



KALAMAZOO  
PODIATRY

News and Updates

August 2022

# A 'Medi Pedi' Goes Above and Beyond

A traditional cosmetic pedicure can be relaxing and luxurious. But health-wise, a medical pedicure ("medi pedi") takes it to the next level.

A medi pedi is a pedicure performed by a podiatrist (and podiatrist-trained nail technicians) who not only makes your feet and nails look and feel great, but can identify and treat current conditions, improving your overall foot and nail health.

Medi pedis are typically performed "dry," eliminating the traditional foot soak. Waterborne bacteria can spread from one client to the next, even when the water is drained, and the area cleaned between clients per specifications. In addition, hygiene practices frequently suffer at hectic salons. At a medi pedi appointment, the focus is solely on you.

What to expect:

- A thorough foot exam will kick things off.
- Feet will be cleaned with an alcohol-based solution or wipes.
- Nails will be expertly trimmed, filed, and buffed. Toenails may be thinned out to decrease pressure caused by nail thickness, restore a nail's natural color, or remove polish. Ingrown, split, and cracked nails will be addressed. Cuticles — barriers against bacteria — may be treated but will *not* be removed (a common salon mistake).
- The area beneath the nails will be cleaned.
- Special tools can painlessly remove calluses, corns, or dead skin cells, then the areas will be smoothed over.
- Various oils will be incorporated to moisturize feet and nails via a soothing massage, releasing muscle tension and improving circulation.

**A medi pedi is typically safe for diabetics and those with poor circulation or weakened immune systems, and its benefits are long-lasting, unlike salon pedicures.**

Medical pedicures may not resonate glamour (no wine, massage chair, or painted nails), but your feet and toenails will beg to differ.

## 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.



# Heel Bursitis — Common but Avoidable

Bursa are fluid-filled sacs that provide cushioning and lubrication at areas where muscles and tendons move over bone, reducing friction. The foot and ankle region combined have only one naturally occurring bursa, located between the Achilles tendon and the heel bone (calcaneus). However, others may form at different areas of the foot (e.g., ball of the foot, big toe region) as a protective response to excessive stress or trauma.

When a bursa sac becomes irritated (bursitis), pain, inflammation, swelling, and redness are typically part of the deal. The area may be painful to the touch and warmer than surrounding skin. You'll definitely notice it when walking or running, and there may be increased pain in the morning or when getting up after sitting for a while.

Many times, heel bursitis is mistaken for Achilles tendonitis by amateur foot sleuths. Tendonitis symptoms generally are felt above the heel; bursitis, directly on the heel. However, it's possible to have both at the same time — something a podiatric exam will sort out.

Causes of heel bursitis include overuse; tight shoes and/or a heel counter that is constantly rubbing against the heel; abnormal foot mechanics; and poor flexibility. Heel bursitis can also occur secondarily to a preexisting condition such as gout or rheumatoid arthritis.

Heel bursitis can almost always be treated successfully with conservative measures. Better yet, prevent heel bursitis by wearing properly fitted shoes with good cushioning and arch support; stretching before athletic activity; varying the incline on a treadmill to reduce stress on your heels; maintaining a healthy weight; and avoiding walking barefoot on hard or uneven ground.

If you experience heel discomfort, call us for a thorough evaluation, accurate diagnosis, and effective treatment.

## Mark Your Calendars

- Aug 1** Mountain Climbing Day: Deadliest climb? Mt. Annapurna (Nepal): 33% death rate.
- Aug. 6** Root Beer Float Day: Root beer was originally called "root tea" in the late 1800s.
- Aug. 8** Dollar Day: The first dollar bill (1862) featured Salmon P. Chase, Lincoln's Treasury Secretary.
- Aug. 13** Filet Mignon Day: In France, filet mignon generally refers to pork, not beef.
- Aug. 19** Soft Ice Cream Day: 1934 ... hot day ... ice cream truck ... flat tire ... soft-serve idea born ... (allegedly).
- Aug. 24** Peach Pie Day: Ancient Romans called peaches "Persian apples."
- Aug. 29** More Herbs, Less Salt Day: Herbs come from green leaves; spices from seeds, bark, berries, or fruit.





# Elite Painter, Tortured Soul



One historical figure who has long piqued the interest of mental-health practitioners is Vincent van Gogh, the renowned painter who took his own life at age 37 in 1890.

