



Adriana Strimbu, DPM, PA

News and Updates **December 2022**



About the Doctor

Dr. Adriana Strimbu, DPM
Broward County, Hallandale Beach, Florida
Podiatrist | Foot Doctor

Born in Romania

Education:

- Florida International University, Miami, FL
Bachelors of Science, Biology
- Barry University School of Podiatric
Medicine & Surgery 1996-2000
Doctor of Podiatric Medicine

Residency:

- Cedars Medical Center 2000 - 2002

Work Experience:

- Private practice in Hallandale Beach, FL
2002 - present
- Adjunct Clinical Instructor, Barry University
School of Podiatry 2002-2012
- Podiatrist for CHC in Miami, FL 2002-2014
- Podiatrist for Helen Bentley Family Health
Center, Miami, FL 2004-2007

Appointments:

- Chair of Public Affairs Committee for Florida
Podiatric Medical Association 2018 - present
- Vice President of Miami Dade County
Podiatry Medical Association 2019 - April
20th, 2020
- Treasurer of the Miami Dade County
Podiatry Medical Association 2017 - June
2019
- Adjunct Clinical Instructor for Barry
University School of Podiatric Medicine
2002 - 2012
- Clinical laboratory Instructor, Barry University
School of Podiatric Medicine 2002 - 2004
- Secretary, FPMA Jan. 2022-present
- President, Miami Dade Podiatry Medical
Association April 21, 2020-April 2022

Professional Associations:

- Co-Chair of Public Affairs Committee,
Florida Podiatric Medical Association
- Member of Affinity Program, Florida
Podiatric Medical Association
- Member of American Podiatric Medical
Association
- Member of American Academy of Podiatric
Practice Management
- Member of American College of Foot and
Ankle Pediatrics
- Past President, Miami Dade County Podiatry
Association
- Secretary, Florida Podiatric Medical
Association

Family:

Dr. Strimbu is married, with 3 children,
two girls, and one boy.

Diabetic Socks — More Important Than Christmas Stockings



Socks are often an overlooked component of good foot health. Diabetics can't afford to make that mistake, as diabetic-related nerve damage and compromised circulation can lead to serious foot problems, such as ulcers, infection, and potential amputation.

The following are some features to look for in diabetic socks:

Moisture-wicking fibers help keep feet dry. The fibers draw moisture away from the foot, then through the material to the surface on the other side, where it evaporates. Polyester, nylon, and merino wool are good wicking fibers, whereas 100% cotton is not. Moisture that's not wicked away elevates friction and is a haven for bacteria and fungi.

Diabetic socks should be **seamless**. Socks with seams can rub against the skin and bunch up or wrinkle — more friction ups the risk of blisters, chafing, and sores, which are serious matters for diabetics.

Diabetic socks should be nonconstricting and have a good stretch design. In other words, there should be no elastic band at the top of the sock. This promotes good circulation and facilitates healing.

Socks should have **extra padding** and cushioning where feet are exposed to the most shock (e.g., heel area, ball of the foot).

A **white sole** is important for those with decreased sensitivity due to peripheral neuropathy. A white backdrop will alert the wearer to any bleeding or draining on the bottom of the foot.

Diabetic socks are typically treated with **antimicrobial technology** in moisture-prone areas of the foot to fend off bacteria and fungi and eliminate foot odor.

If you have questions about diabetic socks,
please give our office a call.



This Winter, Prepare Your Feet for Summer

Ten percent of Americans have toenail fungus, an unsightly, annoying, and sometimes underestimated condition. Funguses thrive in warm, moist environments (showers, locker rooms, poolside, sweaty shoes, etc.). As we age, our immune systems weaken and toenails also become more brittle and subject to cracks, providing added opportunity for fungal infections.

Frequently, the first sign of toenail fungus is a whitish or yellowish spot beneath the nail surface. If ignored, the situation can progress to nail discoloration, thickening, shape distortion, an odor most foul, and pain that makes walking a chore.

Unattended toenail fungus can also spread to neighboring nails and skin. It's an even more concerning condition for those with diabetes, circulatory issues, and immune disorders.

Some people try to hide fungal nails under polish. "Out of sight, out of mind" doesn't solve anything. The problem will just worsen as the fungus becomes more deeply entrenched in the nail layers. Over-the-counter medications are useless for advanced cases.

Your best game plan is to schedule an appointment with our office. Once we evaluate your nail(s) and confirm a diagnosis of toenail fungus, we will help you devise a treatment plan. Oral medications, medicated polishes and creams, and laser therapy are tools at our disposal. In advanced cases, the nail may need to be removed.

Achieving the desired result isn't instantaneous. For example, oral medication may need to be taken for six to 12 weeks. Laser therapy might require several sessions scheduled about a month apart. The healed nail will also need to completely grow out to reach full cosmetic effect — typically six months to a year.

