



Penalty Flags for Unhealthy Tailgating

For many fans, the gameday experience at NFL and college football stadiums isn't complete without some tailgating. Food suggestions aside, there are some simple tips that can keep things healthier and safer.

Take an extra set of utensils to your tailgate. Assign one set to handling raw meats; the other to handling cooked and ready-to-eat items. Bacterial cross-contamination and violent foodborne illnesses tend to be gameday downers.

Don't forget the meat thermometer. Guessing the internal temperatures of grilled meats is a lousy gameplan. See "extra utensils" section above. Guidelines for "doneness" vary from meat to meat; a trustworthy food-safety guide can help.

Don't skimp on the ice/ice packs. Perishable foods — in particular, raw meats, salads, and dips — need protection. Coolers should be properly insulated and sealed and placed in a shaded area. Keep perishable foods and drinks in separate coolers.

Since access to running water and soap may be limited, pack some hand sanitizer. Use before handling food or after touching potentially contaminated surfaces. (Good food handling has MVP potential.)

Eat a snack or meal an hour or two before the tailgating party. This can keep you from overindulging before the game. Psst ... you might even be open to healthier food selections.

Stay properly hydrated ... with water (alcohol has a *dehydrating* effect) — you'll eat less too. If you have a beer, make a bottle of water your chaser. Another drink option is "mocktails." They're crafted like cocktails, flavorful, refreshing, fun, but devoid of alcohol.

Some light exercise — perhaps a football toss or stroll to a neighboring tailgate — can be beneficial too.

Remember, tailgating is a pregame activity. Make sure you're in good shape for the main event.



Falls Prevention Awareness Week

(Sept. 23–27)

According to the CDC, falls are the leading cause of death and injury among older Americans (age 65 and older). Annually, over 32,000 deaths of older adults are attributable to falls and falls send approximately three million to ERs. Nearly 300,000 require hospitalization for hip fractures — three-quarters of them being women. Older adults who fall once are two to three times more likely to fall again.

In addition, recoveries generally take much longer for older adults, confidence in undertaking activities might be shaken, anxiety can set in, and quality of life suffers.

Many factors contribute to falls. Impaired vision and depth perception make step-climbing and spotting trip hazards challenging. Poor lighting adds to the mix. Hearing loss diverts the brain's focus from balance and one's walking pattern (gait) to interpreting sounds.

Medication side effects such as drowsiness or dizziness can increase the chances of a fall. So can various medical issues (e.g., heart disease, stroke, diabetes) that negatively impact strength, balance, coordination, and sensation. The fear of falling may limit activity ... increasing the risk of a fall.

Often overlooked among fall hazards are foot and ankle conditions. For instance, foot pain, bunions, ankle stiffness, reduced toe strength, toe deformities, corns, calluses, and diminished foot sensation can all change a person's gait, causing instability.

In addition, studies have revealed that over two-thirds of older adults are wearing shoes that do not fit properly, altering one's gait. Many also wear socks or slippers or go barefoot around the house when they should be wearing supportive shoes with good traction.

Many falls can be prevented. Make regular podiatric checkups at our office a priority to keep you or a family member upright and healthy.

Mark Your Calendars

Sept. 2 Labor Day: September boasts nine of the top-10 U.S. birth dates. Lots of labor of a different kind but hard work, nonetheless.

Sept. 8 Grandparents Day: Two-thirds of grandparents over age 65 have four or more grandchildren.

Sept. 11 Patriot Day: 413 first responders were among the 2,977 victims killed on 9/11.

Sept. 16 American Legion Day: The American Legion is the largest organizational blood donor to the American Red Cross.

Sept. 22 First day of autumn: A 2023 ValuePenguin survey found fall to be Americans' favorite season (45%; summer was next at 24%).

Sept. 24 Rosh Hashanah (sundown): The Jewish calendar has four "new year" dates; each celebrates a different value or experience.

Sept. 28 Ask a Stupid Question Day: "Do ineffective, wasteful government programs ever get canceled?"

Game, Set, and Match!

Tennis is a great sport that offers numerous health benefits. And while some players are familiar with the occasional downsides of plantar fasciitis, Achilles tendonitis, ankle sprains, and stress fractures, many overlook the importance of range of motion in the ankles.

Ankle range of motion can influence one's posture, serving mechanics, ground stroke consistency, racket speed, and power. Limited ankle mobility means the body will shift loads and movements up the line — knees, hips, and lower back. In addition, lack of power may spur the body to try to make up for it in inefficient ways. These additional burdens can cause injury elsewhere in the body. The ankles may escape unscathed but are actually the source of the problem.

