



Navicular Stress Fractures

The navicular bone is a wedge-shaped bone located at the top inner side of the middle of the foot. It provides key support for the arch and helps stabilize the ankle. It's often overlooked but, when riled, can pose some challenges.

Over 30% of all foot and ankle stress fractures involve the navicular bone. Overuse and trauma are the usual suspects. Military recruits and athletes participating in track and field (sprinting and hurdling), distance running, and basketball are most vulnerable. Just ask NBA star Joel Embiid — navicular issues cost him his first two seasons.

The middle third of the navicular bone has a poor blood supply, which hinders recovery following rigorous activity and can predispose the bone to a stress fracture. The actual fracture takes longer to heal than other stress fractures, too.

Most people who incur a navicular stress fracture first feel a localized ache while engaging in athletic activity, which often subsides upon resting. However, the discomfort frequently intensifies over time, radiates, and if ignored, will continue apart from the activity that sparked it.

Navicular stress fracture pain requires thorough podiatric attention — sometimes another condition with similar symptoms is in play. Many times, X-rays will not identify the fracture; an MRI or CT scan may be needed.

If a stress fracture is not displaced (i.e., bones remain aligned) and there are no bone fragments, conservative treatment measures will usually suffice. But patience is required — a boot/cast and no weight-bearing for six to eight weeks, and another three months of rehab.

A displaced fracture will likely require surgery. Healing time is reduced compared to conservative treatment, but any surgery raises the risk of complications.

Don't suffer with foot or ankle pain. A call to our office is the ticket to healing.



Menopause's Effects on Feet and Ankles

Menopause can take a mental, emotional, and physiological toll on women. Foot and ankle changes can get swept up in the process, too.

A key change immediately preceding menopause is a steep drop in estrogen levels. Estrogen is essential to the production of collagen, a protein that contributes to bone strength and provides flexibility and support for muscles, ligaments, and tendons. The plantar fascia and Achilles tendon might lose elasticity and become strained, inflamed, and painful — i.e., plantar fasciitis and Achilles tendonitis.

The soles of the feet are cushioned by thick pads of connective tissue. Diminished collagen production can thin out the skin and padding, leaving bones and joints more vulnerable to direct pressure ... and pain.

The drop in estrogen often reduces muscle mass, which can affect a woman's posture, walking pattern, or how she stands, resulting in unnatural stress on the feet and ankles, and eventually discomfort. Hormonal changes can also spur weight gain, placing a greater burden on feet and ankles. Added weight and softening tissues heighten the risk of fallen arches.

Increased or shifting pressure on the foot can create friction. That's an open invitation to corns and blisters. Unnatural pressure can facilitate the development of a bunion, or exacerbate an already existing one.

Sometimes the deterioration of the big-toe joint leads to pain and stiffness, or "hallux rigidus," an arthritic condition that is felt with every step. Hallux rigidus and a bunion are a hefty one-two punch.

Diminished estrogen levels reduce bone strength and density, rendering foot and ankle bones more susceptible to fractures over time (osteoporosis).

If menopause is disrupting the health of your feet and ankles, contact our office for skilled and thoughtful care.

Mark Your Calendars

- Apr. 1** April Fools' Day: In 2008, a BBC nature documentary showed penguins flying, duping millions.
- Apr. 15** Tax Day: The U.S. government collected \$4.4 trillion from taxpayers in 2023. (Figure unavailable for amount wasted.)
- Apr. 15** Boston Marathon: Bill Rodgers is the only runner to hold the Boston, New York, and Fukuoka marathon titles simultaneously.
- Apr. 22** Earth Day: The Tibetan Plateau holds the largest reserve of freshwater outside the North and South Poles.
- Apr. 22** Passover (sundown): Moses (or "Moshe") means "drawn forth" [from the water].
- Apr. 24** Administrative Professionals Day: 4+ million in U.S., of whom over 90% are women.
- Apr. 27** Babe Ruth Day: Ruth loved the night life. A teammate once said, "I don't room with Ruth; I room with his suitcase."



It Takes Two to Tandem

Bike riding can be exhilarating and an excellent workout. But for an added dimension, adventurous twosomes might consider tandem bicycling.

