

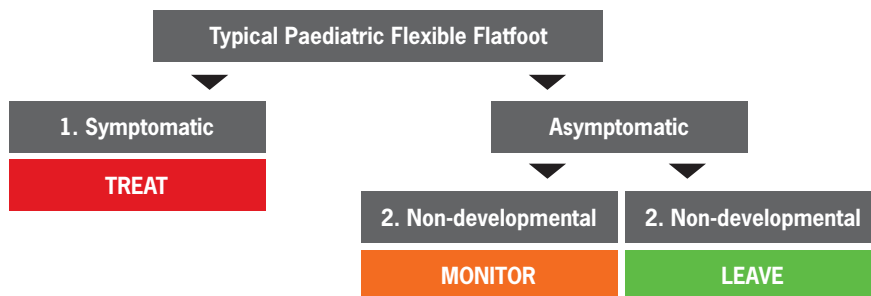


# NEWS

## » Podiatry NZ Conference Wellington 2010...

Bigfoot podiatrists Justin, Sarah, Rachel and Debbie recently returned from the National Conference at Te Papa Wellington. Keynotes from the USA, Australia and local talent provided updates in podiatry.

Podiatrist Sarah talks on the **paediatric flatfoot** – This year I found the paediatric aspect exceptionally strong with Dr. Angela Evens and Dr. Joshua Burns providing a full afternoon to the topic. Angela Evens specialises in international research projects on the paediatric flatfoot. The paediatric flatfoot has been debated in podiatry for many years, particularly regarding the justification to treat or not to treat. Up until now there has been limited research on the topic. Angela has developed a Clinical-Care Pathway which is an evidenced based tool for assessment and direction for management in the paediatric flatfoot. **There is now clear evidence and guidelines in place for the assessment** of flexible flatfoot that is more reliable and succinct for the clinician (refer to the table below). Angela's research coincides with the conclusions of the current RCT's in paediatric flatfoot that suggests orthotic intervention does not alter morphologic development, motor skills or physical activity in the children, BUT... they do improve symptoms of pain. Therefore we can justify the use of orthotics for this condition in the Podiatry setting where pain is present.. Bigfoot having reviewed the pathway have developed key tests to monitor asymptomatic and symptomatic paediatric flatfoot and monitor these over the growing years. Evans, Nicholson & Zakarias (2009), The paediatric flat foot proforma: improved and abridged following a reproducibility study. Journal of Foot and Ankle Research. 2:25



Podiatrist Rachael talks on **plantar heel pain** – An interesting “take home” message from the 2010 Podiatry conference about Plantar fasciitis / Plantar heel pain (PHP) . PHP is one of the most common musculoskeletal conditions affecting the foot. We now know that PHP is a degenerative process and there is **no inflammation present**, similar to tendonosis. There are evidenced based risk factors; age, obesity, increased standing, foot posture and limited ankle dorsiflexion. One of the key findings is the role of “Heel spurs” and whether they are causative or correlative. The contribution of heel spurs to PHP has long been dismissed by many practitioners – “the spur is not related to your pain”. New evidence is showing spurs are not caused by longitudinal tractional forces but an adaptive response to vertical force. Trabecular studies are showing a vertical pattern indicating adaption to vertical loads. Meaning older people with higher body mass and decreased elasticity are much more prone to this condition.

These new findings support the use of orthoses in reducing impact forces through the calcaneus. New literature reviews have also provided us with an effective treatment guideline for PHP. Of known benefit are Orthoses, Low dye/calcaneal taping, calf stretching and footwear. Corticosteroid injections with or without local anaesthetic have shown to have no medium to long term benefit, and have moderate evidence to support short term effectiveness. Other modalities such as night splints should be considered for patients with symptoms greater than 6 months. These finding give us scientific evidence to support the treatment regimes Bigfoot podiatrist are using.

## » ISSUE 25 October 2010

### THIS ISSUE

- Podiatry NZ Conference 2010
- Orthose Development
- Toning Shoes
- Asics Gel Attack

### CLINICS

#### Northcote

Mon – Fri: 7am – 6pm  
Sat: 7am – 12pm  
160 Lake Rd, Northcote  
Ph: +64 9 481 0680

#### Howick

Mon – Fri: 7am – 6pm  
14 Picton St, Howick  
Ph: +64 9 535 4337



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## &gt;&gt; New Orthosis Developments...



