Lifespan Cardiovascular Institute
Rhode Island Hospital • The Miriam Hospital
Newport Hospital
Delivering health with care.®

The Center For Cardiac Fitness
Cardiac Rehab Program
The Miriam Hospital

Exercise Footwear

Foot Problems

a. Blisters, calluses, cracks, bunions, corns, ingrown nails (can lead to open areas which can get infected
b. Edema, gout, fungus
c. Anatomical: pronation, supination, flat feet,etc
d. Plantar fasciitis, tendonitis
e. Neuropathy (diabetes, vascular disease and some medications – esp chemo meds)
f. Fractures, sprains
g. Reminder: feet are a bottom of a chain so as we get older and have arthritis, joint replacements it becomes more important to keep them healthy as they support everything else
h. Reminder: ligaments and tendons weaken as we get older so anatomical issues that didn't bother us when younger may start to cause problems as we get older

Exercise footwear

a. How often you should change out sneakers
    i. 3 mos if running
    ii. 6-9 mos if avg exerciser (minimum 4 days per week, 30 min/day)
    iii. 12 mos if pull out insole and put one in from podiatrist

b. Why is it important to change them out – Arch support -- supporting body with arthritis, replacements, etc.

c. Why change out after 12mos if putting in new arches
    i. Remainder of the shoe supports the remainder of the foot
    ii. Exercise by definition is a repetitive motion so ripe for potential areas of inflammation if not supported correctly
    iii. Exercise sneakers should tie or Velcro for same reason, shoes that slip on and off not providing correct support

d. Foot size
    i. Similar to our “license weight” we assume foot is the same size it’s always been, weight changes and ligaments stretching cause the foot to lengthen and widen over time
    ii. Shoe that is too big will mean arch is not always in the correct place
    iii. Shoe that is too small can lead to blisters, calluses, etc