



SONORAN
FOOT & ANKLE INSTITUTE

News and Updates *June 2026*

Make Feet Summer-Ready With a 'Medi-Pedi'

About the Doctor



Than Fairbanks, DPM

Dr. Fairbanks is a native of Arizona, growing up in Mesa, and went to Brigham Young University in Provo, Utah with a bachelor's degree in Exercise Science. He then completed a 4-year podiatric medical degree from the Arizona School of Podiatric Medicine at Midwestern University in Glendale, Arizona and completed his residency at Maricopa Medical Center in Phoenix, before spending 4 years serving as a US Navy podiatrist. Dr. Fairbanks is Board certified through the American Board of Podiatric Medicine and Board qualified through the American Board of Podiatric Surgery.

Locations

Rosemont & Ajo

A traditional pedicure at a salon can improve the aesthetics of your feet, but it doesn't provide the comprehensive and holistic care your feet need for optimal health. A medical pedicure (or "medi-pedi"), however, beautifies feet as well as prioritizes long-term foot health.

A medical pedicure is typically performed by a podiatrist, podiatrist assistant, or a certified medical nail technician. It frequently includes callus removal; toenail trimming, shaping, and buffing; cuticle care; therapeutic exfoliation; foot and ankle massage; moisturizing; and application of antifungal nail polish.

Medi-pedis are noninvasive and waterless. They get to the heart of problems such as cracked heels, thick nails, and ingrown nails — they don't just cover them up. At traditional salons, substandard hygienic practices can gift customers with bacterial infections, fungal infections, and plantar warts. It's difficult for customers to know for sure if proper sterilization of instruments and basins is being performed. That's not the case with a medical pedicure, which is performed in a medical setting, waterless, and designed to minimize the risk of infection.

Those who could most benefit from a medi-pedi include:

- Anyone with concerns about salon hygiene practices.
- Athletes and active individuals, who sustain wear and tear on their feet due to constant use.
- Those who have conditions such as diabetes, cancer, or autoimmune diseases, whose feet may be more vulnerable to complications, including potentially life-threatening ones.
- Persons with persistent foot ailments such as athlete's foot, nail fungus, or ingrown nails.

If you want to confidently display your feet this summer, a medi-pedi can be a smart choice, beautifying your feet and improving your foot health simultaneously.



You Reap What You Sow

Basking in warm temperatures, soaking up nature, working the soil, planting, weeding — gardening is great exercise and, for many, one of life's simple pleasures. But don't neglect your feet and ankles in the process!

Gardening is a weight-bearing activity replete with kneeling, crouching, squatting, pushing, and pulling, which place extra stress on feet and ankles. A bit of prep work can go a long way in warding off pain and discomfort.

The right pair of gardening shoes is a must. Shoes should have good arch support to distribute weight evenly and reduce strain. Your back will benefit too. Firm soles are key to protecting your lower extremities from the effects of uneven ground and in maintaining good balance.

Make sure the toe box is sufficiently roomy to avoid bruised toenails, blisters, ingrown nails, and those lovely corns. Trim toenails straight across, with a bit of white toenail still remaining. Avoid flip-flops, sandals, open-toed footwear, or going barefoot while gardening. Stones, thorns, forgotten tools, and other sharp objects can put a damper on your day.

Moisture-wicking socks are important as well to keep feet dry and help avoid fungal infections. Do some pre-gardening stretching, and ease into your work. Take plenty of breaks; stand up and walk around to aid circulation and to avoid swelling and cramps — and drink plenty of water. Kneeling pads or a stool might be a good investment too.

If you experience persistent, lingering aches or pain after gardening, contact our office. Ignoring it or trying to push through will only exacerbate the situation. Don't give plantar fasciitis, Achilles tendonitis, overuse injuries, or other ailments a chance to blossom.

Mark Your Calendars

- June 6** D-Day: Approximately 1.4 million U.S. troops arrived in Great Britain from 1942–1944 to prep for D-Day.
- June 14** Flag Day: There is only one non-rectangular national flag — Nepal's. It looks like two stacked triangles.
- June 19** Juneteenth: After General Granger arrived in Galveston in 1865 and issued the order for Texas's slave owners to free their slaves, some slave owners only did so after harvest season.
- June 21** Father's Day: "My dad convinced me to leave my job and become an archeologist. Now my career is in ruins."
- June 21** First Day of Summer: Only one member of the original Beach Boys was a surfer (Dennis Wilson).
- June 26** Food Truck Day: For all intents and purposes, the first food truck was the chuck wagon ... 1866 ... Texas ... cattle drives.



