

Ultimate 12-Week Physique Transformation



Dear FT Team,

I can't even express adequately the difference within me and the results outside of me, as a result of joining your program at Fitness Together. I have never thought I could regain the physical and mental changes that I have.

From couch potato (literally) to working your program. I realized that I was not only toning and developing muscular strength, but that I was also opening my mind to possibilities.

Your guidance, positive support and encouragement on a one-to-one basis is very empowering. Needless to say, you are all great to work with and helped make the difference.

In the past three months I lost 23 pounds and took 3-4 inches off my waist, hips, and shoulders. That achievement in itself is nothing less than AWESOME!!

Ya done Good!! Thanks for everything. - De Cernicek

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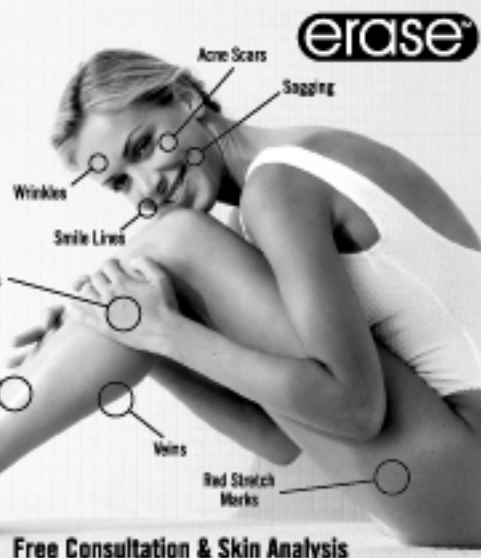
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A Better You

Hands and Feet

Moisturize Regularly

by Mary Jo Blackwood, R.N., MPH

All year, but during the summer especially, our hands and feet take quite a beating. So we asked a dermatologist, a plastic surgeon and a podiatrist what the most common problems are and how to address them.

Dr. Elsa Gutierrez of Dermcare says keeping hands and feet moisturized will protect them. "We should be using a good moisturizer on our hands after every hand washing, even after using hand sanitizer, which is good for infection control, but because of the alcohol, harsh to the skin."

She says we also forget to reapply sunblock after hand washing, or at least after a couple washings if we use a waterproof sunblock. Gutierrez points out that we tend to spend a lot of time taking care of our faces, but forget about our hands.

Women can help the situation considerably by moisturizing both hands and feet routinely, especially at bedtime. Treatment for hands, in addition to moisturizers and sunblock, includes bleaching creams, non-ablative laser treatment to tighten collagen, and light chemical peels to improve skin quality.

Gutierrez says the main issues with feet are mostly dryness and calluses, particularly after a summer in sandals. "Changes in hormones can lead to thickening of the skin on the bottom of the feet. You have to keep that treat-

ed," she says. "In other cases, people think dry skin can be a fungal infection. Any changes to the feet should be diagnosed and treated promptly."

Dr. Michael Nayak of Nayak Plastic Surgery says the hand complaints he hears most have to do with protruding veins and tendons, brown spots, and big knuckles. "Our veins and tendons didn't grow big and ugly. We just lost the fat that covers them," he explains. "There are basically three things you can do for the hands: treat the spots, replace the moisture and replace the lost volume with fat transfer."

He says intense pulsed light (IPL) works well on sunspots, even better than a peel because of the thin skin on the back of the hands. Sunblock, moisturizers and dermabrasion are all somewhat helpful, but replacing lost fat volume has the greatest effect on appearance, he notes.

"Look at an 8-year-old's hands. They are plump, and the knuckles are dimpled," Nayak says. "By age 20, we are seeing a hint of the structure. By age 60, all we see are the knuckles, veins and tendons. Fat transfer is a permanent way to replace that lost volume and mask underlying structures."

Nayak uses the same procedure for the hands as he does to replace fat volume in the face, taking a negligible amount of fat usually from the hip or outer thigh for women. For men, it's often from the lower abdomen. After removing it from the donor area, he purifies it in a centrifuge

to remove any blood droplets or broken fat cells. Then, using a cannula half the diameter of a Q-Tip swab, he injects layers of tiny fat drops into the hand from different directions, forming a grid of fat. The smaller the droplet, the better the chance of it finding a permanent blood supply.

Generally, Nayak says, about 40 percent of the injected fat stays in the hand, but it may take up to four treatments to get the desired padding. Fat from your own donor site is much cheaper than fillers that go away after a few months. Although the hands may be swollen for a week or so, the procedure is surprisingly comfortable, he says. And, he adds, "You will always get a better result if you practice good skin care to preserve the work."

Podiatrist Michael Horwitz of Feet for Life lists several common functional problems that can be easily treated. For example, he is seeing more Botox treatment for excessive foot sweating, which becomes more problematic as we approach fall and go back into closed-toe shoes, because it can lead to fungal infections. Some topical preparations can also be helpful.

Another common complaint, called Morton's neuroma, involves a thickened nerve usually at the base of the third or fourth toe that starts feeling like a constriction and progresses to numbness, tingling and irritation shooting from the base toward the tips of the toes. It is usually worse with closed-toe shoes. Doctors around the world are

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