Can minimal footwear improve knee osteoarthritis?



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_____MEDICINA

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2/16/2017

Can minimal footwear improve knee osteoarthritis?

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Disclosure

Nothing to disclose

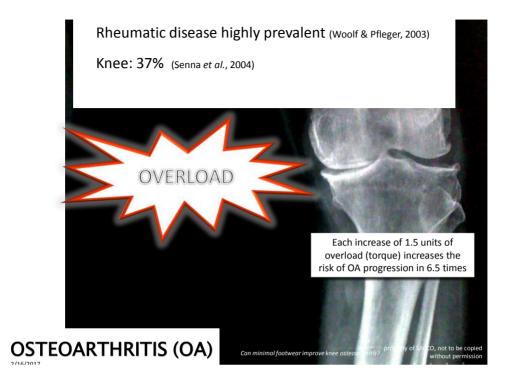
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Can minimal footwear improve knee osteoarthritis?

Session Learning Objectives

- 1. It will be presented and discussed evidences for the use of minimal footwear for orthopedic conditions, such as *knee osteoarthritis*.
- 2. It will be discussed the effect of minimal footwear on knee mechanics that lead to and exacerbate knee osteoarthritis.
- 3. It will also be discussed the effect of minimal footwear on functional outcomes in this population.





Internal forces direct measurement



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Can minimal footwear improve knee osteoarthritis?

Mechanical properties of modern footwear (with "high" heels) used for walking negatively affect the progression of OA (Kerrigan et al., 1998; Kerrigan et

al., 2001; Kerrigan et al., 2005)

ARTHRITIS & RHEUMATISM Vol. 54, No. 9, September 2006, pp 2923–2927 DOI 10.1002/art.22123 © 2006, American College of Rheumatology



Shakoor e Block, 2006

Walking Barefoot Decreases Loading on the Lower Extremity Joints in Knee Osteoarthritis

Najia Shakoor and Joel A. Block



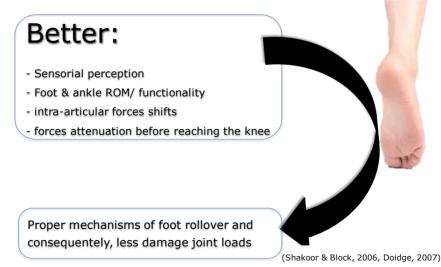
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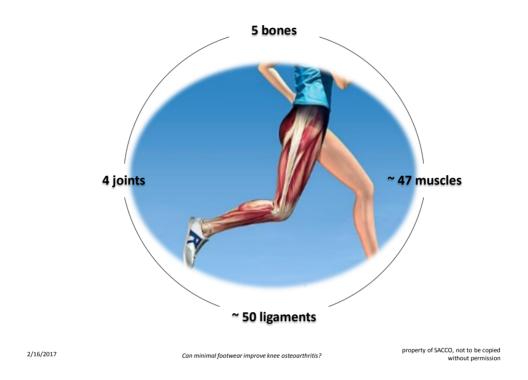
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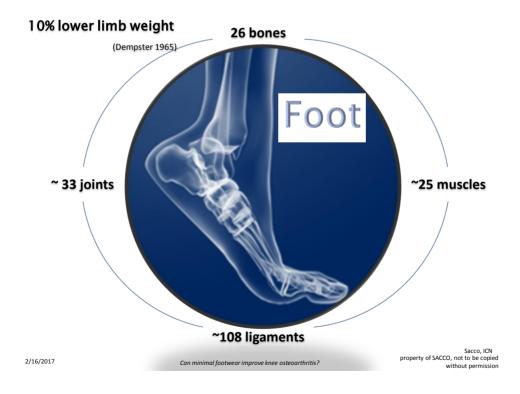
Theory: barefoot locomotion

(Robbins & Hanna, 1987; Bergman et al., 1995; Shakoor & Block, 2006)

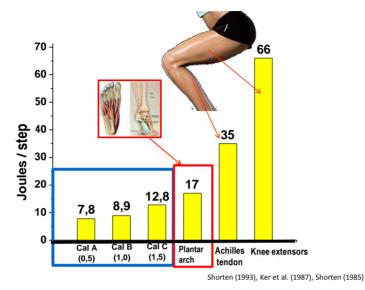


Can minimal footwear improve knee osteoarthritis?





Impact attenuation



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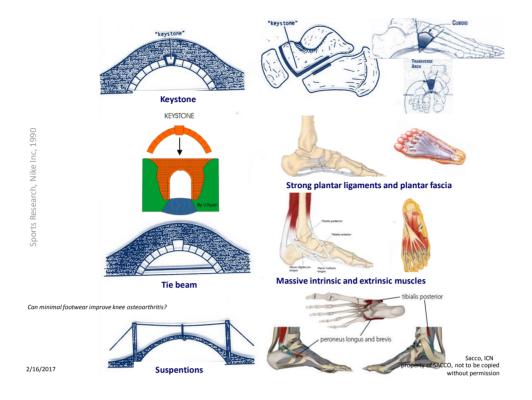
A powerful tool with a structured **arch**, rigid and flexible within a single step to promote safe and efficient progression





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Can minimal footwear improve knee osteoarthritis?



"The human foot is a masterpiece of engineering and a work of art"



Leonardo da Vinci

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Maasai tribe (Kenya)

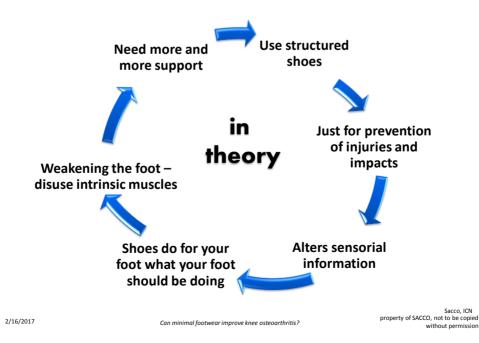
known for their agility, strength and habit of walking barefoot



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Evidences that muscles may loss CSA in more structured shoes: Brüggemann et al.2005 (XX ISB Proceedings), Miller et al.2014 (J Sport Health Sci)



ARTHRITIS & RHEUMATISM Vol. 54, No. 9, September 2006, pp 2923–2927 DOI 10.1002/art.22123 © 2006, American College of Rheumatology

Shakoor e Block, 2006

Walking Barefoot Decreases Loading on the Lower Extremity Joints in Knee Osteoarthritis



Shakoor et al., 2008

High cost for development or for purchase by elderly people of middle / lower middle social class

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Shakoor et al., 2010

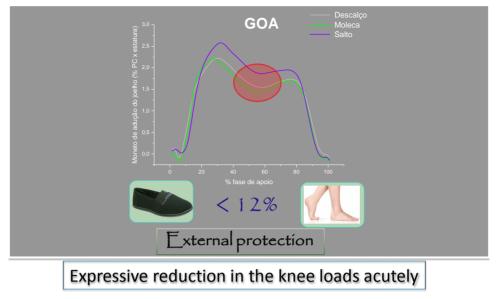
Can minimal footwear improve knee osteoarthritis?





