

The Achilles tendon is the largest and strongest tendon in the body, connecting the calf muscle to the heel bone. It's pivotal in every step we take. Tearing it (partially or completely) could mean a heap of frustration ... and pain.

Upwards of 80 percent of Achilles tears occur while playing recreational sports, with basketball leading the way. Running, jumping, cutting, and quick starts and stops place tremendous pressure on the Achilles tendon. Overuse and "powering through" discomfort don't help matters either.

Although anyone can sustain an Achilles tear, weekend warriors from ages 30 to 50 are most vulnerable. The Achilles tendon tightens up as we get older, proper stretching is frequently neglected, and many players who don't play consistently try to go full bore immediately.

Achilles tears can be marked by a popping or snapping sound; pain and swelling in the heel area; a feeling of having been kicked in the calf; or inability to "push off" when walking.

Preventing Achilles tears is preferable to treating them:

- Daily stretching can keep your Achilles tendon flexible, even as you age.
- Strong calf muscles will aid your Achilles tendon. Do standing and seated calf raises each day.
- When increasing your workout length or intensity, do it gradually. Don't do too much, too soon.
- Vary your workouts. Mix in some low-impact workouts to give your Achilles tendons a break.
- Buy proper footwear! Good heel cushioning is a must.
- Don't ignore lingering heel pain. Put your workouts on pause and schedule an appointment with our office for a thorough evaluation and treatment. We can also assist you with a stretching/strengthening regimen and shoe selection.

About the Doctors JEREMY MCVAY, DPM

Dr. Jeremy McVay
established
McVay Foot &
Ankle to provide
comprehensive,
compassionate foot

and ankle care for the Colorado Springs and the surrounding area. Dr. McVay specializes in foot and ankle trauma, sports injuries, and reconstructive foot and ankle surgery.

CANDICE COOPER, DPM

Dr. Candice Cooper has a special interest in sports injuries, trauma, arthroscopy, and reconstructive foot and ankle surgery.





Corns and calluses are formations of hardened, thickened skin that protect areas subjected to excessive friction or pressure. Unpleasant to look at and sometimes painful, at least they start with good intentions.

Friction is the driving force behind corns. Hard corns, the most familiar type, are small, round, and yellowish, with well-defined centers. Their stomping grounds are the side of the little toe and the tops of toes. (Soft corns are rubbery, whitish, look like an open sore, and form between toes. Seed corns are the runts of the corn litter and reside on the sole.)

Poorly fitted shoes are responsible for many corns, since they pump up the friction factor. Conditions such as hammertoes, claw foot, and bunions create extra friction points. Unnatural walking patterns are sometimes to blame too.

Pressure is the catalyst for calluses, which generally form at various spots on the underside of the foot/toes. Calluses cover larger areas than corns, have less-defined edges, sport that attractive pale-yellow color, and lack surface sensitivity.

Jobs that require a lot of standing, athletic activity that pounds the feet, frequent high-heels usage, and regularly walking barefoot can spur calluses.

If corns or calluses cause irritation, make sure your shoes fit well. Gel pad inserts may help, along with warm foot soaks followed by pumice stone treatments to gently remove dead skin cells.

Beware of over-the-counter remedies containing harsh chemicals (e.g., salicylic acid), which can damage healthy surrounding skin. People with diabetes or circulatory issues should never use them.

If corns or calluses are bothering you, schedule an appointment with our office. We can shave away thickened, dead skin with a surgical blade — quickly and painlessly — and effectively address the root cause of the problem.

Mark Your Calendars

- March 1 Mardi Gras: No corporate sponsorships are permitted on Mardi Gras floats.
- March 2 Ash Wednesday: Sundays are not included in the 40 days of Lent.
- March 13 Daylight Saving Time begins: Many blame DST for killing the drive-in movie biz.
- March 15 March Madness begins: Most titles: UCLA, 11 (men's); UConn, 11 (women's).
- March 17 St. Patrick's Day: Approximately one in 10,000 clovers are four-leaf clovers.
- **March 20** First day of spring: Vernal equinox ... 12 hours of daylight, 12 hours of darkness.

March 31 National Crayon Day: Coloring books predate crayons (were used by painters).



A Little Bit of Beer Can Go a Long Way

Beer, a popular beverage for thousands of years, is made from cereal grains, yeast, hops, and water, each of which have some healthful qualities. *If beer is consumed in moderation,* some health benefits can be reaped. (Those with alcohol-use disorder should steer clear of all alcohol.)

The CDC defines moderation as one drink or less per day for women; two or fewer for men. Women have a lower amount of body water per pound than men, which raises the concentration of alcohol in the blood, hence one less drink per day than men.

