KALAMAZOO PODIATRY

News and Updates January 2026

When Winter Bites

Never underestimate the threat of frostbite — the freezing of skin and its underlying tissue. Its severity depends on temperature, length of cold exposure, and wind and moisture. Some preexisting medical conditions (circulatory disorders, diabetes, etc.), smoking and alcohol intake, various medications, and dehydration raise the risk too.

Besides bare skin exposed to the cold, the extremities are most vulnerable to frostbite. The body pulls back on blood flow to the extremities as a survival response to protect the body's core. Cold temperatures also constrict surface blood vessels, further restricting the amount of blood, and warmth, reaching these areas.

Frostbite begins as frostnip, which produces skin discoloration, minor pain, and slight tingling. Frostnip is temporary and harmless if addressed promptly. Get out of the cold and soak the affected area in warm (not hot) water.

Frostnip that progresses to frostbite is marked by a "pins and needles" feeling — caused by water in the skin transforming into ice crystals — painful, spotty patches of purple skin; clear blisters; and peeling skin. Severe frostbite is noted for blood-filled blisters; numbness; gangrene (cell death); infection; and possible amputation.

Closely monitor young children playing in the cold. Take frequent indoor breaks; check their skin; change out of wet clothes. Young kids having fun may ignore the signs of early frostbite. Adult intervention is key to preventing frostbite damage.

If you suspect frostbite:

- Get out of the cold and rewarm gradually.
- Soak affected extremities in warm (not hot) water for 15–30 minutes.
- **Do not rub/massage the area.**
- Cover the area with loose, sterile bandages.
- Do not burst blisters.

Frostnip can be successfully handled at home; superficial frostbite should be promptly attended by a medical professional (for feet, contact our office). Severe frostbite is a medical emergency.

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.

When Con(fusion) Reigns

A tarsal coalition is the abnormal fusion of bones in the region between the heel and midfoot. Coconspirators in this sinister coalition may include the calcaneus (heel bone), talus (ankle bone), navicular, cuboid, and cuneiform bones.

Normally, these individual bones work together to facilitate proper foot motion and function. However, when two or more are fused, movement is restricted and other problems may ensue … eventually.

In the vast majority of cases, a tarsal coalition is congenital — a child is born with it. However, symptoms frequently don't manifest until ages 8–16, sometimes later. Occasionally, an infection, injury, arthritis, or a cartilage anomaly kick-starts a tarsal coalition.

Symptoms include mild to severe pain and stiffness in the coalition area that are aggravated by weight-bearing. Range of motion is limited, foot and leg fatigue might emerge, and sometimes the arch flattens. It's not uncommon for a tarsal coalition to exist in both feet — with similar or varying degrees of severity.

When tarsal coalition symptoms appear, it is important to address them by scheduling a podiatric exam. Some kids don't mention when they're hurting. Be alert for indicators such as limping, lethargy, clumsiness, or sudden avoidance of activities they typically enjoy. Failing to act can lead to altered gait patterns that place undue stress on other parts of your child's body, an elevated risk of arthritis, and flatfoot deformities, among other consequences.

In addition to a thorough exam, we will also take a history of your child's symptoms. If we suspect a tarsal coalition, x-rays will be ordered; sometimes advanced imaging may be necessary.

Conservative treatment measures are highly effective in successfully managing a tarsal coalition and improving quality of life. If they fall short, surgery is a last resort.

Mark Your Calendars

Jan. 1 New Year's Day: Pork is the most widely consumed meat in the world.

Jan. 4 Trivia Day: Honey is the only food that doesn't spoil. Bacteria don't appreciate its acidity, lack of moisture, and antimicrobial properties.

Jan. 9 Quitters' Day: Research shows most exercise, weight-loss, and eating-habit New Year's resolutions are abandoned by this day.

Jan. 14 Dress Up Your Pet Day: If pets had a say, would this day exist?

Jan. 19 Martin Luther King Jr. Day: King received the Nobel Peace Prize in 1964 and a posthumous Grammy in 1971 (for a speech).

Jan. 24 Compliment Day: Why do egotists at pubs enjoy beer nuts? The beer nuts are complimentary.

Jan. 29 Corn Chip Day: In the Southwest, Frito pie is a popular dish made with corn chips, chili, and cheese.

Way Ahead of His Time

Health and fitness pioneer Jack LaLanne lived a life packed with energy, passion, and foresight. He was born to French immigrants in 1914 in the San Francisco Bay area and described his childhood self as weak, scrawny, and addicted to sugar and junk food. At age 14, he changed course.

