



Words Emma Bennett

Bespoke footwear has a vital role to play in treating foot problems. As the College relaunches its Footwear Specialist Advisory Group, we explore how podiatrists can improve patient compliance.

Healing with style

For some people, wearing the wrong shoes can have long-lasting – and sometimes life-altering – impacts. As well as treating everyday conditions such as bunions, plantar fasciitis and flat feet, bespoke or custom-made

footwear can help to reduce the risk of more serious complications related to diabetes, such as ulcers, and even amputation.

Chris Morriss-Roberts, chair of the College's newly relaunched Footwear Specialist Advisory Group (SAG), and an academic podiatrist, explains: 'Bespoke footwear is designed to ensure that vulnerable or at-risk feet don't deteriorate further. Because they are created and moulded to a patient's foot, bespoke footwear can decrease the risk of ulceration and shearing, reducing infections and therefore the risk of potential amputation. So it's about maintaining good foot health and extending the longevity of the foot.'

When a podiatrist assesses a patient, and concludes that their condition could be best treated with specially designed footwear,

they will, in most cases, refer them to an orthotist. It is then their job to prescribe the footwear based on the patient's foot shape, mechanics and condition before it is sent to a specialist manufacturer to build. This can take several months of tweaks and further adaptations, with both the orthotist and podiatrist working closely with the patient to get the right outcome.

Yet research shows that compliance is low (Waaijman et al, 2013), and only around 25% of patients choose to wear the prescribed footwear, despite being aware of the risks. This is complicated by a range of psychological and cultural factors, says Nick Gallogly, a consultant orthotist at the Royal Berkshire NHS Foundation Trust.

While managing diabetic patients in multidisciplinary NHS clinics, he regularly encounters patients unwilling to wear prescribed footwear – even if it could save their limb. ➤

‘It’s very difficult for diabetic patients who have spent their life being told what to do,’ he says. ‘For many of them, the term “hospital” or “therapeutic shoe” has certain negative connotations. When most people decide what shoes to wear on any given day they consider what they’re wearing, what they’re doing, the environment and the terrain. But we’re telling a patient to wear one pair of shoes – wear it to a wedding and to put the bins out, on the hottest day of the year and when it’s raining. And nobody wants to do that.’

Part of our identity

Chris, an associate professor of body politics at London Metropolitan University, has conducted several studies into the sociology of footwear, coining the term ‘podolinguistics’ to describe the language of feet and shoes. He says that, for many people, their identity is closely connected to the shoes they wear.

‘I did some research into women and their favourite shoes [Morriss-Roberts et al, 2018], and found these deeply rooted relationships connected to sexuality, identity and relationships,’ says Chris. ‘For example, one woman wanted to wear Birkenstock sandals to her friend’s funeral but she was worried it wasn’t appropriate. Her husband said: “He would know you only wear Birkenstocks and that’s who you are, so go ahead and wear them.”

‘So for podiatrists advising patients, it’s important to try to connect with them and understand what their barriers to footwear are – is it an aesthetic thing, or is it a sociological thing? And is there anything you can do to modify the shoes they already have? For example, by changing the heel height or adding thicker soles.’

Chris says the Footwear SAG hopes to introduce a psychological assessment to help podiatrists understand how patients feel about their footwear and improve compliance.

‘There’s a lot of people that don’t wear the shoes they’re given,’ says Chris. ‘We want to use this assessment to help us build and provide the

TOP TIP ‘Always think about the sociological side of how the footwear connects with the patient, to understand why a patient is wearing particular shoes’

Chris Morriss-Roberts

TOP TIP ‘If you’ve got a patient who’s diabetic and they’re not wearing their shoes, don’t be afraid to challenge them. You can modify your approach, depending on the patient and their level of risk’

Nick Gallogly

footwear that patients are more likely to wear most of the time.’

Unfortunately, in many cases the shoes patients want to wear are not appropriate for their condition. Those suffering with conditions such as Charcot foot, characterised by changes in foot shape such as a rocker bottom, have limited options – making it a challenge to develop fashionable footwear that fits.

Nick explains: ‘If you make a shoe with fewer eyelets it looks prettier, but the diabetic patient can’t get their foot into it – so you need a shoe that’s low-opening. You want lace fastening because it looks nicer; it holds the shoe more firmly and stops the foot sliding inside and rubbing. But they can’t get down to their feet, or they have poor hand strength – so we need Velcro straps. It needs to go with every item of clothing they wear so it’s probably best to go with a dark colour. Before you know it, you’ve gone from having a lovely, pretty shoe with a great leather pattern and laces to a plain black, low-opening Velcro shoe.’

Patient-centred approach

Despite these challenges, changes in the way clinicians work with patients to prescribe footwear can help to improve compliance. Nicola Green, an orthotist and service lead at Dorset County Hospital, works closely with patients to understand their lifestyle and what they need from their footwear.

She says: ‘We can’t dictate but we can advise, so for our high-risk patients who need bespoke footwear it’s important that we understand what they need it for, when they’re using it and how.’

