

# Footwear for Balance: A ‘Bridge’ for Podiatric Physicians

With the right brace and shoe, the DPM can play a significant role in fall risk management.

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It has been over a decade since the Moore Balance Brace was introduced to the market (despite initial controversy and now, ironically, mass copy-cutting) and with a steady increase in awareness and utilization across the country along with growing validation from the clinical/research community, the opportunity still exists for podiatric physicians to play a significant role in fall risk management.<sup>1</sup>

While the vast majority of podiatric physicians have yet to step into this role for a variety of reasons, the goal from the very beginning was to try to create a protocol for identifying and providing treatment options for at-risk



In some clinics, there still exists a lack of interest or awareness of the devastating implications of falling among seniors, while in others there exists a lack of the infrastructure necessary to develop and maintain a Fall Prevention/Balance Enhancement program despite the significant financial and clinical benefits.

## The Bridge

In the midst of these challenges, there’s now a ‘bridge’ for those looking to step into this vitally important role—the ‘bridge’ is a specially designed shoe (Moore Balance Shoe) that was released in late 2017 with the intent of providing an ideal shoe to be worn with the MBB but that can also work as ‘stand alone’ footwear for those with poor balance.

Although footwear for balance isn’t new, never has there been a shoe that was designed explicitly for those at

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**The idea was to create a protocol for identifying and providing fall management treatment options for at-risk seniors that was quick and simple.**

seniors that was quick and simple. While the process has remained simple, for many physicians there still exist challenges (roadblocks) in the process of addressing fall risk seniors in the clinical setting.

## The Literature

A plethora of articles in the medical literature have identified inappropriate footwear a contributor of up to 45% of falls<sup>2</sup> while among people who had suffered a fall-related hip fracture, it was reported that 75% were wearing poor footwear at the time of the injury.<sup>3</sup>

The high prevalence of sub-optimal footwear among seniors is consistent with previous studies which have found that older people base their footwear choices primarily on comfort rather than safety.<sup>8</sup>

Hourihan et al. reported that of 107 older people who were admitted to hospital following a fall-related hip fracture, 33% were wearing slippers and 68% wore shoes with flexible heel counters at the time of fracture.<sup>9</sup>

## New Concepts and Studies

*“New Concepts” is a forum for the presentation of (1) new technologies and products and (2) new studies involving existing products. Readers should be aware that Podiatry Management does not specifically endorse any of the technologies, concepts, or products being discussed.*

risk of falling. Most all of the optimal characteristics mentioned in the medical literature regarding footwear and balance<sup>4,5,6</sup> were incorporated into the design of the Moore Balance Shoe:

- 1) Light weight and easy to don
- 2) Low heel height and firm mid-foot stability
- 3) Skid-resistant sole
- 4) Excellent toe spring along with a smooth tip to reduce tripping
- 5) Lycra/leather combination to accommodate deformity
- 6) Textured orthotic to enhance proprioception
- 7) Firm, adjustable heel counter with Velcro strap
- 8) PDAC approved for diabetes
- 9) Single Velcro strap with extended tongue opening for AFO utilization as needed.
- 10) High heel collar.

So how can a shoe be a ‘bridge’ towards better opportunities in clinical Fall Risk Management?

1) As podiatric physicians, we should be the experts on all things footwear; patients look to us for advice on what is the best shoe for whatever issues they are confronting, and thus we have an opportunity to make a real difference in these patients’ lives.

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While some podiatric physicians may not be comfortable prescribing an AFO for balance, I don’t know of any podiatrists who can’t or are incapable of prescribing a shoe.

2) For many patients using the Moore Balance Brace who have had challenges in finding the right shoe to compliment the brace, a shoe made specifically to accommodate an AFO can lead to easier donning and compliance, along with enhanced balance.

3) For DPMs who prescribe the MBB and have found it challenging to get their patients to purchase a shoe appropriate for use with the brace, bundling the MBB and the MBS can eliminate this concern while building trust and patient satisfaction.

4) For the podiatrist already offering physical therapy, balance enhancement AFO’s, and education about falling, offering the ideal shoe for balance. completes the circle of evidence-based lower extremity fall risk management.

5) For seniors who are not candidates for the

Moore Balance Brace, the Moore Balance Shoe can be a ‘bridge’ for them before they require AFO therapy. In addition, the MBS provides patients with the option and freedom of wearing the shoe *with or without* the AFO depending upon their activity or their environment (outside/inside).

While there still may be disagreement about the role of podiatric physicians in the arena of fall prevention, *doing nothing* about those within your practice at risk for

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## Older people primarily base their footwear choices on comfort rather than safety.

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falling is sadly what many will continue to do regardless of how many articles are published on the topic. My hope is that this sad phenomenon will change with time. While opportunities to *do something significant* for those at risk for falling abound within your practice, offering the right shoe is something anyone can do. **PM**

### References

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