



Finding Good Winter or Snow Boots

About the Doctor

Terence D. Bredeweg, DPM



A West Michigan native, Dr. Terence Bredeweg was born and raised in the Grand Rapids area. He earned his bachelor's degree in cell and molecular biology from Grand Valley State University, then moved to the Chicago area to earn his doctor of podiatric medicine from the William M. Scholl College of Podiatric Medicine at Rosalind Franklin University.

Dr. Bredeweg returned to Michigan for his podiatric surgical residency at Henry Ford Wyandotte Hospital. He then moved back to the west side to join Kalamazoo Podiatry, and later became a partner in the practice in January 2015. He became lead podiatrist in January 2016, after Dr. Redmond's retirement from full-time practice.

Dr. Bredeweg believes that spending time with patients, educating them about their condition and treatment options, and helping them feel empowered to make decisions about their health care are key to providing the best outcomes.

In his free time, you might find Dr. Bredeweg reading a book or watching the game. He also enjoys outdoor activities, including golf, fishing, and skiing.

Winter boots and snow boots are not the same. Winter boots are intended for light activity in the snow and rain. Even if they're lined, insulated, and waterproof, they're not meant for long outings in tough winter conditions.

Snow boots are more rugged and built for long-term, heavy-duty winter action. They have more rigid construction than winter boots, are bulkier, and have snow gaiters to prevent snow from entering the boot.

However, both should possess the following features to keep your feet comfy, warm, and dry:

Weather resistance and waterproofing are essential. Snow, rain, and puddles can make feet vulnerable to frostbite, bacterial and fungal invasions, and other issues. Boot manufacturers typically shout this protection from the rooftops. If it's lacking, no deal.

- Boots should not bend easily at the arch. Solid arch support provides improved shock absorption and diminishes the risk of arch or heel pain.
- The higher the boot shaft, the more protection from moisture. A higher shaft also provides increased support for the ankle if icy conditions precipitate a fall. Two or three inches above the ankle is ideal.
- Boots should have a *slight* heel — less than three-quarters of an inch — to alleviate stress on the Achilles tendon, which can improve posture and balance and make falls less likely.
- Prospective boots should have thick rubber soles with deep indentation patterns (lug soles) to provide good traction.
- The insoles themselves should have thick cushioning to increase comfort and stability. Don't be fooled by extraneous fur lining or woolly material, which can quickly wear down.
- Adjustable laces offer customization to accommodate socks of varying thickness and can provide additional support or relieve pressure at various points of the foot or ankle.

Older Adults and Proper Indoor Footwear



While at home, going barefoot or wearing socks or floppy, open-backed slippers may be appealing, but if you're an older adult, it's a bad idea while on your feet.

First, arch support is nonexistent, leading to arch strains, plantar fasciitis, and Achilles tendonitis. Fat pads on the bottom of our feet thin as we age, placing uncomfortable pressure on bones of the foot.

We tend to compensate for foot discomfort by shifting how we walk. This adds stress to other parts of the foot and ankle, and can affect balance. Floppy slippers can easily come off and become a tripping hazard, and many socks are slippery. It's the perfect storm for falls.

Older adults are already at greater risk due to diminished eyesight, coordination, strength, and balance. Don't throw foot/ankle discomfort and improper footwear into the mix. Over 3 million older adults visit ERs each year for fall injuries, many of which are hip fractures and head injuries.

Going barefoot also exposes feet to small abrasions from debris (along with cuts and punctures), which can be highly problematic for those with diabetes or circulatory issues.

Wearing socks, slippers, or going barefoot offers no protection against unpleasant toe stubs and possible accompanying fractures.

Wear a pair of "house shoes" (to be worn indoors only) that are ...

- able to accommodate feet at their largest (late-day swelling) and have Velcro closures to customize snugness;
- made of breathable material and offer good support;
- fully closed in the toe and heel areas; and
- equipped with thick, nonslip soles and wide, low heels that provide good cushioning and traction.

If you experience lingering foot or ankle discomfort, or need assistance finding proper footwear, please don't hesitate to contact our office.

Mark Your Calendars

- Dec. 7** Pearl Harbor Remembrance Day: The U.S.S. Arizona is still leaking oil into the harbor.
- Dec. 9** Christmas Card Day: Sir Henry Cole of England invented the first "official" one in 1843.
- Dec. 10** Nobel Prize Day: Nominees and nominators can't be divulged for 50 years.
- Dec. 12** Ding-a-Ling Day: Salvation Army reference? No. Goofy people reference? Yes!
- Dec. 21** Winter Solstice: From November to January, the sun doesn't rise in Tromsø, Norway.
- Dec. 25** Christmas: The prophet Micah foretold Jesus' nature and birthplace 700 years prior.
- Dec. 26** Kwanzaa begins: "Matunda ya Kwanza" means "first fruits of the harvest" in Swahili.