‘For example, we might make one pair of house shoes and one pair of outdoor shoes for elderly patients. That’s because we found that patients weren’t wearing their shoes because they didn’t really go out – they just wore their slippers at home. So unless we make a pair of house shoes we’re not going to solve the issue.’

Research backs this up too. One study of people at high risk of diabetic foot ulceration found



Right shoe, right job

Podiatric biomechanical specialist Amanda Walker is passionate about helping patients find the right footwear.

‘It can make the difference in keeping someone active, playing a big part in both their physical and mental health,’ she says.

Amanda, a specialist in podiatric sports injuries at The Gait Lab in London and Surrey, has more than 20 years’ experience assessing patients and prescribing what she calls ‘the right shoe for the right job’.

‘We’re not just treating feet, we’re treating people as a whole,’ she says. ‘And people need different shoes for



different things. If you want to increase patient compliance we need to find a shoe that's the right style, has the right features and matches what they need – and that's the same whether they're a runner or someone going for lunch with friends.'

Amanda uses gait analysis software to video a patient undertaking their chosen activity – running or walking for example – to assess how their biomechanics could potentially be influencing their injury and to look at how their shoes do or do not stand up to those demands. She then prescribes features of a shoe – such as

stability, cushioning, width, depth and heel height – advising patients on a range of trainers to try to suit their mechanics and potential conditions.

'For example,' she explains, 'if you have someone with forefoot problems such as Morton's neuroma or hallux rigidus, we would look at a rocker bottom-style shoe. Some would be more stable, some would be cushioned, and it's getting that right depending on the patient. Ideally, they would also have a removable insole so we have space to further tailor the shoe with orthotics if needed.'

She says this approach allows patients to try different

shoes based on their needs, preferences and the way they feel. 'I don't want a patient to spend £150 on a trainer that doesn't feel right. I want them to try on the shoes that share the features I have prescribed, and choose the one that feels most responsive to them, because that feeds into compliance.'



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What is the Footwear SAG?

The Royal College of Podiatry has 12 Specialist Advisory Groups (SAGs) covering everything from children's podiatry, sports medicine and forensics, to mental health and dermatology. They are member-led groups that bring together practitioners with similar clinical interests to discuss ideas and challenges.

Chris Morriss-Roberts, chair of the Footwear SAG, explains why it has been

relaunched. 'There's been a growing need to have a strong voice talking about footwear – sports footwear, everyday shoes and children's footwear – to ensure podiatrists are helping patients to wear the right shoes.'

It gives clinicians and researchers somewhere to go if they need an expert opinion on footwear. 'Because it's governed by the College, it's stamped with authority, knowledge and experience, so people know they can trust it.'

The Footwear SAG's core aims include the following:

- Raise awareness of the importance of footwear and hosiery
- Provide a point of guidance for professional guidance, patient advocacy and clinical recommendations
- Support footwear and hosiery collaborations and partnerships
- Create informed recommendations for College members.

that footwear adherence increased significantly from 48% to 77% in the short and long term after they were provided with custom-made indoor shoes (Keukenkamp et al, 2022).

For patients with less severe conditions, the growth in the variety of shoes available in the consumer shoe market means podiatrists and orthotists like Nicola can refer patients to appropriate brands in a shape and style that works for them.

'Years ago, we would provide a lot more modular footwear where we adapt a shoe to add a bigger toe box or bunion pocket, for example,' says Nicola. 'But today we try to signpost more because patients don't want to be in surgical footwear. We still assess and measure them, we discuss what styles they like and what could fit them, and we educate them about the sort of styles to avoid.'

'High-street footwear has come a long way, and our role has changed from just giving out footwear to a more social discussion about what we're aiming to achieve. Then you get better rapport and better compliance.'

Working together

Nick agrees that it's important for clinicians to understand what makes patients tick – and what approach they'll respond to.

'It's a bit of a dark art that comes with experience,' he says. 'You're constantly negotiating with the patient and modulating what you say based on the character in front of you and the risk. I'm very open and transparent – and

TOP TIP 'Stress the importance of needing to wear footwear regularly. And if there's a problem or you have a concern about the fit of the shoe, let us know so we can work together to solve it'

Nicola Green

sometimes politely blunt – to make sure the patient is making an educated decision.'

And that makes the relationship between podiatrist and orthotist just as important. As the clinician routinely treating patients, podiatrists have a vital role in providing consistent information and advice.

Nicola explains: 'Podiatrists are our direct link with the community; they're helping the patient through their whole journey – from diagnosis to treatment. That's why it's so valuable for us to work closely so can we reach and support more patients. And when they refer patients on to us, they can help to manage their expectations in terms of how we can help them.'

Nick agrees: 'There needs to be a symbiotic relationship between podiatrists and orthotists, where you're working together and communicating for the good of the patient. While even bespoke footwear won't eliminate all risk, by supporting each other and educating our patients, we can try to find a solution that's amenable to them and can improve their quality of life.' 



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