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Can minimal footwear improve knee osteoarthritis?



Trombini-Souza, Sacco et al., 2010, Sacco et al., 2012



Can minimal footwear improve knee osteoarthritis?

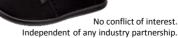


Clinical Biomechanics 30 (2015) 1194-1201

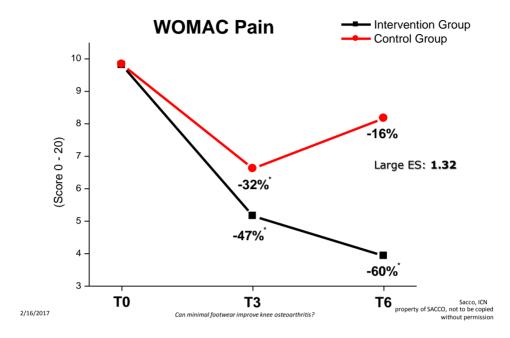


Can minimal footwear improve knee osteoarthritis?

- •5x/week 6 daily active hours
- •Daily Living Activities



Primary outcome



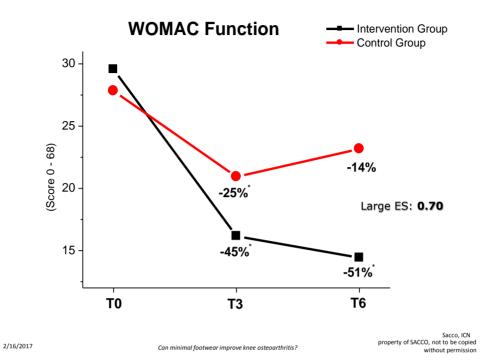
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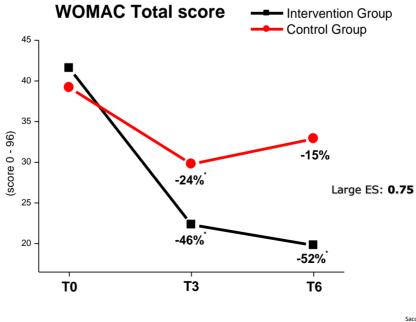


Effect size: 1.32



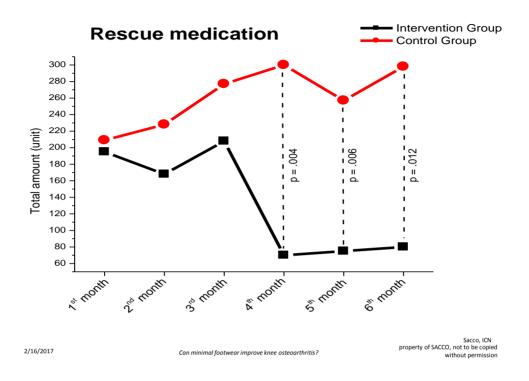
Effect size: 0.21 (Zhang et al., 2004)



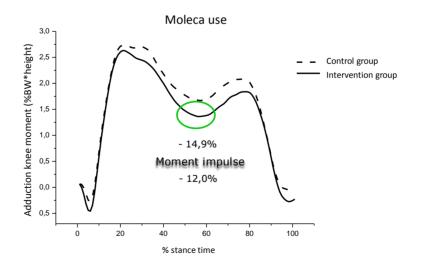


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Joint moments



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Can minimal footwear improve knee osteoarthritis?



... a successful option of a conservative mechanical treatment for OA aiming at:

- 1. minimizing PAIN (67%)
- 2. improving FUNCIONAL aspects for ADLs (63%)
- **3. reducing RESCUE MEDICATION intake**
- 4. attenuating KNEE LOADS (15%)
- 5. avoiding worsening of the clinical signs (joint edema and effusion)

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"The task is not so much to see what no one has yet seen, but to think what **nobody** has yet thought, about *that which* everyone sees." *Arthur Schopenhauer*

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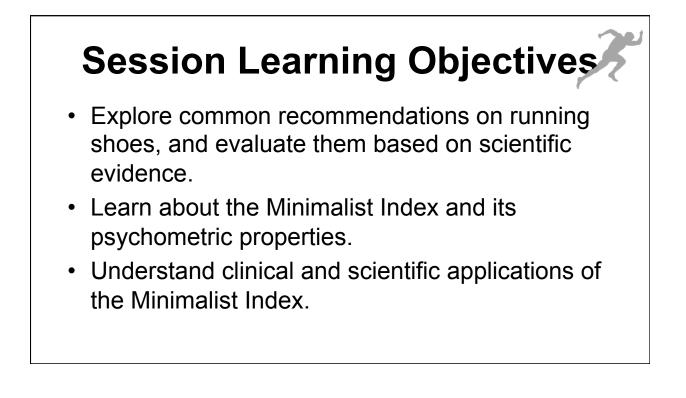
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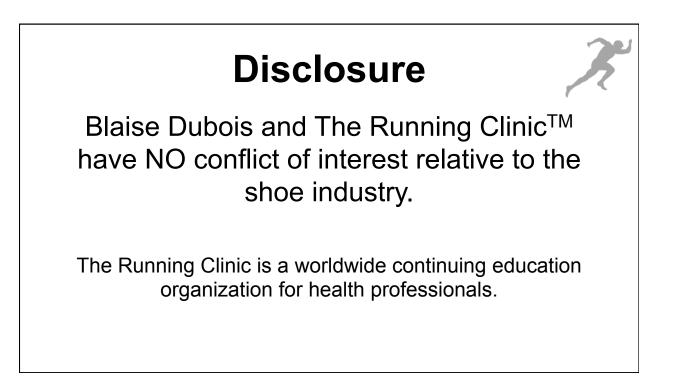
 ${\it Can\ minimal\ footwear\ improve\ knee\ osteoarthritis?}$

Update on Minimal Footwear: Is Less More?

