

AN ALL-AMERICAN SUMMER

DEPARTURES

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Your Own Private **BIG SUR** ★ How to Do **DALLAS** Now ★ Getting Car-Crazy in **PALM SPRINGS**
Jay McInerney on the **HAMPTONS** vs. the **JERSEY SHORE**
Pastrami on Rye from **RALPH LAUREN** ★ Apple Pie from **JACKSON POLLOCK**
Sleepy and Hungry in **SEATTLE** and **DENVER** ★ An Exclusive First Look at D.C.'s **WATERGATE HOTEL**
PLUS Small-town reports from **Beaufort, South Carolina**, and **Monroeville, Alabama**

CHECK UP

TRUE CONFESSIONS OF A FOOT DOCTOR

What happens when the socks come off?
Dr. Suzanne Levine tells all.



Dr. Suzanne Levine is the author of *My Feet Are Killing Me!* (amazon.com), a guide to foot care.

It was a bright, sunny Friday morning.

Suzanne Levine, D.P.M., in her white lab coat, half-eyes pushed up high onto her expensively highlighted locks, looks down at what I had always considered quite nice feet.

“Oh my god!” she says, backing away from me like she might from a burning house. “Those feet *do not* belong to you!”

Excuse me, I thought.

“Look at you—handsome [now that was nice], well dressed, and...who cuts your hair, incidentally? But those feet.”

And so began the love affair. And the rebirth of my feet.

Ever since I bought a pair of hippie sandals in questionable-country-of-origin leather 20 years ago, I’ve been plagued by foot and toe problems. Not that I blame this entirely on that pair of shoes. There was my pointy-toed cowboy-boot phase. There was the “marathon runners don’t ever die, their feet just smell that way” period. Then there were the twisted ankles, the neuroma in one toe, not to mention my aversion to moisturizing my feet on a regular basis. Finally it all caught up with me, and I ended up in the offices of one Dr. Suzanne Levine of 885 Park Avenue, entrance on 78th Street. She’s the Hermès of foot doctors, but with nary a trace of hauteur anything. She’s easy, down-to-earth, both aesthetician and practitioner of the some-

times-lost art of the doctor-patient relationship. She’s funny, wise, and I don’t know that she’s ever met a foot that she didn’t try to improve.

My own tale of enlightenment is boring and too detailed to go into. Instead, we asked Dr. Levine for the final word or two on commonly asked questions about foot problems among people on the go. By the way, a year later, my feet, according to Dr. Levine, do in fact look like they belong to me rather than to one of the creatures in Jurassic Park.

What is the most common ailment among your patients?

For women, bunions. But 25 percent of my patients are men who come in for nail fungus, heel pain, ingrown toenails, dropped metatarsals from jogging a lot,

sprains, and stress factors. Few come in for a bunionectomy. Men have a stronger bone structure—and don’t wear Manolos.

You are a podiatrist who actually loves high heels; is that why you created that procedure Pillows for Your Feet?

I love Manolo Blahniks—they are fabulous! But, yes, as we age, we lose the cushioning at the ball of the foot and in the heel region. Pillows for Your Feet helps to restore some of the cushioning. Many fillers are used; I prefer a polylactic acid known as Sculptra, which acts as a replacement for the fat that is lost and also causes the body to build up collagen. It’s a go-to procedure; I have patients who come in once a year and just say, “Fill it up!” And some of these patients are in their

80s. But some people don’t want to do it, so I developed little gel pads to wear in your shoes—a pharmacy in Cincinnati just called me to restock—and a spray, Stiletto Rx for women or Comfortably Numb for men, to alleviate the sting on the balls of the feet and the heels.

Back to bunions for a second: What is this procedure you call a “bikini bunionectomy”?

Bunions, those bony bumps by the first toes, are mostly a result of genetics; if your mother and grandmother had a bunion, you are likely to develop one as well. Ill-fitting shoes with high heels and a narrow toe box can contribute to their formation. But stilettos are not a prerequisite for them—Mother Teresa, not a fashionista, had bad bunions.

Once a bunion has formed, surgery is the only cure. A patient of mine had an abdominoplasty and said, “You know, the worst part of this is the scar. I would do it all over again, but I have to wear my bikinis. You have to do a bikini bunionectomy on me so I have a small scar.” It involves working with a small incision, doing the same kind of surgery in a smaller space and making sure the scar is hidden.

But it’s on your foot, how bad is the scar? Can you really see it?

On some people, you might; some can develop a hypertrophic, or raised, scar. So I go in on the inner side of the bunion to minimize the scar to almost an inch. It’s much more intense work and takes longer to do, but some people insist on it; they want their feet to look beautiful.

Speaking of beautiful feet, you have said you can look at a foot and tell whether a person descends from aristocracy or from a family of farmers. How? High-arched feet tend to be more

Nordic. Their ancestors were carried around if they were aristocracy; their feet didn't have to adapt to the ground. When you see high arches, you think of someone with a delicate foot. There is no history of having worked in the fields, having to stand all day on their feet.

