



Outdoor Home Maintenance Projects

Cleaning the gutters, deck work, painting, etc. — 'tis the season, but tackle these tasks with rightful regard for your feet and ankles.

Avoid going barefoot or wearing sandals for any DIY project, even seemingly innocent ones like power washing the deck. Let's say you get distracted, lose your grip, and accidentally spray the exposed tops of your feet. The pressure can take off the top layer of skin, especially on the toes. Wear closed-toe shoes instead.

Closed-toe shoes can also help ward off splinters and puncture wounds when working on wooden decks or flooring. But avoid popular soft-soled clogs; they're not a good puncture defense.

Tasks involving a ladder call for shoes/boots with excellent tread that are sturdy and supportive. You can mess up an ankle, foot, and a lot of other body parts with a fall, and repeated trips up and down the ladder can lead to stress fractures, Achilles injuries, or neuromas.

The following can also lower your risk of ladder falls, which account for over 500,000 injuries and nearly 300 deaths each year (CDC):

- Inspect your ladder for damage and defects before using.
- Clean off mud, oil, or grease.
- Observe the ladder's weight limit, including what you're carrying.
- Set the ladder on stable, even ground.
- For every four feet of elevation, a straight/extension ladder's base should be one foot from the wall.
- Don't climb higher than a stepladder's second-highest rung or a straight/extension ladder's third-highest rung.
- Don't overreach (keep belly button within the side rails).
- Always maintain three points of contact when climbing/descending.

If your home maintenance project leads to foot or ankle problems, see us for a thorough evaluation, accurate diagnosis, and effective treatment.

Plantar Fasciitis

Plantar fasciitis (PF) is the **most common** cause of heel pain presenting to the outpatient clinic.¹

It is estimated that **1 IN 10** people will develop PF during their lifetime²

Some reports suggest that of **81-86%** patients with PF have excessive pronation.³

Plantar fasciitis is more common in middle-aged obese females and young male athletes, and has a higher incidence in the **athletic population**.^{4,5}

Most experts agree that early recognition and management of PF leads to short course of treatment and **greater chance of success** with conservative therapies.

Use of orthotics can result in reduced pain for those who suffer from plantar fasciitis⁷



Signs Your Orthotics Need to Be Replaced

Prescription orthotics correct an abnormal walking pattern, provide cushioning, and/or remove pressure and stress from painful areas of the foot or ankle. Although they last much longer than over-the-counter orthotics (and are customized!), they'll need to be replaced eventually.

Orthotics' longevity is determined by frequency of use, types of activities they're used for, quality of the materials used to create them, and how well they're cared for. For example, if someone runs four times a week and plays basketball two other days, their orthotics likely won't last as long as those worn by someone who takes daily walks.

Under heavy usage, prescription orthotics typically last one to three years. Light usage might extend that range to five years or more. We recommend an annual orthotic evaluation at our office.

The following are red flags that you might need new orthotics:

- That old, familiar pain has returned ... the one your orthotics originally alleviated. Or, you've developed new pain in your feet, ankles, knees, or back.
- The unwelcome arrival of corns and calluses points to excessive friction or repetitive pressure on the foot.
- Do some sole searching to see if your shoes are displaying uneven wear, which indicates your feet are no longer properly aligned, and your weight is not being distributed evenly.
- If your orthotics appear thin, worn, or cracked, they're no longer fulfilling their mission.
- Bodily changes caused by pregnancy, significant weight loss or gain, and aging can alter the shape of one's feet and necessitate a new prescription.

If any of these indicators pop up on your radar, schedule a checkup at our office to correct the problem.

Mark Your Calendars

- May 4** National Day of Prayer: The Bible doesn't prescribe a particular prayer position. God just welcomes the conversation!
- May 5** Cinco de Mayo: Commemorates a Mexican military victory vs. the French in 1862. It's NOT Mexico's Independence Day.
- May 6** Kentucky Derby: Over 120,000 mint juleps consumed. That's a lot of ... uh ... mint.
- May 14** Mother's Day: Oldest recorded woman to give birth: 74 years old (India, 2019).
- May 19** Bike to Work Day: 62% of Copenhagen, Denmark, inhabitants' trips to work or school are by bicycle.
- May 26** Sally Ride Day: Astronaut Sally Ride was the first American woman to go into space (June 18, 1983).
- May 29** Memorial Day: Began as Decoration Day in 1868; became a federal holiday in 1968.