Blaise Dubois, PT, SPC Diploma

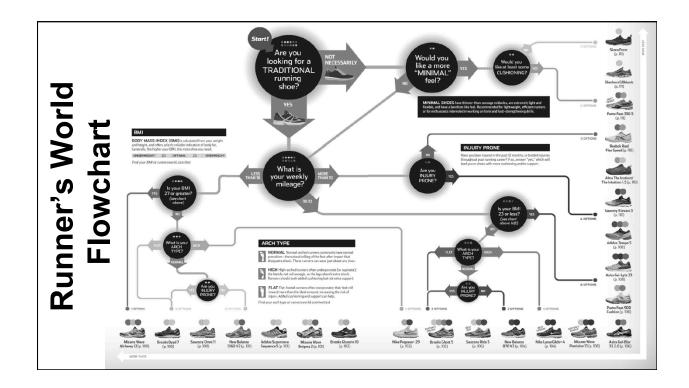
Speakers: Irene Davis, PhD Sarah Ridge, PhD Isabel Sacco, PhD

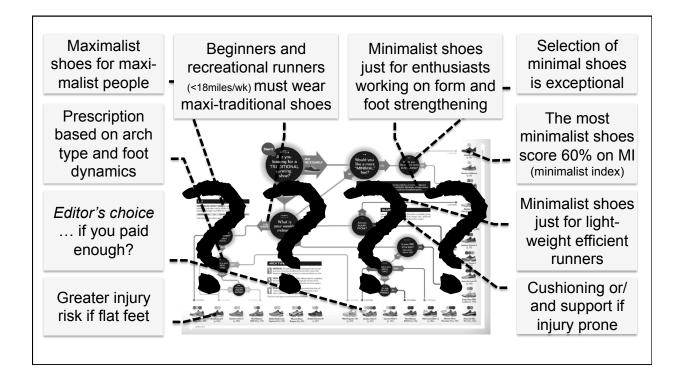




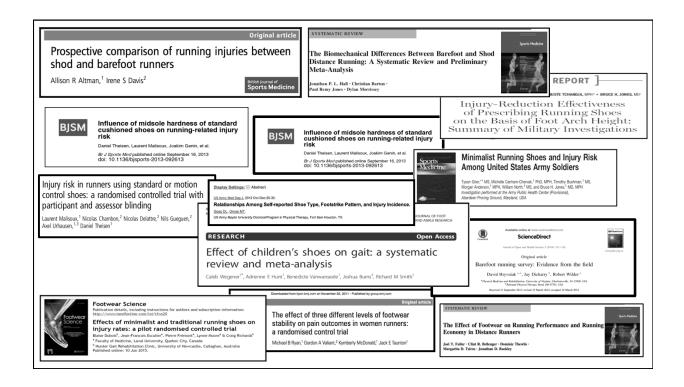


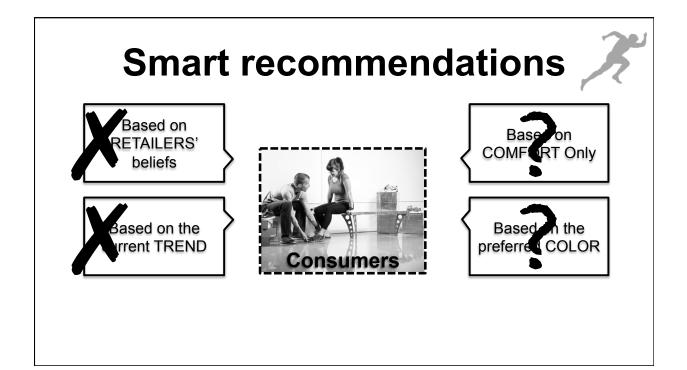




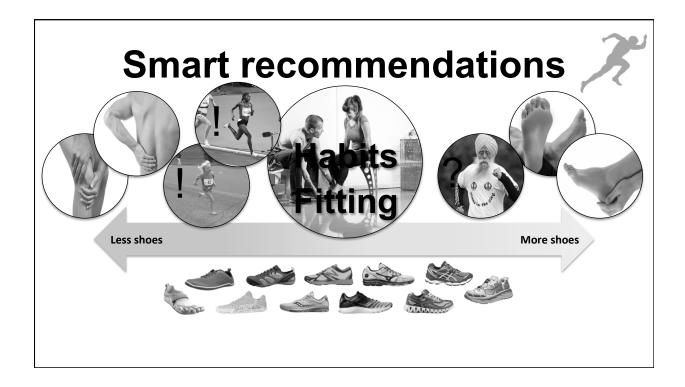




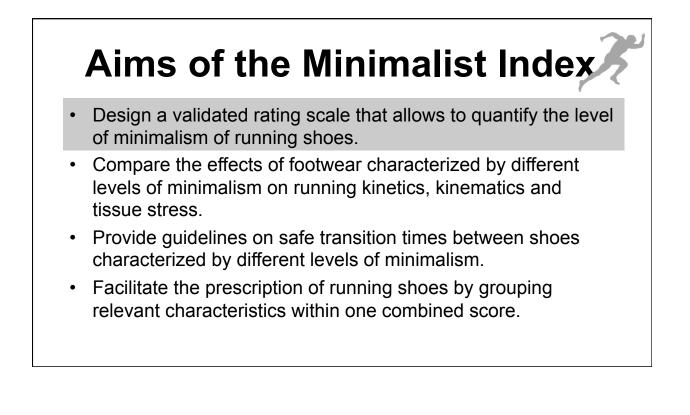


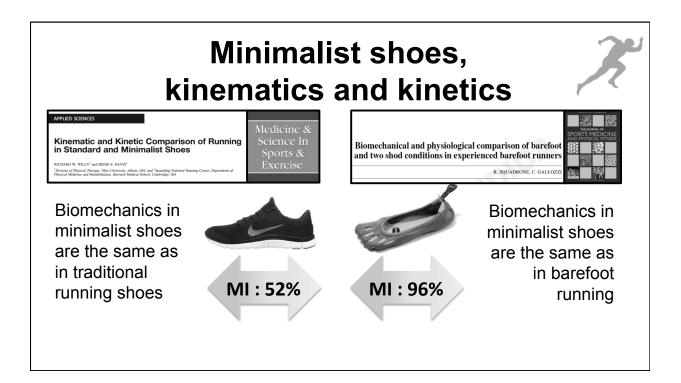


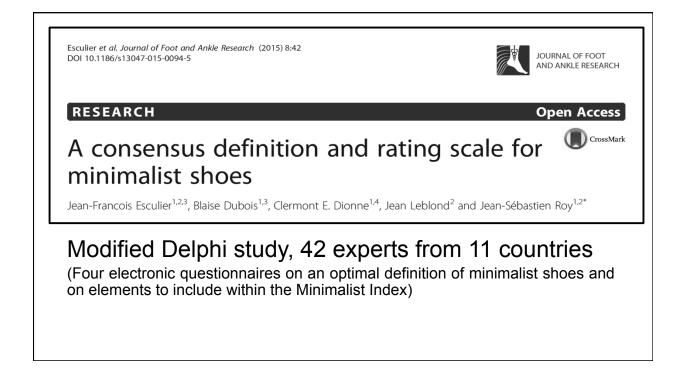


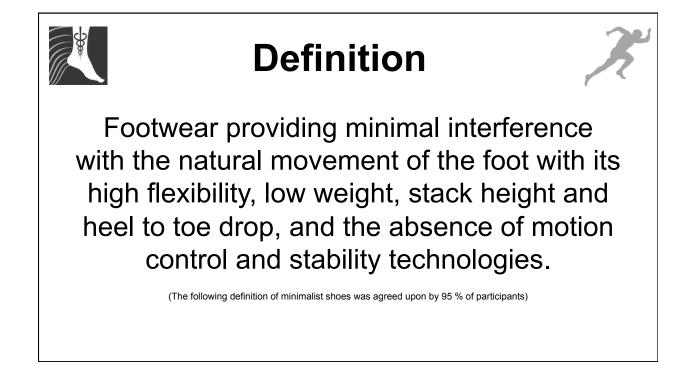




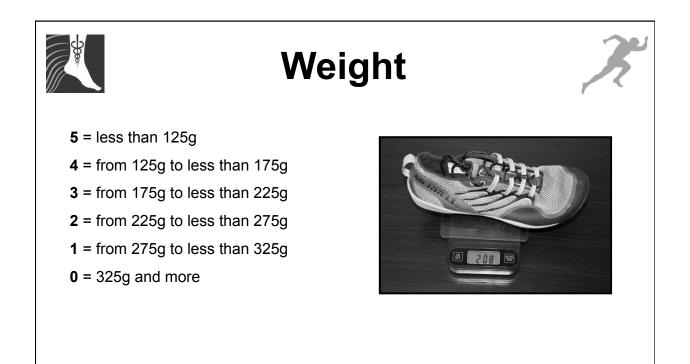


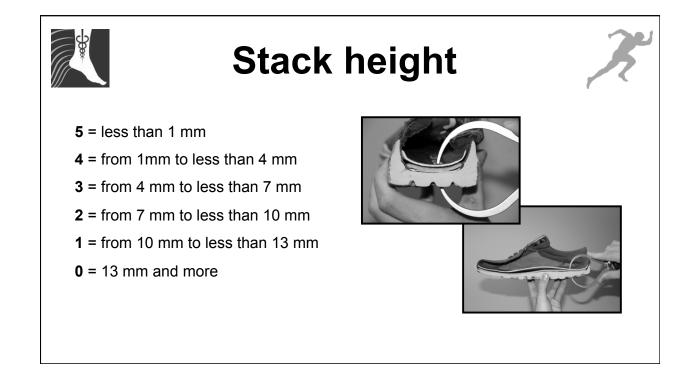


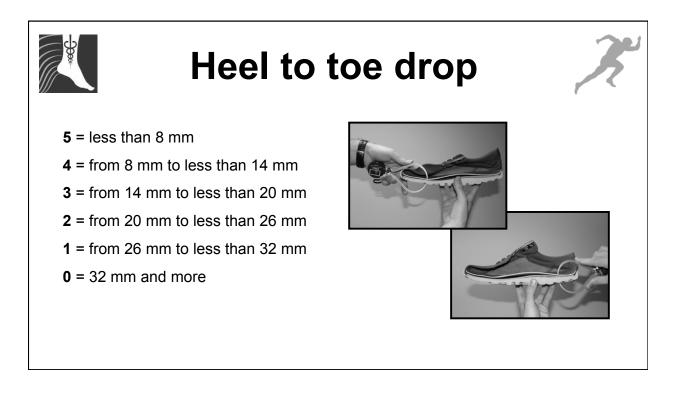


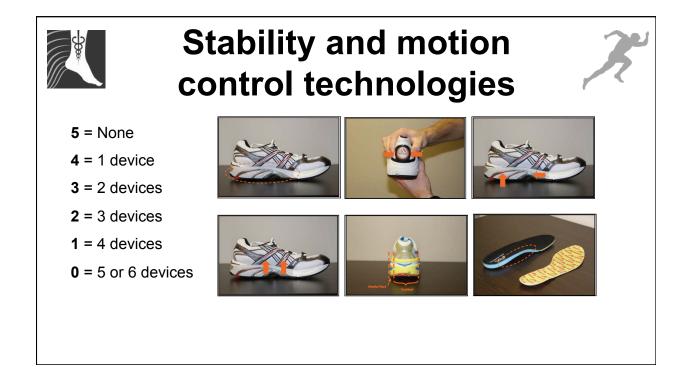














Flexibility (Iongitudinal)

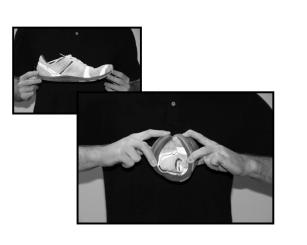
2.5 = Minimal resistance to longitudinal bending (the shoe can be rolled on itself more than 360 degrees)

2.0 = Slight resistance to longitudinal bending (anterior tip of shoe sole reaches posterior tip of shoe sole in a maximal bending of 360 degrees)