It's Men's Nipple Season!

A lot of men go topless in public over the summer: swimming, running, yardwork, and just because. That means there are plenty of exposed nipples out there. Which raises a pointed question: Why do men even have them? Breastfeeding isn't part of the male experience.

Nipples happen to be part of the genetic blueprint. They are present prior to an embryo developing male or female traits. So, if an embryo turns out to be male, nipples come along for the ride.

Some people question why evolution hasn't somehow sorted all this out over time. Actually, humans have retained a number of nonessential ("vestigial") traits, such as wisdom teeth. They might not be necessary anymore, but natural selection — a mechanism of evolution — doesn't deem them a hindrance, so they've remained. (Although convincing someone who's had wisdom teeth removed that it wasn't a hindrance might be a tough sell.)

Even though men don't breastfeed, on rare occasions they may lactate. Too little testosterone, too much of the hormone prolactin, certain medications, and conditions such as an overactive thyroid or pituitary disorders are frequent causes.

Another rarity among men is a condition called gynecomastia, which is the enlargement of breasts. Hormonal imbalances are often to blame.

Men can develop breast cancer too. It's not common — less than 1% of all breast cancer cases — but since men don't get regular mammograms or reminders to check for lumps, they're more likely to overlook it.

Truth is, male nipples do have some value. They're packed with a dense supply of neural tissue, like female nipples, making them erogenous zones. Now that's something to get excited about!



Feta Meatballs With Zucchini Noodles

Yields: 4 servings; prep time: 15 min.; total time: 25 min.

Crumbled feta gives these meatballs tons of tangy, cheesy flavor.

Ingredients

- 1 lb. ground beef
- 1 large egg
- 1/2 cup crumbled feta cheese
- 1/3 cup panko
- 1/4 cup finely diced onion
- 3 garlic cloves, minced
- 1½ tsp. dried oregano
- 1 tsp. ground cumin
- 2 tsp. kosher salt
- 1/2 tsp. black pepper
- 4 tbsps. salted butter
- 24 oz. fresh zucchini noodles
- Grated zest and juice of 1 lemon

Directions

1. Preheat the oven to 400° and line a baking sheet with parchment paper. Combine the beef, egg, feta, panko, onion, garlic, 1 teaspoon oregano, the cumin, 1½ teaspoons salt, and the pepper in a large bowl. Mix with your hands until evenly combined.
2. Shape the mixture into 16 small meatballs (about 2 tablespoons each) and arrange on the baking sheet.
3. Bake the meatballs until cooked through, about 15 minutes.
4. Meanwhile, melt the butter in a large deep skillet over medium heat. Once melted, remove from the heat and add the zucchini noodles, lemon zest and juice, and remaining 1/2 teaspoon each oregano and salt. Toss well. Serve the meatballs with the zucchini noodles.

Recipe courtesy of www.thepioneerwoman.com.



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SUMMER-READY
WITH A
'MEDI-PEDI'
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Jones and Pseudo-Jones Fractures

The long bones that run from the midfoot to the bases of the toes are the metatarsals. The fifth metatarsal, which connects to the little toe, is the most susceptible to fractures, most notably Jones and pseudo-Jones fractures.

A Jones fracture involves a break in the shaft of the fifth metatarsal. It's an area that's frequently subjected to stress and trauma, particularly among athletes, and is central to walking, running, and jumping. An awkward foot twist, an ankle sprain, repetitive stress, or direct trauma can result in a Jones fracture.

Symptoms of a Jones fracture include the usual suspects: pain, redness, swelling, bruising, and/or numbness toward the outside of the foot. The fracture may be a stress fracture or an acute break. An acute break frequently requires surgery due to the limited blood supply in that part of the foot, which delays healing. Delayed healing raises the risk of chronic pain, arthritis, and other complications.

A pseudo-Jones fracture is an avulsion fracture of the fifth metatarsal, near the base and closest to the ankle. An avulsion fracture occurs when the tendon pulls a tiny piece of bone off the main bone. Many of the symptoms overlap those of a Jones fracture, but conservative treatment measures are often successful. These typically include wearing a walking cast or boot for four to six weeks, icing, and rest. Surgery may be recommended if the avulsion fracture is displaced — that is, it doesn't align with the rest of the bone.

Keeping up with the Joneses is a job for our practice. Schedule an appointment with us for a thorough evaluation, accurate diagnosis, and effective treatment.

