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THE 26TH MILE ORTHOTICS

Dorland's Medical Dictionary defines orthosis as " An orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body."

Orthotics are used to treat a variety of conditions including knee pain, shin splints, iliotibial band syndrome, postural foot and leg fatigue, and plantar fasciitis.

Runners know orthotics as inserts that go inside the shoes to help control foot motion. There are many different types of orthotics. I divide them into two categories, over the counter and custom made.

Over the counter (OTC) inserts are purchased at a retail store and are based on your shoe size. There are various brands of OTC devices, and the challenge is to find ones that fit the nooks and crannies of your particular foot, and ones that are effective in treating the condition. Examples of OTC inserts include Spenco, Sof Sole, Sole, Dr. Scholls, and Superfeet. Many people do just fine with OTC orthotics.

Custom made orthotics are made individually for each particular person at a medical facility. Usually, a biomechanical examination is performed first. Then impressions of the feet are taken. The impressions and a prescription, based on the information from the biomechanical exam, are sent to an orthotics lab where the inserts are fabricated. These orthotics are specific and only fit that person.

Orthotics can be made out of different materials depending on the person's weight, activity, medical condition being treated, and shoe selection. A heavier person requires the orthotics to be made of stronger materials. Some activities dictate more flexible inserts. The type of shoe is important as it houses the orthotic devices.

Orthotics should be comfortable. If they are not comfortable, they need to be adjusted or re-fabricated. Be forewarned, a person can become addicted to their orthotics. Some orthotic wearers won't leave home without them.

On the other hand, while they can be extremely helpful, not everyone needs orthotics. Some

people are blessed with good biomechanics and skeletal structure. For the rest of us, orthotics are a necessary tool used to keep us running.

BAREFOOT RUNNING

A word about barefoot running. The feet are amazing engineering marvels. I believe that man was made to tread barefoot on forest floors, grassy fields, and sandy shores. The people of Northern climates began covering their feet to keep them warm in frigid temperatures. Then, we became “civilized.” We began paving everything with asphalt and concrete. Waste began to come on the scene and pop tops on cans were invented so that people wouldn’t have to go looking for a can opener. Litter accumulated on our pristine walking and running surfaces. We gradually became shod for protection against this onslaught.

Enough about history of the world. The answer is that some people can get away with running barefoot and some cannot. Running barefoot is fine for someone who is blessed with good biomechanics, who is put together well, who can find a safe surface, and who is not obese. Conversely, it is not recommended for a runner who has poor biomechanics, who doesn’t have an ideal surface to run on, and who is heavy.

Why would anyone want to incorporate barefoot running? The idea is that running barefoot strengthens the feet and allows for better efficiency and balance. Proponents say that it reduces injuries induced by shoes.

I think that running barefoot may be good at times for certain runners. I think it would be fine to do strides after a run on a flat beach, or on a football field, especially one made of the new artificial turf.

We are each an experiment of one and we each know our own bodies best. I know that for me, running barefoot would be disastrous. But far be it for me to say that would be the case for everyone. Try it and let me know.