1.5 = Moderate resistance to longitudinal bending (anterior tip of shoe sole doesn't reach posterior tip of shoe sole, but anterior and posterior parts of the shoe can form an angle of at least 90 degrees)
1.0 = High resistance to longitudinal bending (anterior and posterior parts of the shoe can form an angle between 45 and 90 degrees)
0.5 = Very high resistance to longitudinal bending (longitudinal

deformation is possible, but anterior and posterior parts of the shoe form a maximum angle of 45 degrees)

0 = Extreme resistance to longitudinal bending (longitudinal forces don't significantly change the orientation of the anterior part of the shoe relative to the posterior part)





Flexibility (Torsional)

2.5 = Minimal resistance to torsion (anterior part of the shoe is turned 360 degrees; anterior outsole faces inferiorly after a complete twist while posterior outsole faces inferiorly)

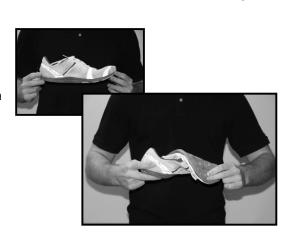
2.0 = Slight resistance to torsion (anterior part of the shoe is turned at least 180 degrees but less than 360 degrees; anterior outsole faces at least superiorly while posterior outsole faces inferiorly)