Any clients who have come in that you think are aristocracy and you find out from looking at their feet that they are actually working class?

Many people come in with superwide pronated feet, and I say to them, "I hope you don't mind me saying this, but your feet don't match the rest of you." The person is almost picture-perfect from the hair down, but then you look at their feet. Our feet are the basis of so much. There are so many expressions like "Put your best foot forward" and "She has her feet on the ground." If you ground your feet, you are more in tune psychologically with your body. And if your feet are not grounded, you are going to develop problems elsewhere, not just psychological but also actual biomechanical problems.

What is the foot's relationship with hip, knee, and back pain?

A woman came in who was going for acupuncture; she believed in alternative medicine and had a hip problem. She came in for a foot facial, but when I evaluated her feet, I said, "Do me a favor—just please stand up." I looked at her feet from every angle, how the back of the leg matches up with the back of the heel bone, and I could see that her arches were collapsing. She was overpronating—that is, her foot rolled in too far when she walked. The heel bone was actually sagging. We did a minor procedure that lifted up the bone—took 15

minutes. In three days, she was back in sneakers, jogging. No hip pain. If she had continued like that, she probably would have needed a hip replacement.

What about the trend of barefoot running? Have you seen a lot of problems from it?

Yes, the challenge with barefoot running is that it is just too jarring on the joints. I am totally against it, never mind the foreign objects that can enter your body. A guy came in with a piece of glass in the bottom of his foot. It had been there for six months. He didn't even know it, though he had pain. The area formed a granuloma around the foreign body, so he thought it was a corn. I started shaving off the hard skin and said, "This is not a corn. It looks like something entered your foot." He said he liked to run barefoot. It was in deep, and he needed surgery.

Didn't it get infected?

No, sometimes an object can just wall itself off, and you may not have pain for a few months. People walk around with all kinds of things in their feet. I mean, it is unbelievable.

How do you treat sweaty feet?

Yesterday I worked on a girl who loves to wear high heels. Her hands and feet are always very moist, but she wanted to do something about her feet first because she was slipping in her shoes and developing blisters. I gave her Botox injections in her foot; Botox can reduce hyperhidrosis (excess sweating) anywhere in the body. Results can last up to a year, and insurance may reimburse for it.

Why are feet so neglected?

Truth is, women, especially, don't have time. They feel they have to exercise, keep their bodies in shape, do the shop-

ping, the cooking, the cleaning, take care of the kids. They are so stressed out. They might go for a mammogram, but they don't see a podiatrist. They will go for a pedicure and think that is the best they can do for their feet, and their feet just have to hurt.

So people think if their toenails are pretty, all is good?

It's a little bit like covering up what is going on inside your body. People can look fabulous

but have all kinds of issues going on inside their bodies.

Do you have perfect feet?

No, they are very functional. I have to wear wider shoes because I come from peasant stock, I hate to tell you. No blue-blood aristocracy in my background. And I have been standing on them for a number of years, fixing everybody else's feet.

Dr. Levine is at 885 Park Avenue, New York; 212-535-0229.

GREAT LEGS!

A primer on the new potions, lotions, and lasers that will give you a leg up this summer.

➡ **Profound**, a new injectable laser that delivers radio frequency deep into skin, could soon rock the anti-cellulite establishment to its dimply core. Already approved for face and neck wrinkle reduction, the device is currently undergoing FDA trials for cellulite removal with New York dermatologist Macrene Alexiades. According to the doctor, one easy treatment is all it takes to build collagen and elastin and reduce sagging and rid legs and buttocks of unsightly ripples. If approved, the treatment will be available early next year.



➡ Cult British brand This Works's new **Skin Deep Golden Elixir** body serum (\$83) makes bare legs gleam with the help of real 24-karat gold, while the company's **Perfect Heels Rescue Balm** (\$29) neatly smooths rough spots and calluses. net-a-porter.com



➡ Purported to minimize the appearance of cellulite and improve skin tone, firmness, and elasticity for smoother buttocks and thighs, Dr. Brandt Skincare's new **Cellusculpt Body Shaper & Cellulite Smoothing Cream** is massaged effortlessly into skin with stainless-steel roller balls. \$59; drbrandtskincare.com.

➡ To eliminate sunspots and other imperfections from legs, Santa Monica-based plastic surgeon Chia Chi Kao suggests **Regenlite**, a new laser that was developed in Wales and helps increase collagen production, restores luminosity, and improves overall skin quality. It's non-ablative and painless, so numbing cream isn't necessary. koancenter.com

➡ For painless treatment of unsightly spider veins, Dr. Luis Navarro is considered the father of vein removal. His latest procedure, **Laser-Assisted Sclerotherapy Treatment** (from \$2,000), combines injections into the veins with a skin laser to shorten treatment time. **Vein Treatment Center** is at 327 East 65th Street, New York; 212-249-6117; veintreatmentcenter.com.