Bigfoot have developed a sport specific **orthoses for basketball** and have been **triallying a soft based management for rugby players.**

Working with the NZ Breakers in the 2009 and 2010 season we identified **comfort and the durability** of orthotics an issue in elite basketballers. Traditional plastic orthotics were too hard and uncomfortable. The softer foam based orthotics were good but needed replacing

every 3-6 months which was not a cost effective management. Bigfoot in conjunction with Breakers physiotherapist Anous Bouaaphone, worked with Kick Penney to develop an orthose to address comfort, durability and support. Kirk provided valuable feedback over the season and after two initial attempts we finally reached a eureka moment with prototype 'KP' three working! The orthotic was tested on Thomas Abercrombie during the season and both took the orthotic to the 2010 World Basketball Champs. A review on their return was impressive. The orthotics performed well, no injuries and no wear. **Kirk reported "can't believe it, still looks new"**. Morgan Nathan in the Breakers development team is the third elite

basketballer to use the orthotic. Bigfoot are confident we have produced a customized orthotic specific for basketball and currently have a ANZ netballer we are trialling this on. Hockey is another sport we have identified that may suit this orthotic. An update will be available in the next Bigfoot Newsletter.

Having attended the 2010 Podiatry Conference in Wellington, a big part is networking with colleagues in sports management. Talking to Greg Woolman – NZ Academy Podiatrist and podiatrist for the Canterbury Crusaders and Southern based All Blacks, some interesting developments arose. Key All Black forwards were using an orthotic that traditionally podiatrists would never have considered and it was working! Returning from the conference we have started trialling the orthotic on a North Harbour ITM cup player and at this stage it is working very well. It appears **softer management is producing better results and we will be reviewing our rugby management for the 2011 season.**

Bigfoot podiatrists are continually learning the latest in podiatry management and are recognized as leaders in delivering education to the public, medical colleagues and within our profession. If you want us to present to your team please call Mary on 09 481 0680 or e-mail [sales@bigfootpodiatry.co.nz](mailto:sales@bigfootpodiatry.co.nz).

## &gt;&gt; Toning Shoes? – Avia Avimotion...



Toning shoes have hit NZ shores and whether this is fad or fact its still unknown. We are often asked what we think of these shoes and at this stage – there is limited research to support the high fitness gains they are reporting and in fact they could increase injury due to overload on muscles. In saying this Bigfoot critique any new shoe development closely and having

reviewed the shoe and see benefits where there are saggital plane blocks in the ankle and foot e.g. ankle fusions, midfoot/1st ray/1st MPJ fusions, significant midfoot OA. Ruptured tendo-achilles, 1st MPJ OA/impingements.

In he past 2 months we have trialled the shoe thanks to Bruce Twaddle (orthopaedic surgeon) providing a suitable candidate and Shoe Science supplying the shoe. Client SM was in a motor vehicle accident and had 6 surgeries before an ankle fusion. We assessed her for contraindications and issued the shoe. On reporting back she has never felt better, has returned to her job and attributes the shoe to giving her back a normal walking pattern. Initially I was sceptical a ankle fusion would not do well, she could rocker back on the heel forcing her into dorsiflexionand this would create issues. This was not the case and we will consider this for future cases. See our video in the movie corner at [www.bigfootpodiatry.co.nz](http://www.bigfootpodiatry.co.nz).

## &gt;&gt; Shoe Review – Asics Gel Attack...



Offroad events are an increasing sport in NZ. NZ's numerous trails, terrain and beaches has allowed runners to escape the cars and pavements and take to the fresh air, forests, beaches, and lets not forget the mud and dirt of a trail. Trail running has benefits for injury prevention, its not uncommon for elite triathletes and runners to use trail running in their program to

take the load off the bones and muscles. How does trail running prevent injuries? – it does not have the repetitive nature of road running and the softer terrain reduces the impact on the body. Its not all injury free though, trail running introduces its fair share of injuries like ankle sprains, cuts, abrasions, and foot bruises from uneven trunks and stones. The Gel Attack 6 is Asics lightweight trail shoe. Cloned from the DS Trainer the shoe is

low profiled, and looks fantastic and fast! The sole unit has one of the best traction systems on the market to reduce slipping and provide grip both up and downhill with its reverse grip pattern. A recent 3x Speights Coast to Coaster found the shoe provided the best grip when boulder running. A protection plate in the forefoot stops bruising from uneven trunks and stones. The sole unit is low to the ground giving better stability and improved proprioception so you can feel well balanced on the uneven terrain. There is flexibility through the midfoot to adapt to pot holes and angled surfaces a trail will throw at you. The upper is extremely breathable and drains water out so the shoe does not get heavy when running in wet conditions. Bigfoot sees the shoe suited to a runner looking for speed in races or fast training sessions. It can also be used as a training shoe for an efficient to mild pronator. The Gel Attack is well suited to a touch player who is looking for a lightweight, grippy shoe. See our video in the movie corner at [www.bigfootpodiatry.co.nz](http://www.bigfootpodiatry.co.nz).