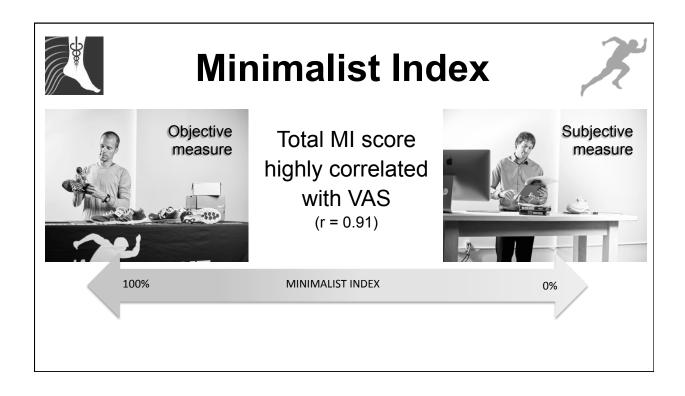
1.5 = Moderate resistance to torsion (anterior part of the shoe is turned more than 90 degrees but less than 180 degrees; anterior outsole faces at least laterally while posterior outsole faces inferiorly)

1.0 = High resistance to torsion (anterior part of the shoe is turned more than 45 degrees but less than 90 degrees; anterior outsole can't face laterally while posterior outsole faces inferiorly)

0.5 = Very high resistance to torsion (torsional deformation is possible, but anterior part of the shoe reaches less than 45 degrees)

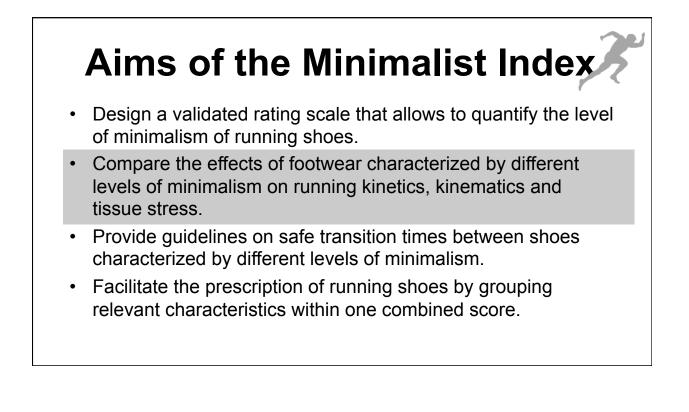
0 = Extreme resistance to torsion (torsional forces don't significantly change the orientation of the anterior part of the shoe relative to the posterior part)

