

Socks, Shoes, Orthotics and management of forefoot pain

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Over the past twenty two years I have been asked by many of my D.P.M. clients if there are any secrets to managing forefoot pain with orthotics. Whether the pain originates from an existing or developing neuroma or run of the mill metatarsalgia there are solutions. As you well know neuroma pain can be unbearable and debilitating and management of that pain can be just as challenging as living with the pain. In this little article I will discuss a few of the solutions that I have found to be successful in reducing or eliminating forefoot pain, and hopefully help you help your patients get back into the race.

Orthotics of course can and are quite often very helpful in the managing neuroma pain but there are other conditions that if not managed effectively will hinder the effectiveness of orthotics. When speaking with the patient discuss the effect of socks, stockings, footwear and gait on managing pain. Oft times the patient comes to your office with a-typical footwear and socks, it is imperative that you discuss the day to day “gear” that they put on and go off to war in. This detective work will pay off in droves. I know that many of you are wise enough to have your staff request that the patient bring “the bag of shoes” to their appointment, that’s a great start. Now take it one step further, have them toss a hand full of their socks for review at that appointment.

As with any patient visit it is imperative that the patient’s feet be measured either by iStep or Brannock device; this measurement will allow you to discuss the effects of ill-fitting shoes on the forefoot. This step may seem like something that is not necessarily all that important; however as properly fit shoes often alleviate foot problems, poorly fitting shoes can cause sometimes untraceable onsets of forefoot issues. So many times during the “neuroma debrief” the patient will describe how their pain comes and goes with no rhyme or reason. However during the detective work you might be told that “with this pair of shoes I have to wear thin socks” and as we all know some “thin socks” can also be “tight socks.” Tight socks can strangle the foot so much so that yesterday’s pain free patient is on the phone to your office today. It’s a jungle out there... put on the right socks!

As we grow older the laxity of our connective tissues can and will cause a great deal of migrating pain issues. So it is with the once fine specimen of a human foot, now flat with little or no trans metatarsal arch and a bit squishy. Have you ever had a patient come into your office take off their shoes and their feet look more like bratwursts than human feet and their socks are the sausage casings? We’ve all seen the sport type sock where the weave at the ball of the foot and the heel differ from the rest of the sock. This reinforced heel and toe area exhibit a great deal of constrictive force on the foot and can effectively cause irritation and inflammation of neuromas. I always suspect tight fitting socks and the shoes that are requiring thin socks as culprits in the big picture of forefoot pain.

Next the orthotic comes into the picture, with proper design, fit and integration into the shoe an orthotic can be a lifesaver. Here are a few things to watch for when ordering, dispensing and fitting orthotics that I’ve learned from my experiences. First and foremost make certain that the distal parabola matches that of the metatarsal heads. Often times the distal edge of the device at the first met is too

long and doesn't allow the first met to purchase the ground (sometimes the device is only millimeters too long,) so look closely! If the orthotics will not allow the first to be "the driver" the ground forces that helped develop the problem are not mitigated and the situation may worsen. Secondly padding should allow for accommodation with wear, allowing for a natural depression to occur offering relief from excess pressure in gait or while standing. Next make sure that the orthotic / shoe integration does not compromise shoe fit. The device must seamlessly integrate with the shoe to the extent that the heel cup and counter function as one "deep heel cup", the distal portion of the footplate must find a flat level platform to rest on as well. Remember if the distal end of the device is not sitting flat in the shoe, the forefoot posting that you've ordered will be changed to some unknown value, with unknown results.

Keep in mind that the shoe / orthotic integration issue may require the patient to purchase new properly fit footwear and you can help them with that selection, you have the technology! Always keep in mind that the shoe must welcome the orthotic and the orthotic / shoe combination must welcome the foot in order to function properly. It's a jungle out there... put on the right shoes!

This has been a very brief discussion of a condition that at times seems to be the "song that never ends" and of course from a pedorthic stand point there are many more tools in the tool box that lead to a pain free patient. However whether a patient is going through a series of injections or is still in pain after injections there are many things that can be done to create a positive patient outcome. Always remember to work with your vendors to help you develop a positive, repeatable and comprehensive forefoot pain management program through medical and mechanical means.