NEW MEXICO Foot & Ankle INSTITUTE

News and Updates

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Holiday Air Travel: A Fluid Situation

If you're hopping on a plane for some holiday traveling, keep in mind that swelling (edema) might visit your feet, ankles, and calves. It's common and typically harmless. You can point a finger at inactivity and gravity.

Lower-leg muscles help move blood back toward the heart, but when we sit relatively motionless for hours at a time, inactivity equals inefficiency. Gravity, of course, always make it tougher for anything trying to move upward. Fluid pools and spreads into tissues surrounding the veins; feet, ankles, and calves puff up.

The longer the flight — and the older the person — the greater the chance of swelling. There are ways to minimize it:

- While seated, bend and flex your feet, and move them side to side; raise your legs. Massage your lower legs and feet. Never cross your legs.
- Take a stroll down the aisle when permissible. It kick-starts those aforementioned lower-leg muscles.
- Forgo airline snacks like peanuts, chips, and pretzels. High sodium content causes the body to retain water.
- Stay hydrated to maximize circulation. Avoid caffeine and alcohol.
- Avoid wearing constrictive shoes and socks that are tight around the ankles.
- Wear compression stockings.

Although air-travel swelling is typically harmless, if your swelling **1)** doesn't dissipate within a few hours after exiting the plane, **2)** is noticeably worse in one foot/ankle/calf than the other, or **3)** is accompanied by pain, tenderness, redness, or warmth, you may have deep vein thrombosis (blood clot), which can be life-threatening and warrants immediate medical attention.

If you are experiencing persistent foot or ankle discomfort, schedule an appointment with our office to find relief.

Meet Karen Perez

Chief Operating Officer

What is your favorite hobby? Shopping; I am definitely a SHOPAHOLIC.

If you could go anywhere in the world, where would it be? Spain

If you could only eat one type of food for the rest of your life, what would it be? Pizza

Red or Green Chile? Red

Describe your perfect day. Summertime at the pool surrounded by family and friends

What is your favorite animal and why? Horses. They are beautiful creatures and my dad owned race horses.

Do you collect anything? The beautiful artwork my 4 granddaughters make me.

Favorite song? "I can only imagine" by Mercy Me

Do you have pets? Yes, an enormous sheepadoodle named DUKE

What is your favorite season and why? Football season (that's a season right?); GO COWBOYS!

What movie have you seen the most times? Sixteen Candles

An Extra Bone Thrown Your Way

The human foot contains 26 bones; the ankle contains seven. But some people are "blessed" with more, which are known as "accessory bones."

At birth, some of a person's future bones are in cartilage form. In the first few years of life, these areas of cartilage will harden into bone, and some are supposed to merge. If for various reasons that merger does not take place, you're left with an extra bone or two. Up to 30% of people have accessory bones, and most will never know it.

The three most common locations of foot/ankle accessory bones include the inside of the foot, at the arch; the back of the ankle; and on the outside part of the midfoot.

Some people might notice a bump if an accessory bone is close to the skin surface. Occasionally, an accessory bone will become aggravated and cause swelling, an aching sensation, or sharp pain. And they're bones, so they can break.

Causes of accessory bone discomfort include the following:

- Trauma, such as a sprained ankle.
- Flat feet. When the foot flattens too much while walking, it exerts pressure on a tendon which then tugs at the accessory bone. An accessory bone might also get repeatedly bumped against the interior of the shoe.
- The pressure from stiff shoes or boots.
- Excessive activity, overuse.

If you are experiencing persistent foot or ankle discomfort, give our office a call. In most cases, a thorough podiatric exam and X-rays can pinpoint an accessory bone issue.

Treatment will focus on relieving pressure on the bone. Proper footwear, rest, immobilization, anti-inflammatory medication, a corticosteroid injection, and custom orthotics are part of the toolkit. Surgery is rarely necessary.

Mark Your Calendars

Dec. 3 Advent begins on the fourth Sunday before Christmas and ends on Christmas Eve on December 24.

Dec. 7 Hanukkah begins (sundown): Some sounds in Hebrew can't be translated to English, thus Hanukkah's various spellings.

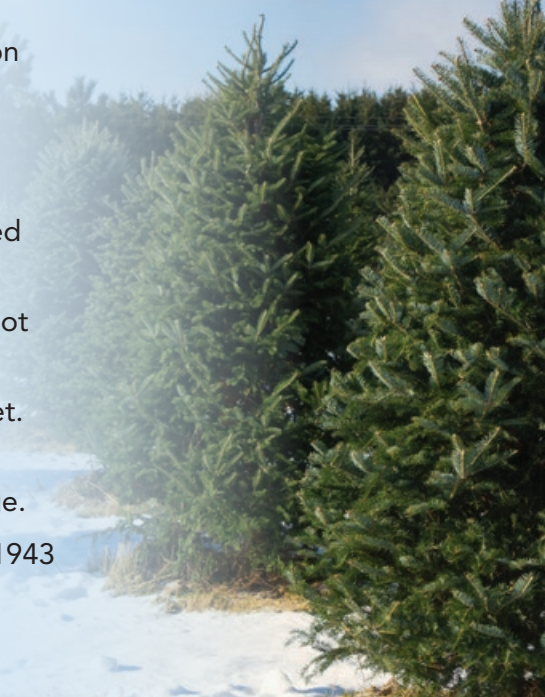
Dec. 7 Pearl Harbor Remembrance Day: The attack on Pearl Harbor lasted one hour and 15 minutes.

