



McDOWELL PODIATRY GROUP

TREATMENT OF THE FOOT AND ANKLE

News and Updates

November 2015

Family Ties: A Look at Hereditary Foot Conditions



About the Doctor



Dr. Ripp joined McDowell Podiatry in 2014. He received his Bachelor Degree in Economics at Brigham Young University in Provo, UT. While at BYU, he had additional studies in Spanish and Portuguese. After college, Dr. Ripp obtained his Doctor of Podiatric Medicine from Des Moines University where he graduated in the top ten of his class and was president of the Local Chapter of the Pi Delta National Honor Society.

Dr. Ripp completed a 3-year surgical residency program at Swedish Medical Center in Seattle, WA. This residency program has long been considered one of the elite Foot and Ankle training programs in the United States. During this time, he has worked with some of the top Foot and Ankle surgeons in the country including both the Orthopedic and Podiatric communities.

Dr. Ripp enjoys treating all aspects of the foot and ankle. Special interests include reconstructive lower extremity surgery, sports medicine, and pediatrics. He is a member of the American Podiatric Medical Association and the American College of Foot and Ankle Surgeons

Dr. Ripp is married and has two children. He is an avid sports fan who loves the outdoors. Born in Texas, he has a passion for BBQ and football.

On Thanksgiving, take the time to look around the table and be thankful for your family. If you have a bunion, you can thank your mom for that too! That's right, some foot conditions are actually in your DNA. Just like the color of your hair and eyes, your parents can pass along traits that increase your risk for toe deformities like bunions and hammertoes, nerve problems like neuropathy, high blood pressure and poor circulation, cancer, diabetes, skin issues like eczema and allergies, high arches, and even ingrown toenails!

Of course, having a genetic predisposition for certain foot conditions doesn't necessarily mean you will struggle with these problems—you can't blame your parents completely! There are things you can do to prevent the onset of issues, particularly by focusing on footwear. Often, bunions, hammertoes, and ingrown toenails can be encouraged by ill-fitting shoes, with toes squished together and weight unevenly distributed. Make sure your shoes fit and have a wide toe box and a low heel, and you just might dodge a deformity!

In addition, if you know you're prone to certain conditions like high blood pressure and diabetes, take steps to eat a healthy diet and exercise regularly. Does your dad have really, really dry skin? Make sure yours stays supple by applying moisturizer daily. If you keep your genes in mind, you can stop problems before they start, and that's something for which you can definitely be grateful!

Daily Diligence: The Importance of Diabetic Self-Foot Exams



It's National Diabetes Awareness Month—are you aware of how this condition affects your feet? Let's put it this way: diabetes and your feet don't get along! The nerve damage often associated with the disease can make it difficult to feel an injury, and the poor circulation—also a common companion to diabetes—makes for a slow healing process with an increased chance of infection.

Clearly these complications are not on friendly terms with your feet! In fact, together they're a dangerous combination, like a one-two punch. However, you can fight back by checking your feet daily for trouble, so early treatment can nip it in the bud. Even the smallest of scrapes can wind up an enormous problem. So cozy up with your feet and give them a once over, once a day. Here's how:

Sit down and place your clean, dry, bare foot across your opposite knee. Now look and feel for any changes in color and temperature. Do you notice any dry patches, bumps, lumps, or abrasions? What about blisters, corns and calluses, or discolored toenails? Don't forget to check between your toes too, and for hard-to-see spots, try using a hand held mirror or enlisting a loved one's help. If you find anything out of the ordinary, contact our office right away so we can stop the problem before it snowballs into something much worse.

If diabetes is the enemy, be your own best ally by performing self-foot exams daily, and remember—you've got our friendly staff to depend on too!