On top of that, range of motion is often asymmetrical; one ankle will be worse than the other, creating movement imbalances and discrepancies in muscle development.

Here's a simple ankle range-of-motion assessment you can do at home:

- Face a wall; focus on one leg at a time.
- The goal is to squat down, bending one knee until it touches the wall, with your heel remaining fully on the ground. See how far you can step back from the wall while doing the same thing (don't force anything!).
- Record the distance from wall to toe, then switch legs.
- Less than 2¾ inches = poor ankle mobility; 2¾–4¾ inches = average mobility; >4¾ inches = good mobility.

If your ankle range of motion is lacking or you have a significant disparity between ankles, give our office a call. We may recommend a gait analysis and/or range-of-motion stretches and exercises to improve your situation.



Eggplant and Turkey Baked Meatballs

Yield: 8 meatballs; prep time: approx. 60 min.; cook time: 20–25 min.

These Mediterranean diet-inspired eggplant and turkey baked meatballs feature roasted eggplant, ground turkey, fresh herbs, and parmesan.



Ingredients

- 1 large eggplant
- 1 clove garlic, peeled and roughly chopped
- 1/4 cup Italian flatleaf parsley, chopped
- 2 tbsp. dried oregano
- 1 pound ground turkey
- 1/3 cup panko-style breadcrumbs (or regular breadcrumbs)
- 1 egg, large
- 1/3 cup parmesan cheese, grated
- 1 tbsp. olive oil (optional, see note below [#7])*
- 4–5 fresh basil leaves, chopped (for garnish, optional)

Directions

1. Preheat oven to 400°F and line a baking sheet with aluminum foil.
2. Using a fork, pierce the eggplant multiple times, and then place on the lined baking sheet. Roast in the oven for 45 minutes, until the eggplant is fork tender.
3. Remove from oven and reduce oven temperature to 375°F.
4. Once cooled slightly, use a spoon to scoop the inside of the roasted eggplant into a food processor.
5. Add the garlic, parsley, and dried oregano to the food processor, and purée until smooth.
6. In a large bowl, combine the eggplant purée, ground turkey, panko breadcrumbs, egg, and parmesan cheese. Mix until well combined (whether by hand, spatula, or spoon).
7. Form the mixture into 8 large, even-sized meatballs.
***Optional** – If you desire a more browned crust to your meatballs, heat 1 tbsp. of olive oil in a large pan over medium heat, and lightly brown the top and bottom of each meatball (about 2 min. each side) before getting ready to bake in the oven.
8. Place meatballs into a large baking dish or parchment-lined baking sheet.
9. Bake in the oven for 20–25 minutes.
10. Garnish with fresh basil (if desired) before serving.

Recipe courtesy of thedomesticdietitian.com.

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Charcot-Marie-Tooth Disease

Charcot-Marie-Tooth disease (CMT) is *not* a dental condition — “Tooth” is the last name of one of the three physicians who first described the disease. Instead, it is an inherited, degenerative neurological disorder that impairs the function of peripheral nerves, more precisely the protective myelin sheaths that surround them. It primarily affects the extremities, which includes feet and ankles.

CMT can short-circuit sensory perceptions such as detecting sharpness or bluntness, changes in pressure or temperature, and sometimes vibrations. Some with CMT may experience a tingling sensation, throbbing, or a freezing or burning pain. Peripheral nerve damage may result in injuries going unnoticed (e.g., scrapes, cuts, blisters, punctures) — an opening for ulcers, infection, and possibly amputation.

Muscle weakness, loss of muscle mass, and stiffened joints are additional hallmarks of CMT. So are high arches, hammertoes, foot drop, muscle cramps, an awkward walking gait, and an increased likelihood for ankle sprains and trips and falls.

CMT symptoms most frequently manifest in childhood or the early teen years but can occur anytime. CMT is a progressive condition, but the rate of progression (typically slow) varies from person to person. There is no cure.

Podiatric care of CMT plays an important role. We can ...

- help slow the progression of symptoms.
- improve your walking gait to boost your confidence, balance, and coordination.
- optimize muscle strength.
- reduce pain.

Our treatment arsenal includes proper footwear, expert skin and nail care, regular foot-health checks, medication, a good exercise/stretching regimen, aids such as braces and orthotics, and surgery. We will team with your neurologist and other care providers to maximize your independence and quality of life.