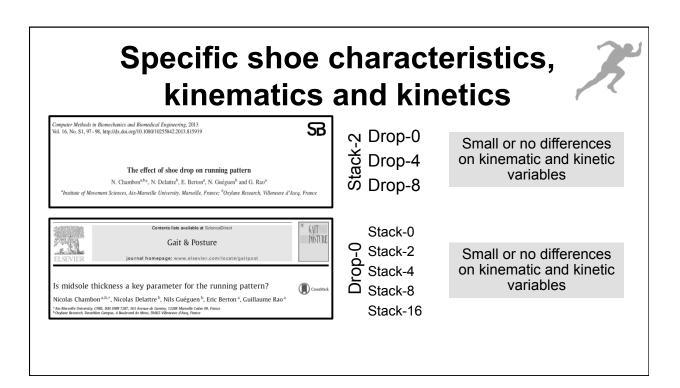


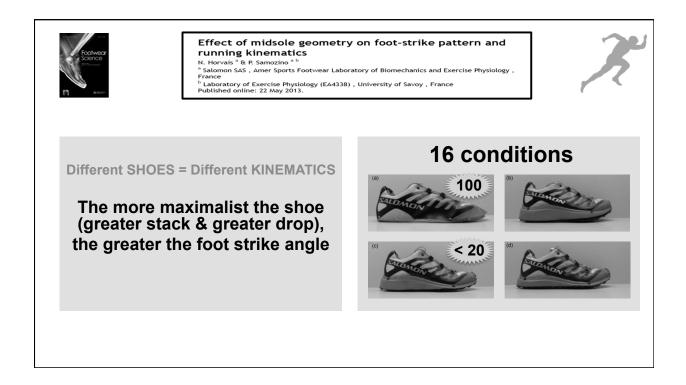


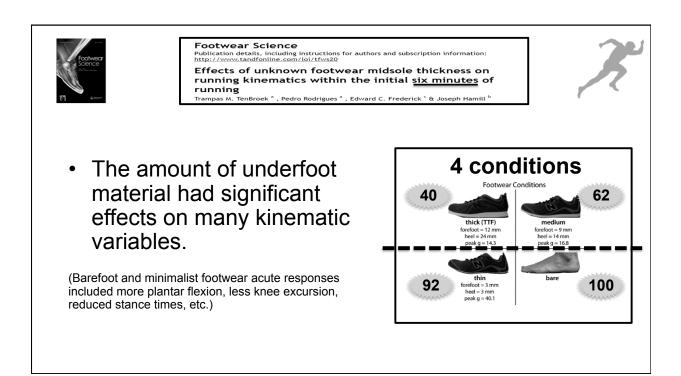


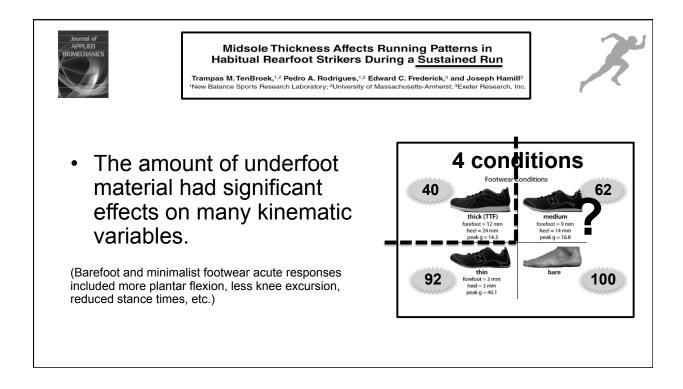


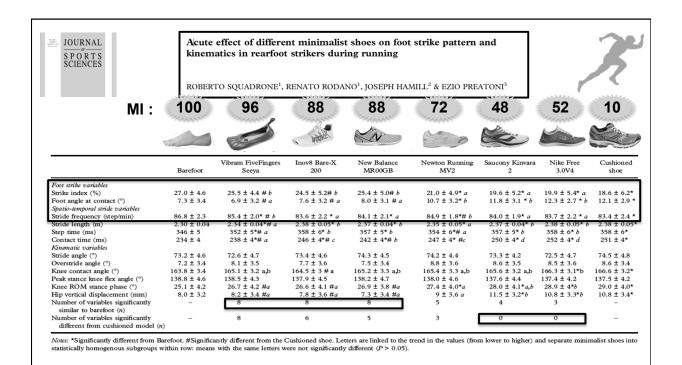






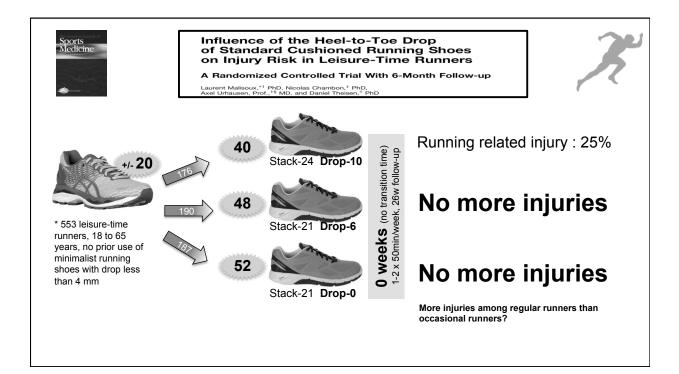


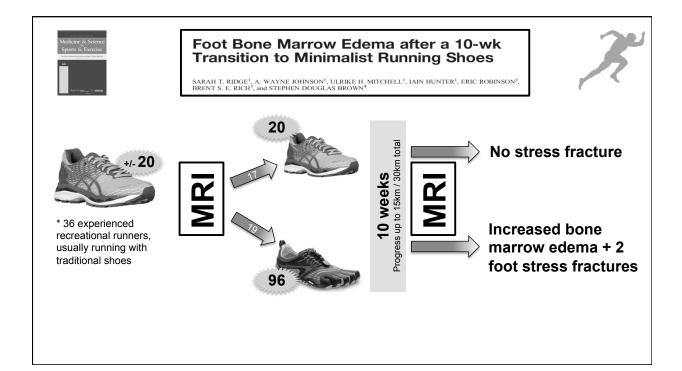




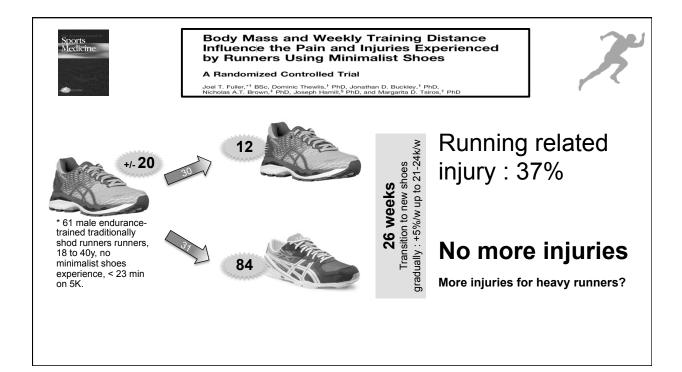
Aims of the Minimalist Index

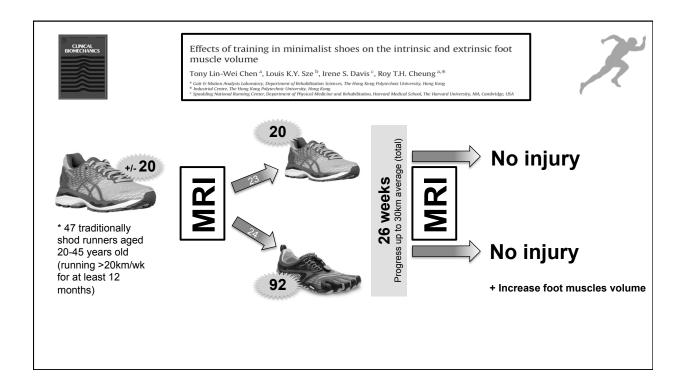
- Design a validated rating scale that allows to quantify the level of minimalism of running shoes.
- Compare the effects of footwear characterized by different levels of minimalism on running kinetics, kinematics and tissue stress.
- Provide guidelines on safe transition times between shoes characterized by different levels of minimalism.
- Facilitate the prescription of running shoes by grouping relevant characteristics within one combined score.

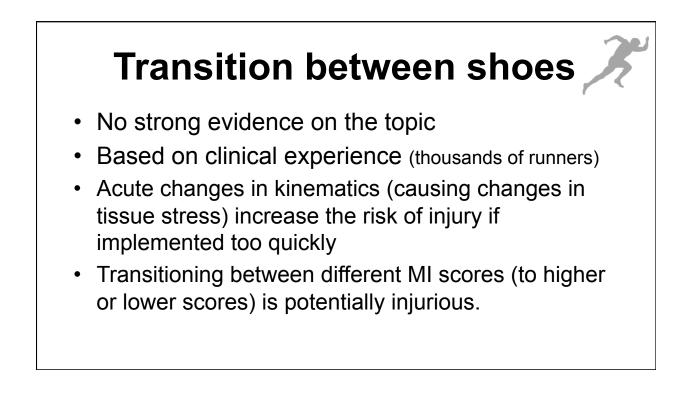










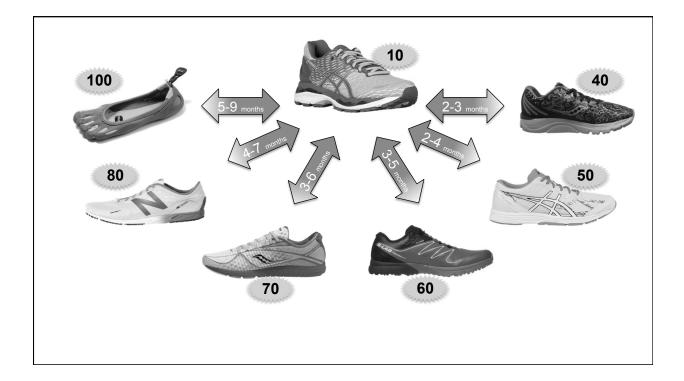


Transition between shoes

Safe transition for recreational runners is:

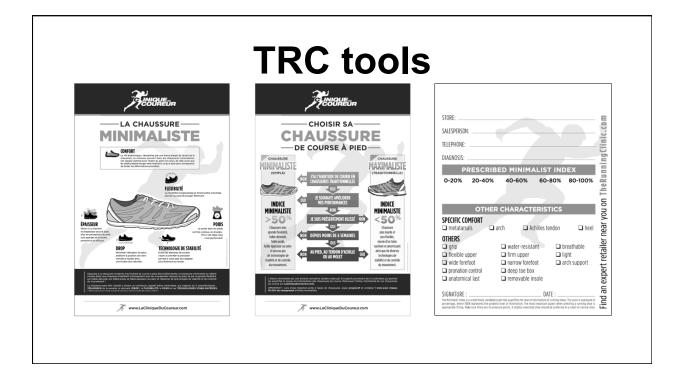
1 month for each 10 to 20% of MI

- Experienced runners may expect to double that time.
- Increase by 1 more minute per training and implement plateaus if foot or calf soreness = best recommendation when no follow-up is made by a clinician.
- Many other factors influence transition time (age, general health, previous history of footwear & sports, etc.).