Tandem bicycles are designed for two riders (sometimes more) and range in types from cruisers, mountain, recumbent, and upright, to trikes, folding, electric, and belt drive. Tandems aren't anything new; they've dotted the landscape since the late 19th century. However, their popularity has surged over the past decade. Here are a few tandem benefits:

- Two cyclists of differing abilities and strengths can ride together (including a parent riding with a child). No struggling to keep up; no having to wait for the slower rider.
- It's easier to converse.
- Tandems can achieve greater speeds on levels and downhill if desired.
- Those with disabilities such as vision impairment, balance problems, or cognitive issues can experience the joy of bicycling.

Typically, the rider who is stronger and/or more experienced occupies the front seat and is known as the captain. They are in charge of steering, shifting gears, braking, and letting their partner know what's coming, especially bumps and downshifting.

The rider in the back is called the stoker. Their job is to be a motor ... just pedal, baby. While pedaling, they're free to snap photos, check directions, tickle the captain (not advised), or soak in the scenery — although their straight-ahead view is somewhat limited by the captain's [possibly sweaty] back.

Be mindful that on standard tandems, riders are either both pedaling or both coasting. If only one is pedaling, both sets of pedals will still be moving. Initially, starting off and dismounting can be tricky for novices but should become old hat after a few rides.



Provençal Baked Fish With Roasted Potatoes and Mushrooms

Servings: 4; prep time: 15 min.; additional time: 45 min.; total time: 1 hr.

This easy-to-make, healthy meal is typical of southern France. You can use halibut, grouper, or cod for this simple Mediterranean baked fish recipe, so just choose what looks best at your market. Look for herbes de Provence, an aromatic spice blend, which can be found at most grocery stores.

Ingredients

- 1 lb. Yukon Gold or red potatoes, cubed
- 1 lb. mushrooms (shiitake, cremini, oyster, or other fresh mushrooms), trimmed and sliced
- 2 tablespoons extra-virgin olive oil, divided
- 1/4 teaspoon salt
- 1/4 teaspoon ground pepper
- 2 cloves garlic, peeled and sliced
- 14 oz. halibut, grouper, or cod fillet, cut into 4 portions
- 4 tablespoons lemon juice
- 1 teaspoon herbes de Provence
- Fresh thyme for garnish

Directions

1. Preheat oven to 425°F.
2. Toss potatoes, mushrooms, 1 tablespoon oil, salt, and pepper in a large bowl. Transfer to a 9x13-inch baking dish. Roast until the vegetables are just tender, 30 to 40 minutes.
3. Stir the vegetables, then stir in garlic. Place fish on top. Drizzle with lemon juice and the remaining 1 tablespoon oil. Sprinkle with herbes de Provence. Bake until the fish is opaque in the center and flakes easily, 10 to 15 minutes. Garnish with thyme, if desired.

Recipe courtesy of www.eatingwell.com.



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April Is National Foot Health Awareness Month!

Think of Us First for Foot and Ankle Issues

When experiencing pain or discomfort in a foot or ankle, some people schedule an appointment with their primary care physician (PCP). If you have a PPO or EPO insurance plan, that's not the most efficient course of action.

PCPs have a broad base of knowledge about the body, but podiatrists specialize in the feet and ankles, spending a combined seven to eight years in podiatric medical school and foot and ankle surgical residency training. Podiatric evaluations will be more thorough, treatment more effective, and healing will come more quickly. If you go to a PCP, you might end up at our office anyway, so you'll save yourself a step.

Curious as to the differences between orthopedists and podiatrists? Orthopedists are proficient with musculoskeletal disorders (e.g., bones, joints, muscles, connective tissues, spinal discs) throughout the body; again, podiatrists are laser-focused on foot and ankle conditions, including musculoskeletal disorders. Some orthopedists complete an additional one-year fellowship dedicated to feet and ankles; however, podiatrists typically have more depth of

knowledge in a narrower area of focus. Podiatrists and orthopedists frequently collaborate, as some disorders affecting feet and ankles originate elsewhere in the body, and vice versa.

If you suffer a potentially life-threatening foot or ankle injury, call 9-1-1 or head to the ER immediately. If your injury is serious but not life-threatening, give our office a call. If we can handle your situation in-house, it will be less expensive, often a shorter wait, and your care will be more comprehensive. Another option, depending on the circumstances (e.g., you're on vacation), is to visit an urgent-care clinic.

