

MEET YOUR TEAM



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BIRTHDAY GREETINGS!

Look for a special email in your inbox when your birthday rolls around, created just for you!

If you don't receive your birthday greeting but would like to in the future, please visit our Contact Page and let us know the date!

REFERRALS MEAN THE WORLD TO US!

There is no greater compliment you can pay us than to entrust us with the referral of a friend or family member. We'd like to thank the following people for doing so this past month:

Barbara W.	Nasser A.
Betty D.	Patty R.
Doris W.	Randilyn S.
Heather C.	Sara L.
Henry M.	Sara M.
Janice D.	Scott I.
Jason M.	Slyman M.
Jessica T.	Stuart T.
Lily M.	

If you pass along our name to someone close to you, please let us know so we can say thanks!

QUESTION OF THE MONTH

I work in the retail industry, and spend most of my days on my feet. By the time I get home, my legs are sore and swollen. Is there a way to alleviate the impact on my legs while I'm at work?

Your experience is extremely common, and there are a number of tips to help lighten the stress on your legs while standing for much of the day. One suggestion may be compression socks, which relieve pain and swelling in the legs, while also helping to prevent blood clots. The socks apply graduated pressure from the ankle upward to maintain proper circulation. One important tip – it is best to get measured and evaluated versus buying socks over the counter. Wearing the wrong size can do more harm than good.

WHEN SHOULD YOU CALL A PODIATRIST?

YOU SHOULD CALL A PODIATRIST ANYTIME YOU EXPERIENCE PAIN, DISCOMFORT, OR NOTICE CHANGES IN YOUR FEET. KEY INDICATORS INCLUDE:

- You have persistent pain in your feet or ankles.
- You see noticeable changes to your nails or skin.
- Your feet are severely cracking, scaling, or peeling.
- There are blisters on your feet.
- Your toenail is getting thicker and causing you discomfort.
- You have heel pain accompanied by a fever, redness or numbness and tingling in your heel.
- You have diabetes or certain other diseases that effect your feet.

FREE BOOKS for a limited time!



Choose from four books offering helpful tips and treatments for diabetic foot care, running, heel pain and general foot pain.

These great resources were written by the knowledgeable doctors of Austin Foot and Ankle Specialists and are available for a limited time.

CLICK HERE TO TAKE ADVANTAGE OF THIS OFFER!



5 Myths ABOUT FOOT CARE

Old wives tales and myths like “Don’t cross your eyes, they’ll stay that way!” are fun to laugh at. We believed them as children. But there are other

myths that are no laughing matter, especially when they involve your health. From bunions to broken toes, Austin Foot and Ankle Specialists shares five often heard myths about foot care and the realities behind them.

MYTH 1 CUTTING A NOTCH (A “V”) IN A TOENAIL WILL RELIEVE THE PAIN OF INGROWN TOENAILS

FACT: When a toenail is ingrown, the nail curves downward and grows into the skin. Cutting a “V” in the toenail does not affect its growth. New nail growth will continue to curve downward. Cutting a “V” may actually cause more problems.

MYTH 2 MY FOOT OR ANKLE CAN'T BE BROKEN IF I CAN STILL WALK ON IT

FACT: It's entirely possible to walk on a foot or ankle with a broken bone. It depends on your pain threshold, as well as the severity of the injury; but it's not a smart idea. Walking on a broken bone can cause further damage.

MYTH 3 SHOES CAUSE BUNIONS

FACT: Bunions are most often caused by an inherited faulty mechanical structure of the foot. It is not the bunion itself that is inherited, but certain foot types make a person prone to developing a bunion. While wearing shoes that crowd the toes together can, over time, make bunions more painful, shoes themselves do not cause bunions.

