

Sport-Specific Shoes

Sport	Physical Requirements	Possible Injuries	Shoe Attributes
Basketball	<ul style="list-style-type: none"> Running Jumping 	<ul style="list-style-type: none"> Ankle sprains Plantar fasciitis Tendinitis 	<ul style="list-style-type: none"> Thick, stiff sole High ankle support Shock absorption
Tennis	<ul style="list-style-type: none"> Shifting of weight 	<ul style="list-style-type: none"> Ankle sprains Plantar fasciitis Corns/calluses 	<ul style="list-style-type: none"> Support on both sides of the foot Flexible soles
Running	<ul style="list-style-type: none"> Leg extension Force on the heel and the ball of the foot 	<ul style="list-style-type: none"> Shin splints Heel pain Blisters Arch pain or plantar fasciitis 	<ul style="list-style-type: none"> Shock absorption Motion control Flexibility Room for orthotics
Soccer	<ul style="list-style-type: none"> Running Lateral movement Jumping 	<ul style="list-style-type: none"> Heel pain Shin splints 	<ul style="list-style-type: none"> Multiple cleats in the heel area Enough room for thick soccer socks

Playing Sports

Sports play a significant role in millions of American children's lives, whether on a team or played as individuals. Parents should be mindful of sports that require a substantial amount of running and turning, or involve contact. These can easily translate into injuries. Protective taping of the ankles is often necessary to prevent sprains or fractures. Parents should consider discussing these matters with their family podiatric physician if they have children participating in active sports. Sports-related foot and ankle injuries become common as children increase their activities in sports.



Heel pain is one of the most common complaints among growing children who play sports. Physical activity, particularly jumping or activities requiring cleats, irritates the growth centers of the heels and is painful with side-to-side pressure. Reducing activities, immobilization and orthotics are often needed to resolve the episodes of pain. Heel pain can also be caused by foot type, and your podiatric physician will be able to determine proper treatment.

Don't Forget the Socks!

Without the right sock, even the best athletic shoe won't score points on or off the field. If your child exhibits signs of **hyperhidrosis (excess sweating)** or **bromhidrosis (foot odor)**, selection of the appropriate athletic sock may reduce incidences of these conditions.

The right athletic sock should:

- Be made of a **natural/synthetic blend**, as this helps "wick" away moisture best.
- Not contain any large seams** that can cause blisters or irritation.

Advice for Parents

Problems noticed at birth will not always disappear by themselves. You should not wait until the child begins walking to take care of a problem you've noticed earlier. It is best to take action when the child is a toddler to ensure better responsiveness to conservative treatment options.

- Remember that lack of complaint by a youngster is not a reliable sign. The bones of growing feet are so flexible that they can be twisted and distorted without the child being aware of it.
- Walking is the best of all foot exercises, according to podiatric physicians. They also recommend that walking patterns be carefully observed. Does the child toe in or out or have knock knees or other gait abnormalities? These problems can be corrected if they are detected early.
- With the exception of infancy, going barefoot is not encouraged among children. Walking barefoot on dirty pavements exposes children's feet to a variety of dangers including sprains, fractures and infection from wounds. Another potential problem is plantar warts, a condition caused by a virus that invades the sole of the foot through cuts and breaks in the skin. They require extensive treatment and can keep children from school and other activities.
- Be careful about applying home remedies to children's feet. Preparations strong enough to kill certain types of fungus can harm the skin.

What you should know. Children's Foot Health



APMA
American Podiatric Medical Association

Doctors of podiatric medicine are physicians and surgeons qualified by their education and training to diagnose and treat conditions affecting the foot, ankle, and where appropriate, leg muscle, tissues and bones of the leg. Podiatrists are the only doctors to receive specialized medical training and board certification solely in the lower extremity care. The preparatory education of most Doctors of Podiatric Medicine (DPMs) includes four years of undergraduate work, followed by four years in an accredited podiatric medical school, followed by a hospital-based residency. DPMs are licensed in all 50 states, the District of Columbia, and Puerto Rico. As with all qualified healthcare professionals, podiatrists should be credentialed to perform services for which their education, training, and experience have qualified them to provide to their patients in the same manner as their allopathic colleagues.

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Take the 1, 2, 3 Test

- Look for a stiff heel cup.** Press on both sides of the heel counter. It shouldn't collapse.



- Check toe flexibility.** The shoe should bend with your child's toes. It shouldn't be too stiff or bend too much in the toe box area.



- *3. Select a shoe that's rigid in the middle.** Does your shoe twist? Your shoe should never twist in the middle.



**Step three does not apply to toddlers' shoes. For toddlers, shoes should be as flexible as possible.*

Whether it is a precious baby's first steps or a quick-maneuvering teenager's winning soccer goal, healthy feet and sure-footedness make milestones in a child's life possible.

Starting at birth, paying close attention to your little one's feet from proper grooming to gait will ensure a solid foundation as your youngster grows. After all, their feet are meant to last a lifetime!

