

Exciting News!

We Are Coming To The North Shore.

As of February 2022, Dr. Glenn Meints has joined our newest Midwest Podiatry Centers location in Duluth. He will also be providing primary foot care in senior living facilities through our sister company INHSS in Duluth and closely surrounding areas. We are thrilled to welcome Dr. Meints and look forward to providing outstanding foot and ankle care to the North Shore community.



About Dr. Glenn Meints Dr. Glenn Meints provides the highest quality in foot and ankle to patients in our Duluth, MN clinic location. With 25 years of experience in podiatry, he earned his degree as a Doctor of Podiatric Medicine from Des Moines University – College of Podiatric Medicine with honors. Dr. Meints completed his residency training at the Minneapolis Department of Veterans Affairs and is Board Certified. He has a strong emphasis of communicating with patients to achieve their desired outcome and his interest include general podiatric, diabetic, and senior footcare.

Born and raised in Duluth, MN it is no surprise that Dr. Meints has a vested interest in serving the foot and ankle healthcare needs of this community. He has run a private practice in Duluth for his entire career and is excited to bring his skills and connections to Midwest Podiatry Centers as they expand to the Duluth area. Dr. Meints is a huge fan of golf and enjoys playing, spending time with his family, and fishing.

Welcome Dr. Glenn Meints!

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Tightening Those Loose Ankle Ligaments

When conservative measures to treat chronic ankle instability (e.g., bracing, physical therapy) don't produce the desired results, lateral ankle ligament reconstruction (ALR) surgery may be the only remaining treatment option ... but a good one.

Now, some people are not ideal candidates for this surgery — for instance, those with poor circulation, nerve or collagen disease, or who

Continues on page 2



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will be unable to undergo postsurgical rehab. But assuming everything's a go, here's what to expect:



- ALR is typically an outpatient surgery normally conducted under general anesthesia.
- A modified Bröstrom-Gould procedure is the most commonly performed ALR. An incision is made on the outside of the ankle (C or J shape), the ankle ligaments are identified, and then tightened by stitches or anchors placed into the fibula.
- Another possible technique is weaving a tendon into the bones around the ankle, which is held in place by stitches and possibly a screw. The tendon might be donated by your own hamstring, your ankle, or a cadaver.
- Postsurgical rehab will involve a splint or cast, no weight bearing for a while, then a removable walking boot that teams up with some weight bearing, and an ankle brace. Physical therapy will be part of the mix, too.
- Total recovery time is typically four to six months.
- Long-term studies show that over 90 percent of patients have good or excellent outcomes with their ALR surgeries.

Remember that no surgery is risk-free. Anesthesia complications, infection, damage to nerves and blood vessels, bleeding, blood clots, and loss of or increased sensitivity around the incision area are possible.

Don't ignore ankle sprains. Some sprains "blossom" into something more substantial without professional attention. Contact our office instead.



Knee Scooters: Things to Consider

Chances are, you have already seen someone utilizing a knee scooter (a.k.a. knee walker) to stay mobile and keep weight off an injured or surgically repaired ankle or foot.

Knee scooters have several advantages over crutches and walkers. For starters, it takes a significant amount of upper-body strength to walk with crutches or a walker. Not everyone has that — or the necessary endurance — or they might be suffering from an arm or shoulder injury. Crutches or walkers can also cause underarm, hand, or wrist discomfort. Those aren't issues with knee scooters.

Knee scooters also provide elevation for the foot or ankle, which aids healing. If you stop for whatever reason, your hands are free. Not so with crutches and walkers.

The speed of a knee scooter is advantageous as well — on smooth surfaces. For college students, knee scooters can be lifesavers for getting to class on time. Many universities provide golf-cart services to help students with mobility issues, but students are at their mercy as far as the clock goes.

There are potential drawbacks, too:

- Turns may cause tip-overs for some; there is a learning curve. Be extra cautious to start and take wide turns.
- Tighter office or home spaces may not accommodate them.
- Stairs are an obvious problem.
- Conditions like tendonitis may be a concern for the push-off leg if the scooter is used for great distances without rest breaks. Long stretches at a 90-degree angle are not great for the leg on the scooter, either.
- Insurance typically does not cover them. If you'd still like one, you can weigh the benefits of buying versus renting.

If you've got questions about knee scooters, contact our office for expert guidance.