MYTH 4 A DOCTOR CAN'T FIX A BROKEN TOE

FACT: Nineteen of the 26 bones in the foot are toe bones. There are things a podiatrist can do to make a broken toe heal better and prevent future problems, like arthritis or toe deformities. Broken toes that aren't treated correctly can also make walking and wearing shoes difficult. A foot and ankle surgeon will x-ray the toe to learn more about the fracture. If the broken toe is out of alignment, the surgeon may have to insert a pin, screw or plate to reposition the bone.

MYTH 5 CORNS HAVE ROOTS

FACT: A corn is a small build-up of skin caused by friction. Many corns result from a hammertoe deformity, where the toe knuckle rubs against the shoe. The only way to eliminate these corns is to surgically correct the hammertoe condition.

Unlike a callus, a corn has a central core of hard material. But corns do not have roots. Attempting to cut off a corn or applying medicated corn pads can lead to serious infection or even amputation. A foot and ankle surgeon can safely evaluate and treat corns and the conditions causing them.

If any of these myths apply to your current foot and ankle condition, please get in touch with Austin Foot and Ankle Specialists so that our team can assess your condition, determine a treatment plan and make everyday foot health a reality for you.



ACHILLES TENDON SURGERY helps prevent diabetic foot ulcers

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If you have diabetes and are frustrated by slow-healing, infection-prone ulcers on your feet, there is a common, minimally invasive surgical procedure available to relieve tightness in your Achilles tendons that may be worth considering.

The Achilles is the largest tendon in the human body, connecting the calf muscles to the heel bone. As we age, the tendon naturally tightens. However, diabetes exacerbates the process as increased blood sugar levels deposit glucose in the collagen of the tendon, greatly reducing its elasticity and making stretching almost impossible.

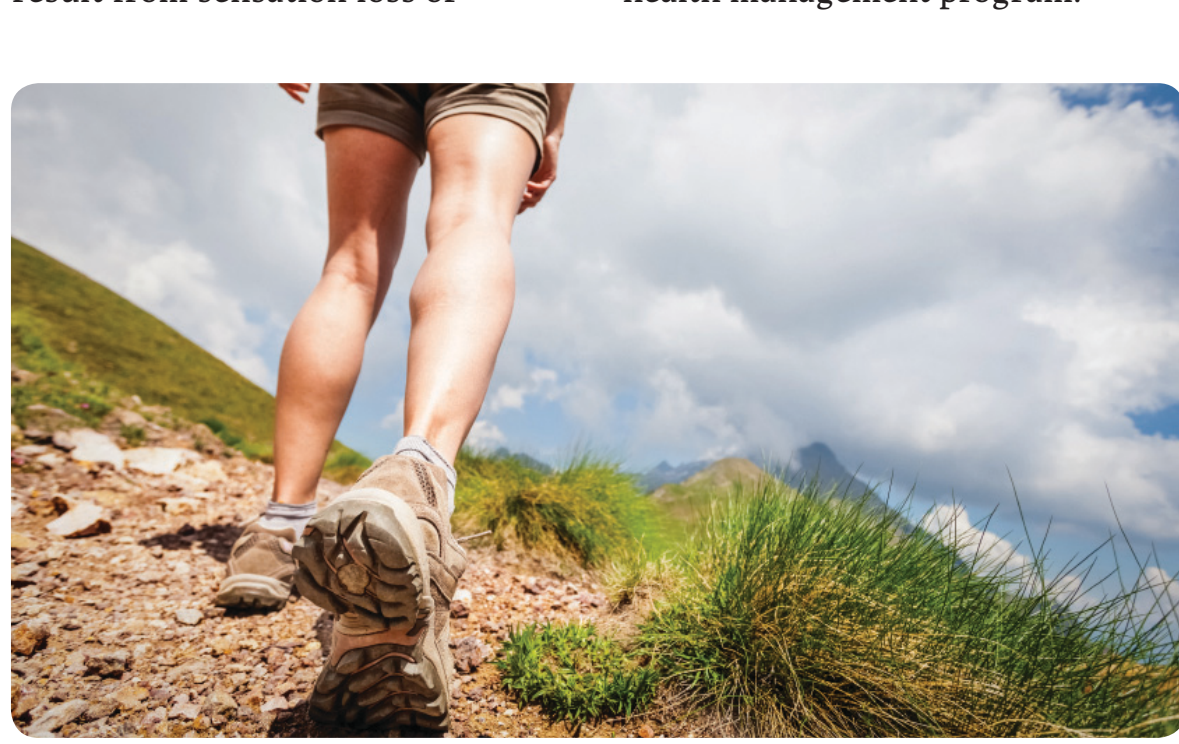
A tight Achilles inhibits ankle movement, forcing diabetic patients to place excessive pressure on the front of the foot. Pressure normally absorbed by the ankle has to go somewhere else and the forefoot gets most of it, heightening the risk for ulcer development underneath the toe joints.