Urgent Care

Unfortunately accidents happen and we will need urgent care. Our doctors and office are fully equipped to handle these emergencies. As most of you know we have an in house x-ray machine and durable medical equipment to handle all foot and ankle injuries. That includes all foot and ankle fractures as well. Dr. Ripp or myself will always be on call and available to our patients. If something should happen after hours or on a weekend just call 916-961-3434. We have an answering service for after hours calls and they in turn will get in touch with us. We also have many diabetics in our practice and questions come up on the weekends as well. I constantly hear, "But Dr. McDowell I didn't want to bother you on the weekend or holiday". Remember Dr. Ripp and I signed up for this occupation and emergencies are part of our obligation to our patients. Our office policy is to get the patients scheduled or taken care of the day you call.

“Don’t Worry I Am Just A Pre-Diabetic”

The above statement is one that I am hearing on a regular basis. I am here to tell you that you already are a diabetic; you just don’t know it yet. Unfortunately doctors don’t declare you a diabetic until your blood tests verify that fact. Why is it that I also see on a daily basis diabetic symptoms showing up in patients twenty or more years earlier before the diagnosis is made?

What are some of the early warning signs?

- (1) Expanding girth
- (2) High blood pressure
- (3) High tyrglycerides
- (4) Increased weight
- (5) High blood glucose just below or around 100
- (6) High A1c just below 6.0



These are just some of the early warning signs. One of the first symptoms we see in the feet may be neuropathy. Patients come in complaining of burning, numbness and tingling pain in their toes or bottoms of the forefeet. They complain of night cramps and pain while sleeping at night. These maybe advanced warning signs of impending diabetes even though your blood tests are “within normal limits”. Dr. Jacoby wanted me to add a quote from his new book “Gut Check” coming out next year. “Dead is a bad symptom” sudden cardiac death is the leading cause of death in the diabetic population and is usually silent. “Heed the clarion sound of peripheral neuropathy” it s a signal that something is wrong with the electrical system in your body. It could be the first signal and perhaps the last.

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Sesamoiditis: Tiny Bones Can Be a Big Pain!



Believe it or not, there are 28 bones in your foot! This includes the tiny bones near the base of your big toe called the sesamoids. While it sounds kind of silly (like something Sylvester the Cat would say), “suffering succotash” they can hurt when injured!

Unlike other bones, sesamoids are connected to tendons and embedded in muscle. They act like pulleys, sliding over tendons to help your toe move. Like other bones, however, the sesamoids can fracture, and while small, can pack a painful punch when damaged.

Their surrounding tendons can also become irritated and inflamed—a condition known as sesamoiditis. This is a form of tendinitis, and can come on gradually, or in the case of a fracture, happen suddenly. Pain is in the ball of the foot beneath the big toe. You may notice bruising and swelling, and an inability to bend your toe without discomfort. So, “what’s up, Doc?” What should you do?

Well, first of all, rest! Take it easy for a while to give yourself time to heal. For now, ice should become your best friend. We can recommend medication to help ease pain, too, and you may want to try special cushioned pads to keep pressure off of the area. Wearing stiff-soled shoes can also aid in decreasing discomfort. Sometimes taping the big toe to keep movement to a minimum helps as well.

Follow these guidelines faithfully and your recovery could be as speedy as the Road Runner.

“Th-th-th-th-that’s all folks!”



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Don't Let Your Leftovers Go to Waste!

Use this guide to store and keep food fresh



Dinner's done and you're as stuffed as your turkey, but now what do you do with all the leftovers? Follow these guidelines to ensure plenty of midnight snacks:

Store leftovers within two hours of cooking to maintain quality and avoid inviting bacteria to the party. Make sure it is cooled before storing and that it's placed in a well-sealed container.

Fridge & Freezer Facts:	Refrigerated	Frozen
Cooked turkey	lasts 3 to 4 days	2 to 3 months
Gravy	eat within 1 to 2 days	2 to 3 months
Mashed potatoes	3 days	10 months
Cranberry sauce	stays good 10-14 days	1-2 months
Baked apple or pumpkin pie	fresh for 3 to 4 days	1-2 months

Wait a minute—who are we kidding? There's never any pie left!

Now, let the late night grazing begin. Start making those turkey sandwiches. Go ahead and eat some cranberry sauce for breakfast—we won't tell! Remember, though, if ever in doubt, throw it out.