Thank Goodness for Christmas Magic

Santa has been spreading Christmas cheer for anywhere from 200 to 1,700 years, depending on your sources. Christmas magic plays the key role in his longevity. That's fortunate, as Santa is *not* the poster child for good health.

For starters, Santa is overweight. As evidenced by the "bowl full of jelly" reference from nearly 200 years ago, it's been a long-term thing. The *Central European Journal of Medicine* once estimated that Santa consumed nearly 10 billion calories on Christmas Eve in the United States alone from wolfing down cookies and milk at his stops. Christmas Eve aside, diabetes, high blood pressure, coronary artery disease, and sleep apnea stand ready to take their toll.


The rosy cheeks and nose like a cherry are indicative of rosacea, eczema, windburn, sunburn, or frostbite. Those should be checked out annually by a dermatologist.

That corn-cob pipe isn't just for show. Santa's been smoking for centuries. We know how unhealthy that is, and he inhales a lot of chimney soot, too.

Making a list and checking it twice is a primer for carpal tunnel syndrome. After all, it's been estimated that he delivers gifts to 152 million homes each year. Checking every list twice is a daunting venture that could hint at a stress-related compulsion disorder.

Santa also has a demanding and hazardous job. He travels across 24 time zones in one night, seated on a sleigh — conditions ripe for deadly deep vein thrombosis and pulmonary embolisms. Santa also works without a seatbelt, airbags, or radar. He's an accident waiting to happen ... and the jet lag would be staggering.

Let's all mimic Santa's kindness, generosity, and sense of mischief. But when it comes to good health practices, he deserves a lump of coal.



Chickpea, Sausage, and Kale Pasta

Yield: 4 servings

Protein-packed and so versatile, canned chickpeas are a pantry must-have that can make a meal in minutes. Try serving up these super staples in a perfect go-to pasta dish for a quick and healthy weeknight dinner during the busy holiday season (or anytime).

Ingredients

- 1/2 lb. short pasta
- 3/4 lb. Italian sausage meat
- 1 tablespoon olive oil, with more for drizzling
- 2 tablespoons minced garlic
- 1 can (15.5 oz.) rinsed and drained chickpeas
- 5 cups ribbed and shredded kale
- 1/2 cup grated Parmesan
- Salt and pepper
- Lemon juice, for drizzling

Directions

Cook pasta, then drain. In a skillet, cook sausage meat in 1 tablespoon olive oil until opaque, breaking up with a spoon. Add garlic and cook 30 seconds. Add chickpeas and cook 3 minutes. Add kale and wilt. Add pasta and Parmesan; season. Drizzle with olive oil and lemon juice. Enjoy!

Recipe courtesy of www.marthastewart.com.



KALAMAZOO PODIATRY

333 Turwill Lane Kalamazoo, MI 49006
269-373-1019

305 Thomas Street Allegan, MI 49010
269-673-8757

www.KalamazooPodiatry.com



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Singing the Chilblain Blues



Chilblains plague some people when feet, hands, or the face are subjected to cool, cold, or damp conditions. Chilblains manifest as purplish-red patches, itchiness, a burning sensation, swelling, and pain. Sometimes the skin will blister, too, which can lead to ulcers and infection if left untreated.

When feet are affected, the smaller toes are most frequently involved. Areas with increased pressure, such as bunions, can be impacted, too.

The body's abnormal response to cold and the rewarming process appears to be at the heart of chilblain formation. Blood vessels constrict with cooler temperatures. Upon rewarming, smaller blood vessels expand more quickly than adjoining blood vessels can handle. A bottleneck is formed and blood leaks into surrounding tissue. There's still some mystery to the ailment, however.

Chilblains can affect any age group; women are definitely more susceptible than men. Chilblains often go away on their own in two to three weeks, but if you have diabetes or a circulatory disorder and experience blistering, call our office immediately. Infection can take root more easily, as healing is impaired.

Fortunately, chilblains can be prevented. Limit your exposure to cool, cold, or damp conditions; dress warmly and cover exposed skin; change out of wet shoes and socks immediately; wear properly fitting shoes and moisture-wicking socks; minimize drafts in your home; rewarm your feet slowly (no perching them in front of a space heater); quit smoking; and get/stay active.

Chilblains are frequently just annoying but sometimes can be more serious. If your symptoms don't improve after a week or two, contact our office. We can evaluate you for possible underlying conditions and prescribe medication to alleviate your discomfort.