



Adriana Strimbu, DPM, PA

News and Updates **September 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.

# What to Do About Nerve Pain in Your Feet



A tingling, burning, shooting sensation jolting through your feet can be quite frightening! Even worse could be feeling nothing at all.

Such sensations often arise from some form of nerve condition or damage in the feet.

The nerves in our feet can be particularly susceptible to problems because of their distance from the heart. It's more

of an effort for our bodies to supply blood and essential nutrients to this area. If someone has poor circulation or complications from a condition such as diabetes, the nerves are more likely to become damaged or have problems recovering from injury.

Potential nerve damage in the feet, also known as neuropathy, is not something to ignore. Such symptoms may be signs of a deeper problem that may cause worse complications if not addressed.

The good news is that, once we get to the root of a neuropathy cause, there are usually steps that we can take to help alleviate the pain or manage the symptoms. Such methods may include physical therapy, medication, or nerve stimulation therapies.

In some cases, surgery might be required to relieve pressure against a nerve that is compressed against a bone or harder tissue.

If you have been suffering from strange pains or numbness in your feet, don't wait on it any longer. Let us know if you're experiencing pain today!



# Psoriasis Can Take a Toll

According to the National Psoriasis Foundation, over 8 million Americans deal with psoriasis, an autoimmune disease noted for areas of thick, reddened skin mixed with dry, whitish-silver patches. It can break out on any part of the body, including the feet (palmoplantar psoriasis).

Psoriasis is not contagious, but it's itchy, irritating, sometimes painful, and can affect self-image. It tends to run in families and is the leading risk factor for psoriatic arthritis, which typically attacks the joints of the lower extremities. Triggers for palmoplantar psoriasis flare-ups include repetitive trauma, infection, stress, smoking, and chemical irritants.

Normally, new skin cells take about a month to work their way to the skin surface, coming off the bench to replace dead skin cells. For most people, it's a seamless transition. For those with psoriasis, the new skin cells rise to the surface too rapidly, before older skin cells are ready to exit. New skin cells pile onto older ones, resulting in plaques or tiny, pus-filled blisters.

Keeping the skin clean and moisturized (e.g., hypoallergenic moisturizers, colloidal oatmeal baths) can ease discomfort and improve skin health. But any sudden foot irritation warrants a call to our office.

People who develop palmoplantar psoriasis sometimes think they have athlete's foot. That's why a thorough evaluation and accurate diagnosis are so important. After an exam and review of your medical history, we might take a biopsy to confirm a palmoplantar psoriasis diagnosis.

We can treat mild cases with prescription topical creams. Severe cases might require systemic (body-wide) medication. We may need to coordinate with other healthcare professionals as well.

Palmoplantar psoriasis can't be cured, but we can offer pain relief and help reduce the likelihood of future flare-ups.

## Mark Your Calendars

- Sept. 5** Labor Day: In 1917, the Adamson Act was passed, establishing the 8-hour workday.
- Sept. 11** Patriot Day: DNA identification has yet to happen for over 1,100 victims of 9/11.
- Sept. 14** Cream-Filled Doughnut Day: Per capita, Canada has the most doughnut shops.
- Sept. 17** Apple Dumpling Day: Dessert, breakfast, main dish ... hot or cold ... sweet versatility.
- Sept. 22** First day of autumn: Autumn's alias, "fall," is short for "fall of the leaf."
- Sept. 26** Rosh Hashanah: The sounding of the shofar (ram's horn) ushers in the Ten Days of Repentance (through Yom Kippur).
- Sept. 27** Crush a Can Day: Recycled cans typically find their way back to store shelves within 90 days.





# 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



## State Fair Cream Puffs

Makes 10 servings; Prep time: 25 min.;  
Bake time: 30 min. + cooling

*It's fair season. State fair, county fair, street fair  
— all's fair when it comes to this luscious treat.*

### Ingredients

- 1 cup water
- 1/2 cup butter
- 1/4 teaspoon salt
- 1 cup all-purpose flour
- 4 large eggs, room temperature
- 2 tablespoons 2% milk
- 1 large egg yolk, lightly beaten
- 2 cups heavy whipping cream
- 1/4 cup confectioners' sugar
- 1/2 teaspoon vanilla extract
- Additional confectioners' sugar

### Directions

1. Preheat oven to 400°. In a large saucepan, bring the water, butter, and salt to a boil over medium heat. Add flour all at once; stir until a smooth ball forms. Remove from heat; let stand for 5 minutes. Add eggs, 1 at a time, beating well after each addition. Continue beating until mixture is smooth and shiny.
2. Drop by 1/4 cupfuls 3 in. apart onto greased baking sheets. Combine milk and egg yolk; brush over puffs. Bake until golden brown, 30–35 minutes. Remove to wire racks. Immediately cut a slit in each for steam to escape; let cool.
3. In a large bowl, beat cream until it begins to thicken. Add sugar and vanilla; beat until almost stiff. Split cream puffs; discard soft dough from inside. Fill the cream puffs just before serving. Dust with confectioners' sugar. Refrigerate leftovers.

Recipe courtesy of  
[www.tasteofhome.com](http://www.tasteofhome.com).



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Book**



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# Dealing with Turf Toe

Turf toe is a condition that can bedevil football players, hoopsters, gymnasts, and dancers — or participants in any activity that involves substantial flexing of the big toe on hard surfaces.

Turf toe is a sprain/hyperextension of the big toe's primary joint (metatarsophalangeal [MTP] joint). The MTP joint is surrounded by important structures that hold it in place and provide stability, including the plantar plate (a thick, strong ligament), collateral ligaments, tendons, and two tiny sesamoid bones embedded in a tendon. When any soft tissue of the MTP joint is overstretched, partially torn, or completely torn, turf toe is born.

Typically, turf toe strikes suddenly during a fateful push-off or pivot/cut, but it's not unheard of for it to slowly evolve over time. Pain and swelling can range from moderate to severe. Tears will likely produce bruising.

The term "turf toe" became prominent with the introduction of artificial-turf playing fields in the 1970s. Artificial surfaces are harder, less shock absorbent, and "stick" more than natural grass, and are therefore tougher on the joints. Today, colleges and many high schools depend on them. In addition, the softer, more flexible footwear designed for them is great for agility but lousy for forefoot stability.

Moderate turf toe symptoms will benefit from the RICE method: Rest, Icing, Compression, and Elevation. If symptoms are severe or moderate symptoms don't improve in a few days, a call to our office is advised.

Some turf toe issues may require immobilization (e.g., a walking boot or cast). Healing time can range from several days to a month or more, and physical therapy may be recommended. Surgery is rarely necessary; however, those experiencing severe turf toe whose livelihoods involve high-level athletics may be candidates.