Warm weather heralds the arrival of sandal and open-toed shoe season. Start getting ready *now*.

Mark Your Calendars

- Dec. 4** Santa's List Day: If Santa's naughty/nice list is only made on Dec. 4, the elves deserve a raise.
- Dec. 7** Pearl Harbor Remembrance Day: The Japanese attacked Pearl Harbor a second time on March 4, 1942, unsuccessfully.
- Dec. 18** Hanukkah (begins sundown): To commemorate the miracle oil burning for eight nights, many Hanukkah foods are fried in oil.
- Dec. 21** Winter Solstice: Occurs the instant the North Pole is farthest from the sun (4:48 p.m. this year).
- Dec. 23** Festivus: Nothing says holiday like a plain aluminum pole, airing of grievances, dinner, and feats of strength.
- Dec. 25** Christmas: The Friday and Saturday before Christmas are busier shopping days than Black Friday.
- Dec. 31** New Year's Eve: The Times Square ball weighs nearly six tons.



Insurance List

AARP Medicare Complete
AETNA
Ambetter
Amerigroup
Better Health
Blue Cross Blue Shield
Bright Health
CIGNA
Community Care Plan
Devoted
DMERC (for diabetic shoes, braces and insoles)
FL Blue My Blue
Health Kids Wellcare
Humana
Medicaid
Medicare
MOLINA
Multiplan
Oscar
Private Health Care Plan / PHCP
SIMPLY
SOLIS
Staywell
Sunshine
United Health Care
United Health Care OneNet Workers Compensation
Wellcare
Workers Compensation
Canadian Insurances with Prior Authorization

Please call us with any other information we are dedicated to your patient's health and want to help them get rid of their foot pain as soon as possible.

X-rays, Diagnostic Ultrasound and Circulation tests, Toenail fungus laser are available in the office.

We are DME Suppliers for diabetic shoes, braces and Insoles.

We Speak Romanian, Russian and Spanish.

Group NPI: 1992768741
Dr. Strimbu's NPI: 1346300183
UPIN: U90653



Roast Pork and Sweet Potatoes with Spicy Cabbage

Yield: 4 servings; prep time: 10 min.; cook time: 45 min.; total time: 55 min.

This impressive pork tenderloin dinner is surprisingly simple to make.

Ingredients

- 2½ lb. sweet potatoes, cut into ½-inch chunks
- 2 tbsp. olive oil, divided
- 1 pork tenderloin (1¼ lb.)
- ¼ c. barbecue sauce
- ½ medium head red cabbage, thinly sliced
- 4 green onions, thinly sliced
- 1 jalapeño, thinly sliced
- ¼ c. cider vinegar

Directions

1. On large, rimmed baking sheet, toss sweet potatoes with 1 tablespoon olive oil and ¼ teaspoon salt; roast in a 450°F oven for 30 minutes.
2. In deep 12-inch skillet, heat 1 tablespoon olive oil on medium-high. Season pork tenderloin with ¼ teaspoon each salt and pepper. Brown pork on all sides; transfer to baking sheet with potatoes. Brush pork with barbecue sauce; roast 16 minutes or until cooked through (145°F).
3. To same skillet on medium, add red cabbage, green onions, jalapeño, and ½ teaspoon salt. Cook 12 minutes or until cabbage is tender, stirring. Stir in cider vinegar.
4. Serve pork with potatoes and cabbage.

Recipe courtesy of www.goodhousekeeping.com/food-recipes.



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**Free
Book**



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When Your Child Has a Lot on Their Plate

All growing children have growth plates — soft areas of cartilage where new bone growth occurs, typically at the ends of long bones (i.e., arms, legs, feet). One such area where growth plates reside, and trouble sometimes springs up, is the forefoot.

The metatarsal bones, the long ones running along the top of the foot, connect with the toes. Sometimes repetitive stress causes microfractures in the metatarsals at the growth plates. Circulation to the bone is impeded, and cellular death occurs in the head of the bone. This condition is known as Freiberg's disease. Although it's not common, it's still a pain in the ... foot for kids to deal with.

The second metatarsal is most susceptible, and in some patients that's because their second toe is longer than their big toe, bearing more weight and absorbing more shock than normal. For reasons as yet unclear, young girls are over three times as susceptible to Freiberg's as boys.

The calling cards of Freiberg's are pain and discomfort in the forefoot, swelling, and stiffness in the joint (metatarsophalangeal joint), which may cause a noticeable limp. The RICE method (Rest, Ice, Compression, and Elevation) may help initially, but symptoms will eventually intensify and become more persistent without professional care.

If your child is dealing with forefoot pain, contact our office. If we diagnose Freiberg's disease, conservative treatments are highly effective and may include a combination of immobilization (boot or cast), medication for inflammation and pain, metatarsal pads, physical therapy, orthotics, and properly fitting shoes with a wide toe box. Left untreated, Freiberg's can eventually cause arthritis and might require surgery.