Van Gogh was a prolific letter writer during his abbreviated adult life ... no simple task in the 19th century. The let-

ters, sent primarily to his younger brother and other family members, documented his mental and physical struggles in great detail.

Van Gogh produced artwork and letters at a feverish pace — over a 10-year span, nearly 900 paintings, 1,100+ drawings, and 800+ letters. Then he'd crash and burn, exhausted and depressed, before returning to work with hyperenthusiasm — cyclical behavior and evidence of bipolar disorder, according to many medical experts.

In addition, van Gogh had suffered epileptic seizures since childhood. In hopes of countering his seizures, anxiety, and depression, he drank absinthe, a potent alcoholic beverage popular among Parisian artists at the time (van Gogh spent his last four years in France). Absinthe contained the toxin thujone, which likely exacerbated his conditions.

Following the self-removal of his earlobe (not his whole ear) as a result of a falling-out with a friend, it is hypothesized that van Gogh experienced brief psychosis and abruptly stopped drinking. Alcohol withdrawal may have spurred a bout of delirium.

Epilepsy and mental health issues might not have been the source of van Gogh's creative genius, but they surely influenced his work. The sheer volume of his paintings and writings in a condensed time frame is an outlier, not to mention that treatment medications could conceivably have altered his vision. Tragically, these conditions played featured roles in his demise.



## Chill-Out Honeydew Cucumber Slushy

6 servings

*The dog days of August call for a delightfully tasty, refreshing, and healthy remedy. This slushy, high in B vitamins, will both cool and calm you. Enjoy!*

### Ingredients

- 4 cups honeydew (from about 1 small melon), rind removed, flesh cut into 1" pieces, frozen
- 2½ cups coconut water
- 1/3 cup mint leaves
- 2 tbsp. fresh lime juice
- 1/2 tsp. kosher salt
- 6 oz. English hothouse cucumber (about half a cucumber), peeled, cut into 1" pieces, plus more sliced for garnish

### Directions

1. Blend honeydew, coconut water, mint, lime juice, salt, 6 oz. cucumber, and 2 cups ice in a blender until smooth. Divide among glasses, then garnish with cucumber slices.
2. **Do ahead:** Slushy can be made 1 hour ahead. Store in blender jar in freezer, then reblend on high speed to reincorporate.

Recipe courtesy of  
[www.bonappetit.com](http://www.bonappetit.com).

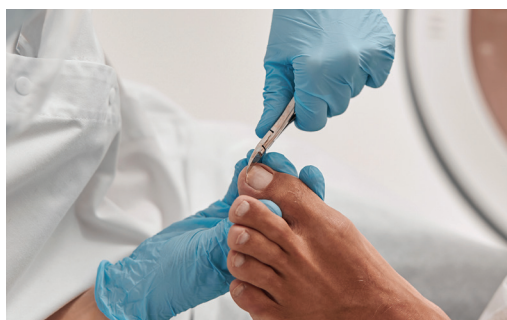


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# BACK TO SCHOOL: Feet and Ankles Matter, Too!

For some kids, a summer free of school means more concentrated physical activity and time spent on their feet — running around outdoors with friends, biking, sports, summer camp, and pool and beach activity. Outdoor barefoot time may be way up, too.

All this activity might spur foot or ankle problems prior to a new school year. But don't trust that your child will tell you if they're experiencing discomfort. Be on the lookout for limping, sudden clumsiness, seeming lethargy, and diminished interest in favorite activities. Also, perform a foot check for ingrown nails, plantar warts, corns, and fungal nails, among other conditions.

Back-to-school dental exams and eye-health checkups are rightful priorities for many parents, but foot and ankle checkups deserve a seat at the table, too. Children's feet are not just small adult feet; they are a work in progress ... still growing, still developing.

Addressing issues now can spare your child problems later in life. We can also keep close tabs on chronic conditions (e.g., flat feet) or recent injuries to make sure they've healed properly. Some conditions might be uncovered during an exam that caused only minor discomfort but turned out to be something more serious, such as a hairline fracture.

Keep in mind that undiagnosed and untreated foot and ankle problems can impact your child's sports performance, social interactions, concentration in the classroom, and other areas of the body (e.g., knees, back).

School can be exciting yet challenging for students. Make sure your child is up to the challenge by scheduling a back-to-school foot and ankle exam at our office today.