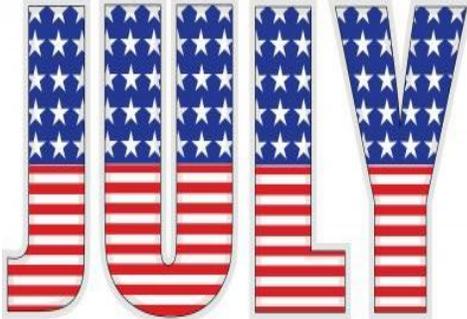


Dr. Pamela Kirby, DPM

Board Certified in Primary Podiatric Medicine

Practicing podiatry locally for over 18 years!



What is this newsletter trying to achieve?

Our mission to treat your foot problems don't stop at the office, we want to help educate our patients with overall knowledge of how to care for their feet and prevent future problems from occurring. This newsletter will bring you the latest in podiatry trends and what we have going on in the office. We look forward to providing you with helpful information and encourage your feedback on concerns you may have, or things you would like to see in the office.

New Patients:

Dr. Pamela Kirby's office is looking for new patients who are looking for the best in quality foot care. We are currently accepting new patients and can have them coming into the office as soon as a day or two as openings available.

When Should I See A Podiatrist? Find Out Here:

Every local drugstore has aisles of "do-it-yourself" medical fixes. For your feet they have blister and corn pads, insoles, fungus sprays, and nail clippers. So when you have foot and ankle problems, how do you know when to deal with them at home using over-the-counter (OTC) products and when to see the podiatrist?

- Blisters on your feet can often be handled at home without professional intervention. If the blister pops, cover it with a sterile dressing or Band-aid and watch it carefully to make sure it heals properly. If you suspect that you have an ingrown nail, it is best not to use OTC products. See your podiatrist as soon as possible to avoid the possibility of infection. The doctor can safely remove the ingrown nail and may be able to alleviate the problem entirely for the future.
- OTC wart removal medication is relatively mild but can cause ulcerations if left on too long. You can try to alleviate warts on the feet with these products, but the podiatrist has more effective medications and can also do simple procedures to rid you of warts. Wart removers should never be used if you have neuropathy except under the supervision of a podiatric physician.
- Despite numerous blogs and articles about treating onychomycosis (fungal nails) and warts with Vicks VapoRub, duct tape, bleach, white vinegar, and other household items, there are no scientific data or evidenced-based research studies to support these treatment options.
- Sprains and strains can be treated at home initially with the "RICE treatment" - rest, ice, compression, and elevation. If swelling is persistent, a visit to the podiatrist's office is in order to determine if there are any broken bones.
- Occasionally, home remedies can cause a new problem or make existing problems worse, so use them all in moderation. Anyone with diabetes or a peripheral vascular disease (PVD) who has foot and ankle problems should always opt to visit the podiatrist for even minor concerns. People who do not have diabetes or PVD should also be wary of pain, color changes, drainage, swelling, heat, or open areas in or on any part of the foot or ankle. These signs warrant a professional's experience in dealing with the problem.

4606 S. Clyde Morris Blvd #11, Port Orange, Florida 32129 386-788-4111
 Office Hours Monday thru Thursday 7:30 am-5:00 pm & Friday 7:30am-4:00pm
 Lunch 12:30pm-2:00pm

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JULY 2014

DR. PAMELA KIRBY, P.A

The Stride

Bunions: Causes and What Can I Do?

A bunion is an enlargement on the side of the foot near the base of the big toe (hallux)—the metatarsophalangeal (MTP) joint. A bunion forms when the bone or tissue at the big toe joint moves out of place. The toe is forced to bend toward the others, causing an often painful lump of bone on the foot. Wearing improperly fitted shoes is partly to blame for your bunions, but your shoes are not the underlying cause. Heredity definitely plays a role as well. You do not inherit the bunion, but you inherit the foot type that may lead to bunions.

Treatments for bunions include:

- Wearing the Right Kind of Shoe—Shoes should have a wide,

flexible sole to support the foot and provide enough room in the toe box to accommodate the bunion.