Although other exercise advocates existed when he started out, LaLanne was devoted to exercise and diet, making him distinct. Exercise in the 1930s was mainly geared toward bodybuilder, boxer, wrestler, and soldier types. LaLanne sought to include men *and* women of *all* ages and positions.

LaLanne was no dumbbell. He went beyond hoisting barbells and designed his own equipment, such as selective weight and cable systems, which are still used today. He also devised pulley machines, a machine for leg extensions, and a resistance band. LaLanne demonstrated that people could tone their muscles without becoming muscle-bound, which had been a common concern.

LaLanne opened the first modern health club in 1936 and created the prototype of today's gym chains in the 1960s. His TV show, the *Jack LaLanne Show,* aired from 1951–1985 and sparked a surge of health and fitness interest, paving a lucrative path for Jane Fonda, Richard Simmons, and Denise Austin.

In the 1950s, LaLanne spoke out on the evils of smoking and excessive alcohol intake, which flew in the face of public perception at the time. LaLanne saw nothing "sophisticated" or "glamorous" about them. He also emphasized fitness for health reasons, not cosmetic ones, and already recognized the hazards of ultra-processed foods, chemical additives, trans-fats, and overmedication.

Until his dying day in January 2011 at age 96, Jack LaLanne stressed that good habits formed early in life can sustain a person throughout their life. He certainly practiced what he preached.

Southwest Chicken Noodle Bowl

Servings: 4; prep time: 15 min.; cook time: 15 min.

Sauerkraut has much wider potential than just New Year's Day. This delicious recipe will bear that out.

Ingredients

- 1 pound boneless, skinless chicken breast halves, thinly sliced
- 1 tablespoon Southwest seasoning
- 2 tablespoons extra virgin olive oil
- 4 cups low-sodium chicken broth
- 1 large red and/or yellow bell pepper, chopped
- 4 green onions, trimmed and cut diagonally into 1-inch pieces
- 1 medium russet potato, peeled and spiralized
- 1 cup fresh salsa
- 2 tablespoons fresh lime juice
- Sauerkraut of choice

Directions

1. Sprinkle the chicken all over with the Southwest seasoning. Heat 1 tablespoon of the olive oil in an extra-large skillet over medium-high heat. Add half the chicken and cook, stirring occasionally, until no longer pink on the outside, about 2 minutes (the chicken will not be cooked through.) Transfer the chicken to a plate. Add the remaining olive oil and chicken to the skillet. Cook the chicken until no longer pink, 2 to 3 minutes. Return all of the chicken to the skillet.
2. Add the broth and bring to a boil. Stir in the bell peppers, green onions, and potato noodles and return to a boil. Reduce the heat and simmer, stirring occasionally, until the vegetables are tender and the chicken is cooked through, 3 minutes. Gently stir in the salsa and lime juice and serve.
3. Top with your favorite sauerkraut.

Recipe courtesy of www.olivemypickle.com.

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When the Ball of Your Foot Is Giving You Grief

Metatarsalgia is a general term that refers to pain in the ball of the foot, the area just behind the toes. This region is home to the metatarsophalangeal (MTP) joints, which is where the five long bones that run across the top of the foot (metatarsals) meet up with the toes.

When the MTP joints are exposed to excessive pressure, they can become inflamed and painful. One traumatic event can spur metatarsalgia, like a sharp spike in workout intensity or duration, but it typically develops gradually over time.

Metatarsalgia can manifest in several ways. Some people feel a sharp stabbing or burning pain. Pain may radiate from the ball of the foot to the toes and intensify when standing, walking, or running. Others experience numbness or tingling in the toes, or a sensation as if they were walking with a pebble in their shoe.

Running is a common cause of metatarsalgia, as are other sports that pound on the MTP joints, such as basketball or tennis. High heels, narrow-toed shoes, and shoes lacking adequate padding are guilty parties, too, as are other common foot conditions — for instance, hammertoes, bunions, high arches, calluses, arthritis … and when the second toe is the longest toe. Thinned fat pads, which come with aging, and carrying excess weight can also overburden the MTP joints.

Metatarsalgia can disrupt one's quality of life, but the good news is that it can almost always be successfully treated with conservative measures.

If the ball of your foot is giving you grief, schedule an appointment with our office for a thorough evaluation, diagnosis, and treatment.