. A thorough exam, accurate diagnosis, and effective treatment is the best plan to return to action as quickly as possible.

Mark Your Calendars

- Sept. 1** Labor Day: America's largest union is the National Education Association (3+ million members).
- Sept. 4** Newspaper Carrier Day: Walt Disney, Martin Luther King Jr., Kathy Ireland, and Tom Cruise were all newspaper carriers.
- Sept. 7** Grandparents Day: The average age of first-time grandparents is 50 (AARP).
- Sept. 11** Patriot Day: Observed in honor of the victims of the 9/11 terrorist attacks. *Patriots' Day* commemorates the first battles of the Revolutionary War.
- Sept. 18** Cheeseburger Day: Jimmy Buffett once craved a cheeseburger so much, he wrote a song about it: "Cheeseburger in Paradise."
- Sept. 22** First day of autumn: "Autumn" and "fall" are used interchangeably, but "harvest" preceded them both.
- Sept. 24** Rosh Hashanah begins (sundown): If the Jewish new year coincides with the Jewish sabbath (Shabbat), the shofar (ram's horn) is not blown.



The Mediterranean Diet's Star

Many would argue that nutrient-rich olive oil is the face of the popular and healthy Mediterranean diet. Here's some olive oil background.

Sturdy, resilient olive trees are native to the Mediterranean region and on average live to be 300 to 600 years old, with some reaching a millennium or more. Mediterranean olive trees are the source of 95% of the world's olive oil. Spain alone is responsible for over 50%, with Italy and Greece next, navigating Spain's vapor trail. However, Spain takes a backseat in consumption to Greece, where each person consumes an average of 20 liters per year. Spaniards (13 liters/person/year) and Italians (11) are comparative lightweights.

Extra virgin olive oil (EVOO) is naturally extracted without heat or chemicals, which preserves its taste, aroma, and nutritional value. "Regular" olive oil has undergone intense heat and chemical refinement to remove impurities and defects and improve shelf life; however, this process diminishes its natural flavor and health benefits (though it's still beneficial).

Unlike some fine wines, EVOO does not get better with age. And don't be fooled by extra-light olive oil. "Extra-light" does not mean fewer calories; the term refers to olive oil's flavor and/or color.

And let's clear up a culinary misconception: Cooking with olive oil doesn't transform it into something unhealthy or ruin it in any way. It's one of the most stable cooking oils under high heat, and nearly all its nutritional benefits are preserved.

One final note: An olive is a fruit, which means olive oil is actually fruit juice! But stick to 1 to 2 tablespoons per day; leave the full glasses to orange juice.



Easy Yogurt Cake

Servings: 10; prep time: 5 min.; cook time: 50 min.

This recipe is delicious as is ... or add your favorite toppings.

Ingredients

- 1½ cups all-purpose flour
- 1½ teaspoons baking powder
- ½ teaspoon baking soda
- ½ teaspoon kosher salt
- 1 cup Greek yogurt
- 1 cup granulated sugar
- 3 large eggs
- ½ cup extra virgin olive oil
- 1 teaspoon vanilla extract

For serving (optional)

- Powdered sugar, for dusting
- Lightly sweetened Greek yogurt
- Fresh fruit

Directions

1. Preheat the oven to 350°F. Grease a standard (9x5-inch) loaf pan with olive oil or baking spray. Line the bottom and two sides with a piece of parchment paper, leaving a slight overhang.
2. In a medium mixing bowl, whisk together the flour, baking powder, baking soda, and salt.
3. In a large mixing bowl, whisk together the Greek yogurt, sugar, eggs, olive oil, and vanilla extract.
4. Add the flour mixture to the yogurt mixture, and mix with a rubber spatula just until combined and no streaks of dry flour remain.
5. Pour the batter into the prepared pan, and smooth the top. Bake for 50 to 55 min., or until a toothpick inserted in the center of the cake comes out clean.
6. Let the cake cool in the pan for 10 min. Then use the parchment paper like a sling to lift the cake out of the pan and onto a wire rack to finish cooling to room temperature.

Optional: Dust with powdered sugar; add fruit and a dollop of yogurt per slice. (Tightly wrapped, the cake should keep for 4 days at room temperature.)

Recipe courtesy of www.themediterraneandish.com.

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Dealing With the Grind

Cartilage is connective tissue found along the ends of bones in a joint. It absorbs shock, supports the joint, and prevents bones from grinding against each other during movement.

As we age, cartilage often deteriorates, becoming thinner or wearing away completely, a condition known as osteoarthritis — per the CDC, over 50 million Americans are currently dealing with it. Feet and ankles are highly susceptible to osteoarthritis. In the feet, the big toe is a prime location, but it can strike the midfoot as well.

People with osteoarthritis may experience pain and stiffness in the joint, swelling in the neighborhood of the affected joint, or difficulty bending the joint — or some combination thereof. Besides wear and tear over time, other causes of osteoarthritis include injuries: direct blows, joint jams, sprains, or fractures. For these injuries, it may take months or years for osteoarthritis to set in.

Abnormal foot mechanics can create instability or cramming of a joint that leads to osteoarthritis. Obesity also applies excessive pressure to joints that paves the way. Sometimes the condition is hereditary.

If you are experiencing osteoarthritis symptoms — or any persistent foot or ankle discomfort — schedule an appointment with our office. Your exam may include a gait analysis to assess structural alignment, foot and ankle strength, and your stride. X-rays can detect a narrowing of joint space between bones (indicating diminished cartilage), and lab work may be ordered to rule out rheumatoid arthritis.

Fortunately, many conservative options successfully alleviate symptoms — from oral medications, orthotic devices, and bracing, to immobilization, steroid injections, physical therapy, and lifestyle modifications. If these fail to relieve your discomfort, surgery may need to be considered.