Dec. 15 Bill of Rights Day: Connecticut, Massachusetts, and Georgia did not approve the Bill of Rights in writing until 1939.

Dec. 21 Winter solstice: Shortest day of the year but not the earliest sunset.

Dec. 25 Christmas: According to the National Christmas Tree Association, growing a marketable Christmas tree takes seven years on average.

Dec. 31 New Year's Eve: The Times Square ball did not drop in 1942 and 1943 (WWII light restrictions).



‘God Bless Us, Every One!’

In Charles Dickens’ *A Christmas Carol,* Ebenezer Scrooge’s world is rocked by four spirit visitations. Included was a warning on the fate of Tim Cratchit (“Tiny Tim”), a sickly boy whose father was employed by Scrooge.

The Ghost of Christmas Present tells Scrooge that Tim’s demise was near, but Scrooge could have a say in saving him. Many medical historians have been intrigued by Tim’s unnamed condition.

Here’s Dickens’ medical rundown for Tiny Tim. He is very small for his age (7); weak and frail; likely to die soon; and has a crippling condition necessitating the use of a single crutch and leg braces. However, his condition was evidently treatable.

Some speculated ailments gain more traction than others. Rickets, a bone disease caused by a vitamin D deficiency, is favored by some medical historians. Poor diet and a pollution-, fog-shrouded London contribute to their thinking. However, rickets alone is typically not a death sentence, and Tim’s siblings were unaffected.

Pott’s disease, a form of tuberculosis that doesn’t always include a respiratory component in children, causes vertebrae deterioration, weight loss, pain, fever, and fatigue. It commonly strikes kids under age 10 and can be fatal if left untreated. A potential match.

A kidney disease called renal tubular acidosis (RTA) is also a prime suspect. RTA causes an acid buildup that interferes with bone metabolism. Short stature is a byproduct, and untreated RTA can cause bone softening (osteomalacia), muscle weakness, and fatal kidney failure. In addition, osteomalacia tends to affect one side of the body more than the other, possibly accounting for Tiny Tim leaning on a single crutch.

Medical sleuthing of a fictional character is interesting, though tenuous. Dickens’ focus on spiritual sickness was much more significant.

Blood Orange Olive Oil Cake

Servings: 8; prep time: 15–20 min.; bake time: 50–60 min.

Ingredients

- Cooking spray or extra-virgin olive oil
- 1 medium blood orange
- 1¼ cups all-purpose flour
- ½ cup medium-grind cornmeal
- 2 teaspoons baking powder
- ¼ teaspoon baking soda
- ¼ teaspoon fine salt
- ⅔ cup plus 2 tablespoons granulated sugar, divided
- ½ cup whole-milk plain yogurt
- 3 large eggs
- ½ cup extra-virgin olive oil
- 4 paper-thin half-moon-shaped blood orange slices (optional)

Directions

1. Arrange a rack in the middle of the oven and heat to 350°F. Grease a 9x5-inch loaf pan with cooking spray or oil; set aside.
2. Using a vegetable peeler, remove the zest from the orange. Cut the zest into thin strips and set aside. Juice the orange and set aside 1/4 cup.
3. Whisk the flour, cornmeal, baking powder, baking soda, and salt together in a medium bowl; set aside.
4. Whisk 2/3 cup of sugar and 1/4 cup blood orange juice together in a large bowl. One at a time, whisk in yogurt, eggs, and olive oil. Whisk the flour mixture into the wet ingredients, giving the mixture 20 good turns with the whisk until just combined. Fold in zest strips.
5. Transfer the batter into the prepared pan. Top with the blood orange slices and remaining 2 tablespoons sugar. Bake until the top is springy and golden brown and a wooden skewer inserted in the center comes out with just a few crumbs attached, 50 to 60 minutes.
6. Let the cake cool in the pan on a wire rack for 20 minutes. Carefully unmold the cake, flip it back to right-side up, and return to the rack to cool completely.

Recipe courtesy of www.thekitchn.com.

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Don't Let Gout Be a Party Pooper

Gout, a type of inflammatory arthritis, can strike suddenly and cause intense pain, redness, and hypersensitivity. Its favorite target is the big-toe joint.

The foods, beverages, and hustle-bustle of the holiday season raise the risk of an attack. Purines are natural chemical compounds found in many foods. When the body metabolizes purines, one byproduct is uric acid. If the body produces too much uric acid or is unable to remove it efficiently, it builds up in the bloodstream. It's then deposited in joints and crystallizes, forming sharp edges that terrorize surrounding soft tissue.

Gout attacks generally resolve in three to 10 days, *if treated properly.* Unfortunately, gout sometimes returns, frequently in the dead of night.

To prevent gout attacks, limit your intake of purines. **Foods high in purines** include some fish and seafood (e.g., scallops, trout, haddock, anchovies); organ meats (e.g., liver); meats such as bacon, veal, turkey, and venison; and all alcoholic beverages — beer is the worst. **Foods with moderate, but still significant, purine levels** include beef, chicken, duck, pork, ham, and shellfish such as shrimp, crab, and lobster.

Stay properly hydrated, too, which aids the kidneys in filtering out excess uric acid. Don't go overboard on the sweets; high blood sugar levels have been linked with excess uric acid. Stress is also associated with gout. Among the holiday shopping, gift wrapping, planning, and food preparation, find time to relax.

If you think you've got gout, schedule an appointment with our office. We will conduct a thorough exam, possibly take X-rays to rule out other causes, order lab work to check uric acid levels, and prescribe medication and/or recommend home care.