



## **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 at the 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