



About the Doctors

Dr. Richard Nichols compassion and expertise help to set the standard in the industry. He has truly dedicated himself to his profession of Podiatry. He adds humility and personal touch to his relationship with everyone he does business with.

More than the value of his service it's his way of treating everyone like an extended member of his own family that people remember the most. As a talented disciplined professional he has maintained a proven track record of quality service, driven by his desire to succeed. He prides himself on honesty and integrity. He is the kind of professional admired by colleagues and peers alike.

Dr. Joseph Harvey is passionately committed to an integrative approach to podiatry that balances the latest medical techniques with compassionate care.

His holistic approach to podiatry includes alleviating chronic pain and providing stem cell therapy and orthobiologics to men, women, and children with foot and ankle problems in the Dallas and Fort Worth, Texas area. His aim always is to restore full function and a return to daily activities as quickly and safely as possible.

Dr. Harvey received his bachelor's degree in Materials Engineering from Pennsylvania State University.

Reducing Falls Through Podiatry Checkups

According to the CDC, falls are the leading cause of fatal and nonfatal injuries in older Americans (age 65 and over). Over 3 million fall injuries are treated in ERs each year, with 800,000+ requiring hospitalization. Approximately 60% of falls occur in the home, 30% in public settings, and 10% in healthcare facilities. One in four older adults who suffer a fractured hip die within six months — a sobering statistic.

Factors contributing to falls include blood pressure drops when standing (postural hypotension), balance problems caused by inner-ear disorders, medications, hearing loss, muscle weakness, vision impairment, and cardiac issues. However, another prime source of falls is foot and ankle disorders.

Foot deformities such as bunions and hammertoes, foot and ankle pain, decreased range of motion in an ankle or toe joints, and peripheral neuropathy all elevate the risk of falling. Any gait disorder — a deviation from a normal walking pattern — is a red flag. Improper footwear can be a huge problem, too.

In addition to the physical trauma caused by a fall, psychological scars can form as well. A person may fear another fall and give up exercise and favorite activities. In turn, this can lead to physical weakening, social isolation, and depression.

But there's good news. Studies have shown that nearly a third of falls are preventable, and podiatry plays a key role. We can treat and help you manage your foot and ankle problems, do a footwear assessment, provide a regimen of strength and balance exercises and stretches, prescribe orthotics, and perform surgery if needed.

Foot and ankle pain is never normal. Falls aren't necessarily inevitable. An annual podiatric exam can go a long way toward keeping you healthy and upright.



When the Pressure Mounts

Muscles that control the foot, ankle, and lower leg are separated into four compartments and accompanied by blood vessels, nerves, and connective tissue. Each compartment is enclosed by a thin but tough connective tissue membrane (fascia), which helps keep the muscles in their proper place and also guides movement.

When a compartment is subject to swelling or bleeding, its contents may get scrunched against the fascia, producing pain, tightness, cramping, and/or numbness or tingling — a condition known as compartment syndrome.

There are two primary types of compartment syndrome. **Acute compartment syndrome** is a medical emergency that will likely require surgery. It typically occurs after trauma such as an ankle fracture, severe ankle sprain, or another injury causing bleeding or swelling within a compartment. A diminished blood supply deprives muscles of nutrients and oxygen, and permanent damage can result if the situation is not tended to immediately.

Chronic exertional compartment syndrome (CECS) is a condition experienced by active people during physical exertion and high-impact activities such as running. Rigorous physical activity increases blood flow to compartment muscles, and they expand too much and press against the fascia. CECS is not considered a medical emergency ... but don't neglect it.

CECS discomfort gradually increases during activity and may eventually force you to stop. However, after you stop, the symptoms generally don't dissipate immediately. Movements that induce CECS are sometimes quite specific, too. For instance, a person may be able to play tennis for two hours with no ill effect; however, when they run in a straight line for a few minutes, it's a no-go.

If you experience persistent foot or ankle pain, schedule an appointment with our office for a thorough evaluation, accurate diagnosis, and effective treatment.

Mark Your Calendars

- **Sep. 4** Labor Day: In 1983, U.S. unionized jobs comprised 20.1% of the workforce; in 2022, 10.1%.
- **Sep. 10** Grandparents Day: As of 2021 data, life expectancy of U.S. women was 79.1 years; men, 73.2.
- **Sep. 11** Patriot Day: Prior to 9/11, the World Trade Center was bombed on Feb. 26, 1993.
- **Sep. 17** Citizenship Day: Commemorates the signing of the Constitution in 1787 and all who have become citizens.
- **Sep. 23** First day of fall: "Fall" is preferred in the U.S.; "autumn" wins out in Great Britain.
- **Sep. 24** Yom Kippur (sundown): An ancient Jewish custom is to wear white on Yom Kippur.
- **Sep. 28** Good Neighbor Day: A murder, pig theft, Romeo-and-Juliet situation, and Supreme Court case were part of the Hatfield-McCoy feud.