Before Slipping on Shoes, Slip in Orthotics

If a caring friend offers comfort and support when you need it most, then think of a pair of orthotics as your new BFF! Orthotics can be custom made to fit the contours of your unique feet, providing support in the areas you and you alone specifically need, and easing discomfort of foot pain stemming from a number of different conditions. From flat feet and high arches, to bunions, plantar fasciitis, and more, when you slip in orthotics before you slip on your shoes, get ready to feel better soon!

These devices can be designed to control abnormal motions like overpronation (functional), or simply to provide additional cushion and support (accommodative). They help to distribute weight more evenly as well, which eliminates too much stress on any one area. Best of all, they're not just for athletic shoes. Custom orthotics can even be made to fit dressy footwear, including high heels! Take that, store-bought, only-provide-comfort-and-that's-it inserts!

Simply put, orthotics can help you improve your biomechanics, reduce painful symptoms, correct structural issues, and just plain feel more comfortable and supported. Hey, what are friends for?

If you think you could benefit from custom orthotics and would like to introduce some to your favorite shoes, just ask our friendly staff for more information.



Chicken Saltimbocca for Two

Yield: 2 servings; Prep time: 20 mins.

This healthy chicken saltimbocca recipe makes an impressive yet quick dinner date meal. Serve this Italian-inspired chicken with roasted broccoli rabe and creamy polenta to round out this elegant meal.

Ingredients

- 2 small boneless, skinless chicken breasts (5–6 ounces each)
- 1/4 teaspoon ground pepper
- 2 thin slices prosciutto
- 2–4 fresh sage leaves
- 1½ teaspoons all-purpose flour
- 1 tablespoon butter
- 2 tablespoons extra-virgin olive oil
- 3/4 cup dry Marsala wine

Directions

1. Put chicken breasts between pieces of plastic wrap and, using a rolling pin or the smooth side of a meat mallet, bash them to a thickness of about 1/4 inch, but don't bash so hard that they break up. Season with pepper. Wrap a slice of prosciutto around each chicken escalope, and put a sage leaf or two on top. Lightly dust the chicken on both sides with flour.
2. Heat butter and oil in a large skillet over medium heat. Cook the chicken until no longer pink in the middle, about 3 minutes per side. To check if it's done, stick the tip of a sharp knife into it — the juice that runs out should be clear with no trace of pink. Transfer the chicken to a warm platter and cover with foil.
3. Add Marsala to the pan and cook over high heat until thickened and reduced by about half, 3 to 4 minutes. Serve the sauce over the chicken.

Recipe courtesy of www.eatingwell.com.

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Winter's Last Hurrah

Skiing and snowboarding are favorite wintertime recreational activities, but feet and ankles sometimes pay the price.

Skier's toe, or "toe bang," is bleeding under the toenail (subungual hematoma) caused by poorly fitted ski boots. If boots are too loose, feet move back and forth and the big toe gets rammed into the front of the boot. If too tight, there's constant pressure on the toe/toenail. Skier's toe can be painful and may need to be drained ... by a podiatrist.

Ankle sprains and fractures are common injuries on the slopes, with sudden twists and turns, falls, ski-lift stumbles, collisions, fatigue, and lack of judgment. Properly fitted boots are a must (a pattern is emerging), as are properly adjusted fastenings.

Snowboarders have an injury named after them: snowboarder's fracture. Landing a jump sometimes forcefully twists the ankle upward and outward. It's seemingly "just" a bad ankle sprain, and x-rays frequently don't pick it up. Snowboarder's fractures are a challenge to diagnose, especially by ER doctors lacking expertise in podiatry. If your "sprain" is not improving, contact our office upon returning home.

Metatarsalgia is inflammation in the ball of the foot typically caused by overuse. It manifests as numbness, a burning sensation, or a general achy feeling. Morton's neuroma is nerve inflammation most often occurring between the third and fourth toes — poor boot fitting, pinched nerve, discomfort.

Beware of frostbite, too. Purchase winter sport-specific socks made of wool, bamboo, or a hybrid of either with an artificial fiber (polyamide or polypropylene) for wicking. Don't wear multiple layers (reduced breathability and bunching), and make sure they don't cut off circulation at the top of the sock. Good waterproof ski/snowboarding boots are vital.

If your feet or ankles have the post-vacation blues, our office can help.



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