Aims of the Minimalist Index

- Design a validated rating scale that allows to quantify the level of minimalism of running shoes.
- Compare the effects of footwear characterized by different levels of minimalism on running kinetics, kinematics and tissue stress.
- Provide guidelines on safe transition times between shoes characterized by different levels of minimalism.
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Update on Minimal Footwear: Is Less More?

Irene Davis, PT, PhD Blaise Dubois, PT **Sarah Ridge, PhD** Isabel Sacco, PhD

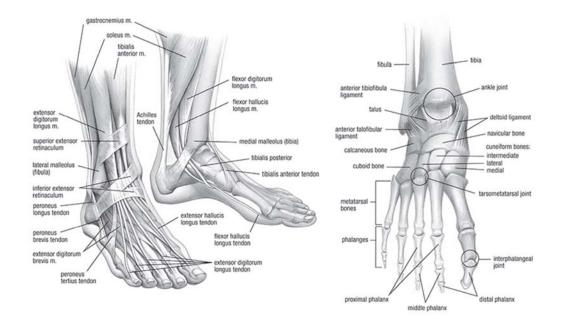
Disclosure

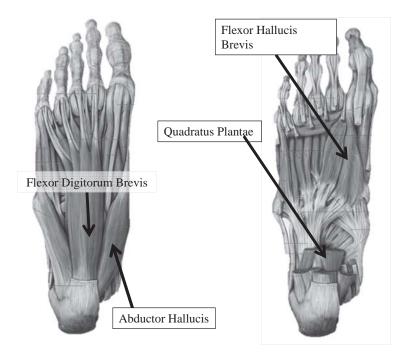
• No relevant financial relationship exists

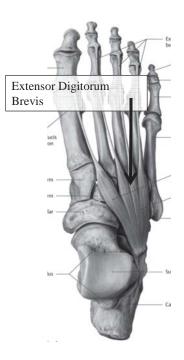
Session Learning Objectives

- Describe the role of the intrinsic foot muscles
- Describe the effect of minimal footwear on foot muscle strength

<section-header> Multi-functional Support Shock absorption Stabilization Power production

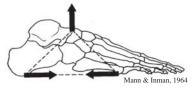






Role of intrinsic foot muscles (IFM)

- Support medial longitudinal arch (MLA) during loading^{1,2}
- Control pronation during standing and walking^{2,3,4}
- Stabilize foot during propulsion of walking¹
- Shock attenuation/energy dissipation?

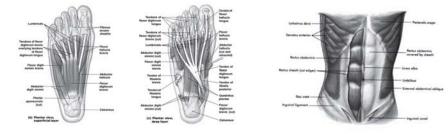




Basmajian & Stecko, 1963

IFM role in stabilization

- Weak IFM have been associated with impaired balance and increased risk of falls in the elderly^{5,6}
- Similar function to deep core stabilizers of the spine^{7,8}
 - Local and global stabilizers



Evidence of the importance of IFM

- Children and adults who spend less time in footwear have a lower incidence of flatfoot.^{9,10}
 - Does supportive footwear weaken the IFM?
- Runners with chronic plantar fasciitis have lower rearfoot IFM volume than healthy runners.¹¹
- Toe flexor strength of feet with plantar fasciitis (PF) is lower than healthy feet.¹²
- MLA helps with shock absorption during loading.¹³
 Do weak IFM → less control of MLA?
- Muscle weakness is a factor for stress fracture.¹⁴
 - Runners who suffered from BME during transition to minimal footwear had smaller IFM during pre-transition testing.¹⁵

Does exercise increase IFM strength? YES!

Unger & Wooden, 2000 Jung, et al., 2011 Mulligan & Cook, 2013 Hashimoto & Sakuraba, 2014 Brueggeman, et al., 2005 Miller, et al., 2014 Johnson, et al., 2016







Jung, et al., 2011

www.AFXonline.com

IFM strengthening exercises – Short Foot/Doming



IFM strengthening exercises – Toe Flexion





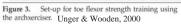




Fig. 1. Custom-fabricated pulley system positioned for fatiguing exercise Headlee, et al., 2008

IFM strengthening exercises – Heel Raises



IFM strengthening exercises – Resistance

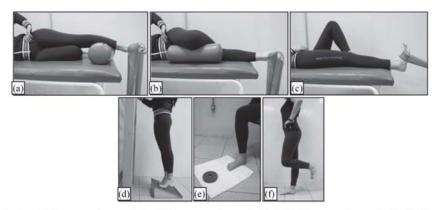


Fig. 2. Foot Exercise Group. (a) Evertors muscles strengthening. (b) Invertors muscles strengthening. (c) Dorsiflexors muscles strengthening. (d) Plantar flexors muscles strengthening. (e) Toe curl exercise. (f) Short foot exercise.