A Nobel Prize for 'Mold Juice'

In September 1928, physician-scientist Alexander Fleming made a discovery that revolutionized the field of medicine, has since saved millions of lives, and eventually led to a Nobel Prize in 1945.

While serving military duty that overlapped medical school, Fleming became an accomplished marksman. The captain of the rifle club self-servingly, but fortuitously, convinced Fleming to take aim at medical research rather than surgery. Fleming would have had to switch schools to pursue surgery and thus exit the club.

When World War I broke out, Fleming served in the Army Medical Corps and witnessed the deaths of many soldiers. Some died directly from battlefield wounds; others succumbed to the ravages of uncontrollable infection afterwards, which made an indelible impression. Available antiseptics were useless for, and sometimes exacerbated, deep wounds.

In 1922, Fleming discovered lysozyme, an enzyme with weak antibacterial properties found in mucus, tears, saliva, skin, hair, and fingernails. It didn't make much of a dent in fighting harmful bacteria, but it set the stage.

In September 1928, Fleming set his crosshairs on staphylococcus bacteria. He left an uncovered Petri dish brimming with it next to an open window. The dish became contaminated with mold spores, and bacteria in the vicinity of the spores died off. The mold spores were of the genus *Penicillium* and were effective against pneumonia, scarlet fever, diphtheria, meningitis, and numerous other bacterial infections. The mold itself did not kill the bacteria; it was the "juice" it produced, which Fleming named penicillin, the first antibiotic.

Fleming published his discovery in 1929 to amazingly little scientific fanfare. He was also frustrated by his inability to isolate penicillin in large quantities, but Howard Florey and Ernst Chain solved this dilemma in 1940 ... just in time for World War II.



Savory Feta, Spinach, and Sweet Red Pepper Muffins

Yield: 12 medium muffins; prep time: 10 min.; cook time: 25 min.; total time: 35 min.

These savory, Mediterranean-inspired muffins are perfect for a snack or breakfast.

Ingredients

- 2¾ cups all-purpose flour; you can substitute partly with whole-wheat flour
- 1/4 cup sugar
- 2 teaspoons baking powder
- 1 teaspoon paprika
- ¾ teaspoon salt
- ¾ cup low-fat milk
- ½ cup extra virgin olive oil
- 2 eggs
- 1½ cup thinly sliced fresh spinach
- ¾ cup crumbled feta
- ½ cup drained and patted-dry jarred Florina peppers or other red pepper

Directions

- 1. Preheat oven to 375°F (190°C).
- 2. In a large bowl, mix the dry ingredients: flour, sugar, baking powder, paprika, and salt.
- 3. In another bowl, mix the olive oil, eggs, and milk.
- 4. Add the wet ingredients to the dry ingredients, and mix with a wooden spoon just until blended. The dough will be thick.
- 5. Add the feta, spinach, and peppers, and mix gently until all ingredients are spread throughout the whole mixture.
- 6. Divide mixture in a muffin pan that you have lined with muffin/cupcake liners, or you can use a silicon muffin tray and grease it with a bit of olive oil. You should have enough for 12 medium muffins.
- 7. Bake for about 25 minutes. Remove when toothpick comes out clear when inserted in the muffin.
- Let muffins cool for 10 minutes and remove from tray. Let them cool a couple of hours before serving.

Recipe courtesy of www.olivetomato.com.



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Don't Sweat Hyperhidrosis

Plantar hyperhidrosis is the term for feet that sweat excessively, and a person doesn't have to be active or hot for it to occur. The condition is more common in men than in women, and younger people are more susceptible than older. Many with sweaty feet have sweaty palms, too.

Hyperhidrosis affects roughly 2% of the population, which means over 6 million Americans are afflicted. But according to the National Library of Medicine, fewer than 40% of those with hyperhidrosis seek medical care. That's a shame, since podiatric intervention can help.



Sweating is a healthy response by the body — in particular, the sympathetic nervous system — to cool itself and maintain a proper internal temperature. But for those with hyperhidrosis, the sympathetic nervous system is out of whack, goes into overdrive for unknown reasons, and makes a sweaty mess of things.

The effects of hyperhidrosis include greatly increased susceptibility to athlete's foot, toenail infections, and blisters. It can also lead to foot odor, which can be embarrassing and anxiety inducing. In addition, saturated footwear wears out more quickly ... and is no fun to walk around in.

If your feet sweat excessively, contact our office for a thorough evaluation. If we diagnose hyperhidrosis, topical aids (over-the-counter or prescription), prescription oral medications, periodic Botox injections, and a technique called iontophoresis (which involves mild electrical currents) are treatment options. A surgical procedure called sympathectomy, which interrupts nerve signals that prompt the feet to sweat, might be recommended in severe cases.

Good foot hygiene, socks made of natural or acrylic fiber blends that wick moisture, and shoes composed of breathable materials will serve you well, too.