Running It Back Again

A study published in *Frontiers in Aging Neuroscience (FAN)* in 2022 focused on brain activity preceding and following the death of an 87-year-old man with epilepsy. While undergoing an EEG (electroencephalography) to detect seizures and aid his treatment — an EEG monitors brain activity via sensors placed on the scalp — the patient suffered a heart attack and died. By chance, the activity of a dying human brain was recorded for the first time.

Fifteen minutes of activity were analyzed, with particular emphasis on the 30 seconds prior to and following cessation of the patient's heart-beat. During this span, gamma oscillations (a type of brain wave), which are linked with memory retrieval/flashback activity, surged. Brain waves are diverse and involved in various high cognitive functions such as concentration, dreaming, meditation, information processing, and conscious perception along with memory retrieval/flashbacks.

It's possible the brain was playing a lightning-quick (from our perspective) highlight reel of significant, pleasing events and/or people in this person's life. Researchers base that hypothesis on the nature of the patient's brain-wave activity and the anecdotal evidence of people who have gone through near-death experiences.

The FAN study was based on a single case involving a brain compromised by seizures. This complicates interpretation of the data but is compelling nonetheless. It challenges understanding of when exactly life ends and could change our thinking around the edges of other matters, such as the timing of organ donations.

One neurosurgeon also commented how difficult it is to deliver bad news to distraught family members. The possibility of pleasant, peaceful memories at life's end may offer a degree of comfort. That by itself makes the study worthwhile.



Baked Cod with Asparagus and Potatoes

Servings: 4; prep time: 15 min.; cook time: 25 min.; total time: 40 min.

This one-pan baked cod with asparagus and potatoes combines wild-caught cod with seasonal vegetables for a near-effortless dinner that's ready in a snap.

Ingredients

- 4 cod fillets, about 3 lb. total (can also use other fish like mahi-mahi, perch, haddock)
- 1 lb. asparagus, trimmed
- 4-5 scallions, sliced
- 4 potatoes sliced into 1/2-inch rounds
- 2 tbsp. parsley, finely chopped
- the juice of 1 lemon
- 6 tbsp. extra virgin olive oil, divided
- salt and pepper to taste
- 1/3 cup white wine
- 1 tsp. thyme dried
- 1 tsp. tarragon dried

Directions

1. Preheat the oven to 375°F.
2. In a baking pan, add the potatoes. Sprinkle with salt and pepper, and drizzle them with 4 tbsp. olive oil.
3. Bake for 15 minutes.
4. Meanwhile, heat the remaining 2 tbsp. olive oil over medium heat, and sauté the asparagus and scallions for 3-5 minutes.
5. Remove the pan from the oven, and flip the potatoes and rearrange them, making "nests" that leave space for the fish.
6. Place the cod fillets in the "nests," and sprinkle with the thyme and tarragon.
7. Add the asparagus and scallions on top of the fish, and drizzle with the wine.
8. Bake for 15-20 more minutes, or until the fish is fully cooked and flaky, but not dry.
9. Sprinkle with the parsley and lemon juice and serve.

Recipe courtesy of eatmediterraneanfood.com.



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Pilon Fractures Are Crushers

A pilon fracture is a relatively rare but nasty injury involving the bottom of the tibia and the weight-bearing surface of the ankle joint (talus). "Pilon" is French for "pestle," the tool with the round end that's used to crush and grind various substances. Unsettling but fitting.

High-impact trauma (e.g., auto accidents, falls from heights) is responsible for most pilon fractures, as the talus is forcefully driven into the bottom of the tibia. In a two-for-one deal, the fibula is frequently fractured, too.

If the bones are fractured but still aligned or only minimally displaced — a rarity — you might escape surgery. However, significant displacement and bone fragments are more typical, necessitating surgery unless a patient's overall health precludes it.

Pilon fractures also frequently involve damage to skin, muscle, and ligaments in the ankle joint. Approximately 20% are open (compound) fractures, meaning broken bone has pierced through the skin, posing a serious risk of infection.

Open reduction and internal fixation (ORIF) surgery involves repositioning bone fragments to their normal alignment and utilizing screws or metal plates to hold things together. This can only be done if the skin and surrounding tissues are healthy. Otherwise, external fixation surgery may be needed first, a surgery in which pins are inserted through small incisions and into bone. The pins extend out of the skin and are attached to bars outside the body. This fixator serves as a frame to keep the ankle stable until ORIF surgery can be performed.

Full bone healing generally takes three to six months; full function, a year or more. Ankle arthritis may be a future issue.

If you are experiencing persistent foot or ankle discomfort, a call to our office is the first step to healing.