- Medications—Anti-inflammatory drugs and cortisone injections can be prescribed by your podiatric physician to ease acute pain and inflammation.
- Orthotic Devices—In some cases, custom orthotic devices may be provided by your podiatric physician.
- Surgical Options—If conservative measures fail and you still have pain that interferes with daily activi-

ties, you may need surgery to relieve pressure and return the toe joint to its normal position.



Why did the mother snake buy tennis shoes for her little snake? Because the doctor said he'd grown two feet!

Go Online and Check Out the New Site:

www.pamkirby.com



We have updated our site this month and have changed things around a bit. There are some changes to the new patient forms and the privacy policy, so those are important to look over. Also, we have included all of our new and current staff under our "Staff" page and you can see who works behind

the scenes of this amazing practice. You can also check out some of our informational videos, hosted by Dr. Pamela Kirby herself, which can give you insight into some of the foot problems you may be having or existing foot conditions. Go check out the website and see for yourself.

Going to the beach? Running barefoot?

Barefoot running has become an increasing trend and a possible alternative or training adjunct to running with shoes. While anecdotal evidence and testimonials proliferate on the Internet and in the media about the possible health benefits of barefoot running, research has not yet adequately shed light on the immediate and long term effects of this practice. Barefoot running has been touted as improving strength and balance, while promoting a more natural running style.

However, the risks of barefoot running include a lack of protection—which may lead to injuries such as puncture wounds—and increased stress on the lower extremities. Currently, scientific research has been inconclusive regarding the benefits and/or risks of barefoot running. Your best choice is to consult a podiatrist with a strong background in sports medicine to make an informed decision on all aspects of your running and training programs.



Introducing: KeryFlex!

This month, the office of Dr. Pamela Kirby has started a service called KeryFlex which is an innovative way to attractive nails. Many of our patients come in with problems with their toenails, whether it an ingrown, or some type of fungal infection. During the treatment, in some cases, the best way to get rid of the problem is to take the nail off entirely, and no one likes the feeling and cold toes with no nails on them. So that's when KeryFlex comes in hand, and with the new procedure, we can make your toes with no nails, or barely any nails, look brand new and make you feel comfortable in your own skin!

Come in and ask about KeryFlex!



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Like Walking on a Cloud

Novel treatment replaces lost padding to cushion the foot while standing and walking.

It is believed, states the US National Institutes of Health, that the average person with an 80-year life span will walk the distance of the world twice in their lifetime! Age and mileage like that put tremendous strain on the natural protective framework of the feet.



DR. PAMELA KIRBY, P.A.

"The main problem is that the fat pad that cushions the bones and the bottom part of the foot wears away over time," explains Pamela Kirby, DPM, a board-certified podiatrist. "This is called *fat pad atrophy*, and it can lead to significant pain and even breakdowns in the skin."

Fat pad atrophy is the thinning or shifting of the fat stores over the heads of the metatarsal bones, the bones that make up the ball of the foot. The fat pad acts as a shock absorber to cushion the bones and diffuse forces during weight bearing, such as when standing or walking. It also protects the underlying tendons, muscles, nerves and blood vessels.

When age or another condition destroys or displaces this protective fat layer, the foot is left without a shock absorber. Then, the forces created when standing and walking are transferred directly to the bones and other tissues. This irritates the tissues and leads to pain, inflammation and, ultimately, skin ulcer formation.

"Age is the most common cause of fat pad atrophy, but there are other contributing factors," notes Dr. Kirby. "Genetics have been linked to this condition, as has diabetes-related neuropathy.

"Another risk factor is having very high arches. Wearing high heels or shoes with very thin soles, or walking barefoot a lot can trigger or worsen this condition. People with rheumatoid arthritis are also at risk."

Pain and tenderness in the ball of the foot, especially when standing or walking, are the main symptoms of fat pad atrophy. Other signs to look for include difficulty when walking barefoot and the formation of calluses or ulcerations. The metatarsal bones may also become more prominent because the fat pad that covered them is no longer there.