Kamonseki, et al., 2015

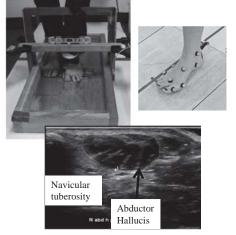
Researchers	esearchers Year Intervention		Population	Measurements	Results		
Unger & Wooden	2000	6 week toe flexor strengthening program	15 healthy subjects	Toe strength, vertical jump height, horizontal jump distance	Significant improvement in all categories		
Jung, et al	2011	8 weeks of orthotics or SFE+orthotics	I CSA of ABDH strength of FH		Increased CSA of ABDH and strength of FH in both groups, but more in the SFE+O group		
Mulligan & Cook	2013	4 weeks of short foot/doming	21 asymptomatic subjects				
Hashimoto, et al	2014	8 weeks of light resistance toe flexion	12 healthy males	Flexion strength, arch length, vertical jump, 1 legged long jump, 50m dash time	Increased flexion strength, decreased arch length, increased 1 legged long jump distance, increased vertical jump height, decreased 50m dash time		
Lynn, et al	2012	4 week of SFE or TC, 100 reps/day	24 healthy Navicular height, ROM of COP in ML direction for static and dynamic balance tests		No difference in navicular height or static balance test. Decrease ML COP movement in dynamic balance test - SFE group more than TCE group in non-dominant limb		
Brueggemann, et al	2005	5 months of warm-up in minimalist shoes	25 healthy	Strength: MPJ flexor, subtalar inversion, plantarflexion, dorsiflexion Size: TA, peronei, TP, triceps surae, FH, FD	Increase in all strength measures, increase in ACSA of FH (4%), ABDH (5%), and QP (5%)		
Chen, et al	2016	6 month transition to running in minimalist shoes	20 habitual shod runners	Forefoot and rearfoot muscle volume via MRI	Increase in forefoot muscle in experimental group		
Miller, et al	2014	12 week transition to minimal footwear	17 runners	Muscle size (CSA, ACSA, MV), AHI, arch deformation	Increase in FDB muscle volume and ADM ACSA, no change in AHI, decrease in RAD		
Johnson, et al	2016	10 week transition to minimalist footwear	18 runners	Muscle size	Increase in ABDH (10.6%)		

The Effects of Foot Strengthening Programs for Runners

- Which muscles are influenced by strengthening?
 - Size?
 - Strength?
- What qualifies as a strengthening program?
- Are structural and functional changes induced?

The Effects of Foot Strengthening Programs for Runners

- 60 runners 3 groups
 - Foot strengthening exercise (R+E)
 - Minimalist shoe walking (R+MSW)
 - Control (C)
- 8 weeks
 - Testing at 0, 4, and 8 weeks
- Measurements:
 - Foot strength
 - IFM muscle size
 - Arch deformation during running



Foot Strengthening Study Intervention

- Foot strengthening exercise (R+E)
 - Typical running
 - Progressive program of exercises 5-7 days/week
- Minimalist shoe walking (R+MSW)
 - Typical running
 - Progressively increasing # steps in minimalist shoes 5-7 days/week
 - Weeks 1 & 2: 2,500 steps/day
 - Weeks 3 & 4: 5,000 steps/day
 - Weeks $5-8: \ge 7,000$ steps/day
- Control (C)
 - Typical running



3 sets of all listed	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Double leg heel raises on flat surface	10 – 20 reps	20 – 30 reps						
Double leg heel raises off edge of step			10 – 20 reps	20 – 30 reps				
Single leg heel raises on flat surface					10 – 20 reps	20 – 30 reps		
Single leg heel raises off edge of step							10 – 20 reps	20 – 30 reps
Towel curls	10 – 20 reps	20 reps	20 – 30 reps	30 reps	30 reps	30 reps	30 reps	30 reps
Toe Spread	10 – 20 reps	20 reps	20 – 30 reps	30 reps	30 reps	30 reps	30 reps	30 reps
Toe Squeeze	10 – 20 reps	20 reps	20 – 30 reps	30 reps	30 reps	30 reps	30 reps	30 reps
Doming	10 – 20 reps	20 reps	20 – 30 reps	30 reps	30 reps	30 reps	30 reps	30 reps
Doming Hopping in place		10 reps	20 reps					
Doming Hopping Square			10 forward & back	20 forward & back	10 side to side	20 side to side	10 diagonal & back	20 diagonal & back

Measurements of IFM strength

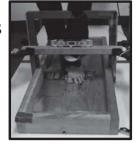
- Muscle size
 - Abductor Hallucis
 - Flexor Hallucis Brevis
 - Quadratus Plantae
 - Flexor Digitorum Brevis
- Functional strength measurements
 - Doming
 - Great toe flexion
 - Lateral toes flexion



Measurements of IFM strength

- Muscle size
 - Abductor Hallucis
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 - Quadratus Plantae
 - Flexor Digitorum Brevis
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 - Great toe flexion
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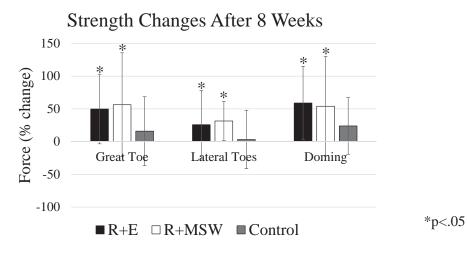




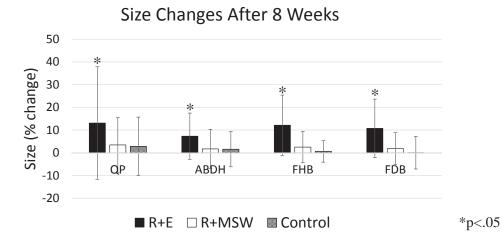




Results – Functional Strength



Results – Muscle Size



	Week 0 Averages (mm)			Week 8 Averages (mm)			Dynamic	
	Static Arch Height	Dynamic Arch Height	Dynamic Arch Drop	Static Arch Height	Dynamic Arch Height	Dynamic Arch Drop	Arch Drop Change (mm)	Static Arch Height Change (mm)
Controls	14.38 ± 3.03	10.32 ± 4.84	4.06 ± 3.44	13.07 ± 3.47	9.05 ± 4.52	4.02 ± 3.20	-0.04 ± 1.61	-1.31 ± 3.75
Exercise (all)	14.99 ± 4.84	11.82 ± 5.25	3.17 ± 1.87	15.31 ± 3.36	12.71 ± 3.23	2.60 ± 1.76	-0.57 ± 2.33	0.33* ± 3.65
Exercise (≥3.8 mm initial drop)	15.04 ± 4.51	9.89 ± 4.44	5.15 ± 0.92	14.10 ± 2.68	11.36 ± 3.05	2.74 ± 2.06	-2.41† ± 2.28	-0.94 ± 2.72

*Significant difference in change in Static Arch Height between groups (p=0.013) †Significant group by initial Dynamic Arch Drop interaction (p=0.005)

Preliminary Conclusions

- Exercises increase IFM strength and size, may change dynamic arch stiffness during running
- Walking in MS increases IFM strength, but has not shown an increase in muscle size.
 - Neuromuscular adaptation prior to muscular adaptation
 - Length of "training" time?
 - Amount of stimulus?



Future Applications

- Effect of IFM strengthening on pain and foot pathologies
 - Plantar Fasciitis
 - Foot deformities
 - Neuropathies?
- Footwear/orthotics application?
- Injury prevention?
- Athletic performance?



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