808 LANDMARK DRIVE, SUITE 225 GLEN BURNIE, MD 21061

410.761.3501

The Foot & Ankle Center of Maryland

Newsletter

Fall 2019

In This Issue...

- Diabetes and Your Feet: Be Alert to These 4 Myths
- Diabetes and Your Feet: How to Do a Proper Foot Exam
 - Tackle Turf Toe Before It Hits You
 - Slow Cooker Mexican Chicken Soup

Diabetes and Your Feet: Be Alert to These 4 Myths



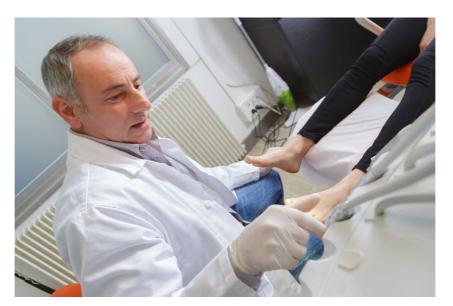
Diabetes can do terrible damage to your feet. An unnoticed cut or scrape, without professional care, can quickly escalate to an ulcer and may even require amputation.

If you have diabetes, you may have heard all kinds of stories about diabetes and your foot health. We call them myths and regret that there is a lot of bad information out there on this topic.

In recognition of Diabetes Awareness Month in November, we are sharing the top 4 myths about diabetes and your feet that we most frequently hear at our office:

- Myth #1: Foot problems in those with diabetes are caused by too much blood sugar. Not exactly. Dangerous foot issues for patients with diabetes are caused by neuropathy, or nerve damage. Neuropathy is caused by high glucose levels but is especially dangerous because it causes a lack of feeling in the extremities, namely the feet. A cut or sore may go undetected and worsen into a serious ulcer that won't heal because of poor circulation.
- Myth #2: A patient with diabetes will inevitably lose a toe or two, or a foot. Not true! With vigilance by checking their feet thoroughly every day, individuals with diabetes can catch a potential problem and get help from a foot doctor as soon as possible. Many people with diabetes live their lives without any amputations. Besides daily foot checks, another one of their secrets is regular check-ups with their podiatrist.
- Myth #3: Physical activity for those with diabetes may lead to low blood sugar. It's just the opposite: Exercise helps control blood glucose levels and is an essential part of diabetes management. Plus stretching and strengthening your feet can keep them healthy and flexible and reduce your chances of getting hurt.
- Myth #4: My diabetes team consists of my primary care doctor, my endocrinologist and a dietitian. Add a podiatrist and you've got it right! Because neuropathy and poor circulation make any type of foot damage risky, let a professional assess your foot health regularly – every 6 months is a good idea. While you're at it, add an eye doctor and a dentist to your team too to monitor those areas for you.

Diabetes and Your Feet: How to Do a Proper Foot Exam



If you have diabetes, you know how important it is to check your feet regularly – every day in fact! Catching any type of foot damage early and getting prompt professional care can mean the difference between a healthy foot and an amputation.

Follow these steps for a thorough foot inspection:

- Inspect your foot daily and make it routine, just like brushing your teeth. Set aside a certain time each day so you don't forget.
- Look over your whole foot the tops, soles and sides. Ask for help with the bottoms of your feet or use a mirror placed on the floor.
- Look for any changes such as cuts, blisters, discoloration, calluses or bruises.
- Check between your toes for injuries, skin changes and corns.
- Feel for any changes by running your hands over your skin. Look for any bumps,
- lumps or cold spots that may not be visible.Track any changes by writing it down.

If you notice anything abnormal, be sure to give us a call.

To take good care of your feet every day, wash them with warm soapy water and dry thoroughly. Be sure to dry between the toes. Smooth on a rich emollient foot cream to keep your skin supple and to minimize cracking that can let bacteria in. Protect your feet with good socks and comfortable, well-fitting shoes.



This football season, be watchful of your young athlete for toe injuries. Turf toe is a very appropriate name for a painful injury that happens often on artificial turf.

When an athlete pushes off the ground with his toes while playing sports such as football, soccer, wrestling, gymnastics and basketball, the big toe can be hyper-extended and ligaments sprained.