On a cloud

For those with fat pad atrophy, Dr. Kirby offers a novel, minimally invasive treatment called RADIESSE Volumizing Filler, which is injected into the problem area of the foot. This product is designed to not only offer temporary relief, but also to provide a structure for the body to rebuild the missing tissue.

"The fillers make you feel like you are walking on a cloud," describes Dr. Kirby. "There are usually about two weeks when patients need to stay off of their feet so the filler has time to form and to fill in the crevices and to mold. But after that, there is usually about nine months to a year and a half of relief before they need another injection."

RADIESSE gel implants not only



PHOTO FROM IStockPHOTO.COM

Dr. Kirby has expertise in treating disorders of the foot, ankle and lower leg.

cushion the bones, they also provide support and protection to the tendons, ligaments and other soft tissues in the foot.

"RADIESSE gel bonds safely into the patient's foot compartment to cushion the thin areas of the foot where the pain is originating," states Dr. Kirby.

FHCN - Patti DiPanfilo

Walking on a cloud

For more information about this topic or any of the services provided by Dr. Pamela Kirby and her staff, call the office at (386) 788-4111. The office is located at 4606 S. Clyde Morris Blvd., Suite 1J, in Port Orange. They can also be found online at www.pamkirby.com.



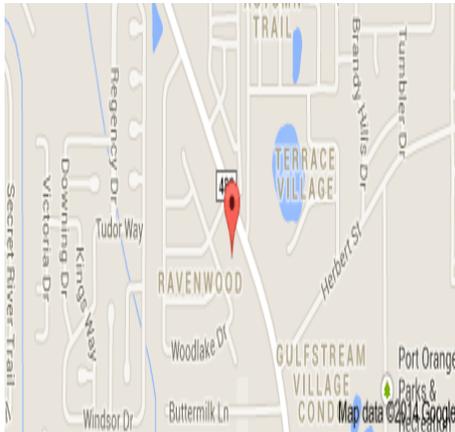
Pamela E. Kirby, DPM, is a Diplomate of the American Board of Podiatric Medicine. She received her Doctor of Podiatric Medicine degree from the Ohio College of Podiatric Medicine in Cleveland and completed a podiatric residency at the Baltimore Veterans Administration Hospital. Dr. Kirby is a fellow in The American College of Foot and Ankle Orthopaedics and Medicine and an associate in The American Professional Wound Care Association. She is a member of the Florida American Podiatric Medical Association and American Association of Women Podiatrists, and is the past president of the Florida Podiatric Medical Association. Dr. Kirby specializes in care of the foot, ankle and lower leg. She commonly provides treatment of diabetic ulcers, neuropathy, fractures, sprains, corns, calluses and ingrown nails. Dr.

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POSTAGE



The Stride

*Brought to you by the Office of
Dr. Pamela Kirby, PA*

Edited by Addison Kirby

Come See Us and Get Back On Your Feet!

Healthy Meals for Our Diabetic Patients **GOOD FOR ALL!**

Ingredients

- 6 graham cracker squares
- 1 ounce bar dark chocolate, divided into 6 portions
- 1 teaspoon finely shredded orange peel
- 1 teaspoon snipped fresh rosemary
- Nonstick cooking spray
- 6 large marshmallows
- 6 fresh raspberries



Nutritional Information

Calories:	91
Protein:	1 g
Sodium:	57 mg
Fat:	3 g
Carbohydrates:	16 g

Directions

1. Place graham crackers in a single layer on a platter. Top each with a portion of chocolate; set aside. In a small bowl, combine orange peel and rosemary; set aside. Lightly coat a long metal skewer with cooking spray. Thread marshmallows on the skewer, leaving 1/2-inch space between marshmallows.
2. For a charcoal grill, using an oven mitt, hold marshmallow skewer just above grill rack directly over medium coals about 2 minutes or until marshmallows are soft and lightly toasted, turning occasionally. (For a gas grill, preheat grill. Reduce heat to medium. Using an oven mitt, hold marshmallow skewer just above grill rack over heat. Grill as above, leaving grill uncovered.)
3. Working quickly, use a fork to push one marshmallow onto each chocolate-topped graham cracker. Sprinkle with orange peel mixture and top each with a raspberry.