

Orthoses and Footwear Essentials

A VIEW FROM THE FOOT

When it comes to good foot health a fundamental principle and essential part of your patients' history and physical examination is the review of their footwear

I trust this article will give you insight into this essential step for your patient care. Especially when it comes to using the correct shoes for the prescription of custom made foot orthoses.

Footwear in itself is a massive subject but what I hope to discuss here should provide you with some insight as to how I take account of patients' shoes when it comes to the biomechanical cases that I treat.

Historically shoes could be said to protect our feet from the potential of everyday injury. Now however, just like any clothing in our modern society, footwear is also a statement on how we want to stylishly present ourselves.

Unfortunately, due to self image, fashion shoes in themselves can very often be the single source of patient foot problems.

Persistence in full-time wearing of fashionable footwear will potentially conflict with the successful wearing of prescription foot orthoses.

At a clinical level therefore, a balance needs to be struck between the patient's self-esteem and the correct shoe to wear to assist in the most effective treatment of their biomechanical problem.

Any patient that enters my practice I will observe their footwear from the moment I set eyes on them.

I make a mental note of;

**How they walk into my consulting room,
How they remove their shoes and, quite importantly,
How they put them back on again.**

When it comes to the consideration of prescription foot orthoses I set out my stall from the start of my consultation for the correct footwear that needs to be worn.

The Laced-Up Shoe

If I am treating a primary biomechanical problem such as plantar fasciitis, then I want my patient to be wearing a good laced shoe.

Simply, they need at least 5 lace holes either side of the shoe tongue. A strong heel counter and about a 3 cm heel height (the common sports runner is ideal).

As long as this shoe is the correct fit then a good custom built prescription foot orthosis will always fit neatly into such a shoe.

Why Laced-Up?

The patient should be able to tie this shoe on thus holding their prescription device in its optimum functional position. This will assist the influence of the prescription into altering the function of their foot. Also, simple loosening adjustments of the laces can be made through the day to accommodate any slight swelling within the foot tissues.

To confirm a perfect fit, once a laced shoe is put on your patient should be able to stand in the shoe and freely wiggle their toes. Periodically the shoe manufacturer's insole can be removed to provide additional wiggle room.

I will also emphasize the importance of avoiding slipping a laced-up shoe off and then trying to squeeze the foot back into the shoe. This problem is often observed during your initial patient consultation. Such a bad habit will lead to the foot orthosis prescription not being fully effective.

In my experience, this slipping off and squeezing back on problem can be a source for a return of the patient's original symptoms.

The 60/40 Rule

So as not to be a spoil sport when it comes to the patient that wants to look good for more fashionable occasions then I emphasize the 60/40 rule. This is the minimum wearing time for prescription foot orthoses.

60% of the time they wear the laced shoes with their prescription devices. 40% of the time they can go without and wear a more stylish shoe. In other words they should be wearing their devices more often than not!

Usually, at long term follow-up appointments, I will focus on patients that really miss wearing their orthoses during stylish occasions. For such patients I will give the option of a second pair of prescription orthoses specifically designed for their fashion footwear.

Why Not Prescribe Fashion Orthoses From The Start?

Fashion custom made foot orthoses, it must be remembered, are a **compromise prescription device**. They are usually made from thinner thermoplastic shells and are deliberately manufactured with a lower prescription to allow for a comfortable fit into most slip-on shoes.

In my practice I feel happy to prescribe such a pair of devices but this is more often as a backup to the wearing of good functional prescription foot orthoses being worn in correct laced shoes. These patients will always have some degree of prescription control to cover their day.

Shoe Wear And Tear As A Source Of The Return Of Symptoms

Keep in mind during any long-term follow-up appointments, that your patients prescription orthoses may well be in good shape. However, it is also important to critically review the wear your patient's shoes will have undergone over this period.

I will always remove the orthotic devices and check for wear inside the shoe. Orthoses will naturally settle onto the insole of the shoe.

Sometimes however, this settlement will have gone too far causing the anterior edge of the device to cut into the shoe sole. Periodically the extrinsic heel post impression may also have sunk too far into the shoe heel cup. Excessive wear like this can bring on patient symptoms again.

Additionally, I will always place the shoes on a desk and observe them from behind. I look to see if the heel counter is sitting vertical as it should be or is it leaning medially or laterally.

I also review how the shoe upper is holding up. Is this in good shape or are the patients toes poking through the shoe upper.

If the shoes **look worn out then they are worn out** and you should always advise your patient that it is time to get a new pair of shoes.

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