One drink is equivalent to 12 ounces of beer (alcohol by volume, 5%), 8 ounces of malt liquor (7%), 5 ounces of wine (12%), or 1.5 ounces of distilled spirits (40%).

Drinking beer in *moderation* includes the following potential benefits:

- Lowers risk of heart disease. Beer raises HDL levels ("good" cholesterol), which helps to sweep cholesterol deposits (LDL, "bad" cholesterol) from arteries and blood vessels.
- Boosts antioxidant properties.
- Reduces insulin resistance, which helps stave off diabetes.
- Though not definitive, beer appears to be linked to improved bone density in men and postmenopausal women, and may lower the risk of dementia.

However, for heavy drinkers and binge drinkers, any benefits are snuffed out and detrimental ones rapidly fill the void — for instance, dehydration, weight gain (think beer belly), depression, intoxication/impairment, addiction, liver disease, and higher risk for certain cancers (e.g., throat or mouth).

Keep in mind that any nutritional benefits attributed to beer can be acquired through a nutrient-rich diet that includes plenty of fresh fruits and vegetables.

There's nothing wrong with an occasional beer or glass of wine. If you're drinking in moderation,

cheers!



Yield: 8 servings; Prep time: 40 min. (active), 1 hr. 40 min. (total)

In this easy one-pan dinner, boneless pork loin roast is cooked over a bed of carrots and parsnips for an all-in-one dish that makes an impressive centerpiece for a holiday meal or Sunday dinner.

Ingredients

- 1½ pounds carrots, cut into 1-inch pieces
- 1½ pounds parsnips, peeled and cut into 1-inch pieces
- 3 tablespoons extra-virgin olive oil, divided
- 2 teaspoons fresh thyme leaves, divided
- 3/4 teaspoon salt, divided
- 3/4 teaspoon ground pepper, divided
- 2 pounds boneless pork loin roast, preferably free-range heritage pork
- 1 teaspoon honey
- 1 cup dry hard cider
- Favorite chutney or applesauce for serving (optional)

Directions

- 1. Preheat oven to 400 °F.
- 2. Toss carrots and parsnips in a large bowl with 2 tablespoons oil, 1 teaspoon thyme, and 1/4 teaspoon each salt and pepper. Spread evenly in a roasting pan. Rub pork with the remaining 1 tablespoon oil, and season with the remaining 1 teaspoon thyme and 1/2 teaspoon each salt and pepper. Place the pork, fat-side up, on top of the vegetables.
- 3. Roast, stirring the vegetables occasionally, until an instant-read thermometer inserted into the thickest part of the pork registers 145 °F, 50 to 65 minutes.
- 4. Transfer the pork to a clean cutting board. Tent with foil and let rest for 15 minutes. Transfer the vegetables to a large bowl and stir in honey.
- 5. Place the roasting pan over two burners on high heat. Add cider and cook, scraping up any browned bits, until reduced by half, 3 to 5 minutes.
- 6. Slice the pork and serve with the vegetables, sauce, and chutney or applesauce (if desired).



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Feet Can Be a Window to Overall Health

Some foot conditions aren't indicative of a foot problem, per se; some underlying general health conditions reveal clues of their existence via the feet.

For instance, some hair is typical on the top of the feet and toes, more so for men. If the hair disappears over time, there could be a reduction of blood flow to the feet. Peripheral arterial disease (PAD) restricts circulation in the arteries of the lower leg. If it's present there, it might exist elsewhere too.

Consistent numbness or tingling in the feet that lasts for more than a few minutes could point to peripheral neuropathy, diabetes, spinal stenosis, or a vitamin B12 deficiency.

Foot cramps can be more than a nuisance; they're painful! First, make sure you're drinking enough water each day—simple enough. However, cramps might occasionally be a sign of a nutritional deficiency or a circulatory, neurological, or thyroid issue.

If a foot sore isn't healing (or taking its sweet time), get it checked. Diabetes, skin cancer, or PAD or another circulatory condition might be at work.

Swelling of the feet may be a benign condition caused by pregnancy or improperly fitted footwear. But when swelling comes on suddenly, circulatory problems, congestive heart failure, or kidney disease may be the source.

Thyroid dysfunction can trigger a host of reactions in the feet: cold, itchy, dry (cracked), swollen, or stinky feet; foot cramps; and toenail changes.

Sunken toenails, or those with spoon-like indentations, may indicate chronic iron deficiency or anemia.

Changes in your feet or ankles should not be ignored. Contact our office for a thorough evaluation, diagnosis, treatment, and/or coordination with another specialist.