Foot sores or ulcers are a common complication of diabetes. They result from sensation loss or

neuropathy, which deprives diabetes patients of their ability to feel pressure or pain in the lower extremities. As a result, even the slightest cut, blister or wound can develop into a diabetic foot ulcer. Such wounds can cause tissue and bone infections and can result in loss of a toe, a foot or even a leg.

Podiatrists are becoming increasingly aware that preventing ulcer recurrence in patients with advanced diabetes is best achieved by a minimally invasive procedure to lengthen a tight Achilles tendon. Lengthening occurs by making three small, pinpoint cuts to loosen and stretch the tendon. This helps restore ankle flexibility and relieves forefoot pressure. The procedure allows diabetes patients who keep their blood sugar under control to walk more normally and may lower their risk for redeveloping foot ulcers.

On your next visit to Austin Foot and Ankle Specialists, consider discussing whether Achilles tendon surgery is appropriate for you as part of your continuing diabetes health management program.



DON'T LET HIKING TAKE A TOLL on your feet & ankles

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With daylight savings time nearing and the weather still pleasant at all times of the day, more and more Austinites will head out for hikes on the trails around their neighborhoods and at the many parks across Central Texas. When planning your next outdoor adventure, whether a quick 30 minutes or a half-day excursion, keep in mind that outdoor terrain can have an impact on your feet.

Many hikers don't realize how strenuous it can be to withstand constant, vigorous walking on uneven terrain. Lax physical conditioning and inappropriate footwear bring scores of outdoor enthusiasts into Austin Foot and Ankle Specialists each year for treatment of foot and ankle problems such as chronic heel pain, ankle sprains, Achilles tendonitis, fungal infections and severe blisters.

Walking up and down steep hillsides and tramping through wet, slippery forests and wooded areas puts stress on the muscles and tendons in the feet and ankles, especially if you haven't conditioned properly before hitting the trail. Also, many don't realize that cross-training athletic shoes aren't the best choice for extended hiking. Those who wear more sturdy, well-constructed hiking boots are able to better avoid sprained ankles or strained Achilles tendons.

One of the most important precautions is an investment in top-quality hiking boots, offering insulation, moisture protection and steel or graphite shanks. The supportive shank decreases strain on the arch by allowing the boot to distribute impact as the foot moves forward. If a boot you are considering bends in the middle, it may not offer the protection and support that you need.

Some hikers will only begin to realize foot or ankle pain once they are well into their journey. In many instances, an individual is not accustomed to walking on sloped or uneven ground, and their legs and feet will get tired and cause muscles and tendons to ache. To avoid a serious ankle sprain or an Achilles tendon rupture, it is important to rest for a while if you start hurting. Serious risk escalates significantly if you continue hiking while in pain.

If you continue to feel pain following a hiking injury, it is strongly recommended that you contact Austin Foot and Ankle Specialists for an evaluation. There is a good reason that Austin is rated as one of the most outdoor-friendly cities in the U.S., and you don't want a foot injury to keep you from experiencing the fun firsthand.