Your Baby's Feet

The human foot—one of the most complicated parts of the body—has 26 bones, including an intricate system of ligaments, muscles, blood vessels and nerves. Because the feet of young children are soft and pliable, abnormal body forces can cause deformities.

A child's feet grow rapidly during the first year. For this reason, podiatric physicians, also known as podiatrists, consider this period to be the most critical stage of the foot's development.

Here are some suggestions to help ensure normal development:

- Look carefully at your baby's feet. If you notice something that does not look normal to you, contact an APMA podiatric physician. Many deformities will not correct themselves if left untreated.
- Keep your baby's feet unrestricted. No shoes or booties are necessary for infants. These can restrict movement and can inhibit toes and feet from normal development.
- Provide an opportunity for exercising the feet. Lying uncovered enables the baby to kick and perform other related motions that prepare the feet for weight bearing.
- Change the baby's position several times a day. Lying too long in one spot can put excessive strain on the feet and legs. Be sure to limit how much time your baby spends standing in an activity center to no more than 15 minutes at a time.

Baby's First Shoes

It is ill-advised to force a child to walk. When physically and mentally ready, the child will walk. Comparisons with other children are misleading, since the age for independent walking ranges from 10 to 18 months.

When a baby first begins to walk, shoes are not necessary indoors. As a toddler, walking barefoot allows the youngster's foot to grow normally and to develop its musculature and strength, as well as the grasping action of toes. Of course, when walking outside or on rough surfaces, babies' feet should be protected in lightweight, flexible footwear made of natural materials.

Walking Warning Signs

Once your baby is on the move, assess your child's walking pattern or gait. It is not uncommon for little ones to walk on their toes. However, persistent **toe-walking** is not normal. An APMA podiatric physician can examine a child to make a proper diagnosis and determine the best treatment option. Abnormal walking, including toe-walking, can lead to foot and ankle problems later in life. Flat footedness beyond the early years can lead to bunions, hammertoes, heel pain and tendon problems. Children with a family history of foot problems should see a podiatric physician once the child begins walking to ensure the feet are developing normally.



Toe-walking

Other common childhood walking irregularities include **in-toeing** and **metatarsus adductus (MTA)**. In-toeing occurs when one or both feet point toward the other due to a rotation in the foot, leg, thigh or hip. Often children will sit on their legs in a W-shaped position. This can also cause feet to point inward. Excessive tripping, like many walking irregularities, can often reveal a more serious condition such as in-toeing. Ways to combat in-toeing at home include having the child stand in ballet's first position with heels touching and feet pointing outward, as well as sitting with legs "crisscrossed." Since it should never be assumed that a child will grow out of a foot condition such as in-toeing,

an APMA podiatric physician can prescribe more aggressive treatment options such as a cast or brace. metatarsus adductus, a bending of the foot inward at the instep resembling the letter "C," is also prevalent among early walkers. Tripping is also a warning sign of MTA. In addition, parents need to pay close attention to their child's foot formation and walking pattern. An APMA podiatric physician can diagnose and treat MTA with serial casting and in more severe cases, surgery.

Since not all children are quick to tell their parents when they are experiencing foot pain, parents should pay attention to unspoken signs such as a child's limping, tripping, taking their shoes off frequently or unevenly worn footwear. The feet of young children may be unstable, which can make walking difficult or uncomfortable. A thorough examination by an APMA podiatric physician may detect an underlying defect or condition, which may require immediate treatment or consultation with another specialist. To find a podiatrist in your area, visit www.apma.org.



In-toeing



Metatarsus Adductus

Children's Shoe Shopping Guide

Cut along the dotted line and keep as a reference.

As a child's feet continue to develop, it may be necessary to change their shoe and sock size every few months to allow room for the feet to grow. Although foot problems result mainly from injury, hereditary factors, deformity or illness, improper footwear can aggravate pre-existing conditions.

Before parents invest in a new pair of children's footwear, some foot factors need to be considered:

Shoes that don't fit properly can aggravate the feet. Always measure a child's feet before buying shoes and fit the shoe to the foot.

Never hand down footwear. Just because a shoe size fits one child comfortably doesn't mean it will fit another the same way. Sharing shoes can spread fungi like athlete's foot and nail fungus.

Watch for signs of irritation. Redness is a sure sign that a shoe is too tight or too loose. If your child always wants to remove one or both of their shoes, this may be an unspoken sign that the shoes don't fit properly.

Examine the heels. When children begin to show in-toeing, they may wear through the heels of their shoes much quicker than outgrowing the shoes themselves. Uneven heel wear can indicate a foot problem that should be checked by a podiatrist.

Five shoe-buying tips for children:

- Take your child shoe shopping.** It's important to have your child's feet measured before buying shoes. Every shoe fits differently. Letting a child have a say in the shoe-buying process promotes healthy foot habits down the road.
- Shop for shoes later in the day.** Feet tend to swell during the day; it's best to be fitted while they are larger.
- Buy shoes that do not need a "break-in" period.** Shoes should be comfortable immediately.
- Always buy for the larger foot.** Feet are seldom precisely the same size.
- Have your child try on shoes with socks or tights,** if that's how they'll be worn.