Watch for:

- Pain
- Swelling
- Limited movement at the base of the toe

Treating Turf Toe

Please make an appointment to see us if you suspect a turf toe injury. Before you come in, use the RICE method for home care: **Rest** the foot, apply **ice** frequently, use an elastic bandage to **compress** the area and **elevate** the leg.

Once we confirm our diagnosis, treatments for turf toe can include:

- Over-the-counter or prescription medications to ease pain and reduce inflammation
- Tape the big toe to the next one to immobilize the joint
- Use a cast with crutches or a walking boot to further stabilize the area
- Add special inserts to your shoe to support and stabilize the big toe

With these treatments, the pain should diminish over a couple of weeks. We may prescribe physical therapy to further loosen and strengthen the area.

You can minimize the risk of turf toe by equipping your child with the appropriate sports footwear with lots of support. These can help prevent excessive bending of the toe when pushing off the ground.



Recipe of the Month Slow Cooker Mexican Chicken Soup



This Mexican chicken soup is fresh, tangy, and comforting. Place all the ingredients in a slow cooker and walk away! You'll come back home to a wonderful healthy homemade soup!

Ingredients

- 3 boneless, skinless whole chicken breasts
- 1 teaspoon chili powder
- 1 teaspoon ground cumin
- Kosher salt and freshly ground black pepper
- One 28-ounce can whole or diced tomatoes, with juice
- 3 cups low-sodium chicken broth (more if you like the soup more liquid)
- One 15-ounce can black beans, drained and rinsed
- One 10-ounce can diced tomatoes with green chiles, such as Ro*tel
- 4 ounces tomato paste
- 1 medium onion, chopped
- 1 red bell pepper, seeded and chopped
- 1 yellow bell pepper, seeded and chopped
- 1 canned chipotle pepper in adobo (you may add 2 to 3 if you like)
- 1/2 lime, juiced
- Fixings: avocado, sour cream, grated cheese, crushed tortilla chips and fresh cilantro leaves

Directions

- 1. Put the chicken in a slow cooker. Sprinkle on the chili powder, cumin and some salt and pepper. Add the tomatoes, chicken broth, black beans, tomatoes with chiles, tomato paste, onion, chipotle pepper and red and yellow peppers. Stir, place the lid on the slow cooker and cook for 5 hours on high or 8 hours on low.
- 2. Stir in the lime juice. Remove the chicken to a plate and use 2 forks to break it into chunks (or shred it finely). Return the chicken to the pot, taste and add more seasoning if necessary.
- 3. Serve piping hot in a bowl with avocado, sour cream, grated cheese, crushed tortilla chips and cilantro leaves on top!

Recipe courtesy of Ree Drummond

History FootNote

The first patient to receive a test injection of insulin in 1922 was 14 years old and virtually dying from diabetes, weighing 65 pounds. Although he had an allergic reaction to the treatment, he quickly recovered his strength.

Celebrity Foot Focus

Viola Davis, award-winning actor and producer, opted for comfort when she switched to trendy sneakers at the recent Emmy award show. Her \$600 Hogan silver and black platform sneakers were obviously more comfortable than her red carpet high heels.

Foot Funnies

Why do cows have hooves instead of feet? Because they lactose.

Trivia

November 1st is "All Saints' Day". What is November 2nd?

- A. Saint Patrick's Day
- B. Saint Christopher's Day
- C. Saint Swithin's Day
- D. All Souls' Day

Answer: D

All Saints' Day in Mexico. All Saints' Day (Día de Todos los Santos), on November 1, and All Souls' Day (Los Fieles Difuntos), on November 2, are celebrated hand in hand – firstly to honor the saints and then to remember the dead.

Meet Our Doctor



Ross S. Cohen D.P.M

Office Location:

808 Landmark Drive, Suite 225 Glen Burnie, MD 21061 410.761.3501

Office Hours:

Monday:	9am-4:30pm
Tuesday:	9am-6:30pm
Wednesday:	9am-3pm (phones only- no patient hours)
Thursday:	9am-6:30pm
Friday:	9am-4:30pm

www.footanklecentermaryland.com

Disclaimer: Content of this newsletter may not be used or reproduced without written permission of the author. This newsletter is not intended to replace the services of a doctor. No expressed or implied guarantees have been made or are made by the author or publisher. Information in this newsletter is for informational purposes only and is not a substitute for professional medical advice.

