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The Shoe Recommendation Committee, while diverse in their background and experience, find certain fundamental criteria necessary for evaluating and subsequently recommending specific shoes. There are thus seven main criteria upon which selections are based for shoe recommendation:

1. **Stability.** Shoes that are constructed in such a way as to prevent excessive or abnormal motion of the foot and leg are considered stable and will inherently assist in injury prevention and will facilitate other forms of treatment in the management of lower extremity injuries. Certain aspects of the construction of the shoe inherently lend to enhanced stability. Methods of lasting, midsole construction, heel counter construction, mid and outsole geometry, etc. all contribute to what can be considered a stable shoe. Each one of these variables are evaluated individually and collectively in the final product and assessment.
2. **Durability.** It has been found that while some shoes are extremely stable when new, they rapidly break down and thus lose their ability to resist abnormal forces. For this reason, certain shoes that demonstrate specific motion control features are not necessarily found on a recommendation list since that same as shoe may not resist excessive forces for what is deemed to be an acceptable period of time.
3. **Availability.** It is our attempt to recommend shoes that are readily, or at least reasonably, available. The recommendation of shoes that are either difficult to obtain because of manufacturer's distribution problems, or because they are manufactured in relatively small quantities, produces frustration for both the practitioner and the patient. For this reason, an attempt will be made to recommend only those shoes that can be purchased by the patient with relative ease.
4. **Price Point.** Whenever possible, the committee will attempt to find those shoes that are reasonably priced. While an effective shoe will never be disqualified from the list based on price, shoes that are more reasonably priced will be looked upon more favorably by the Committee, as this also results in a more satisfied patient. As we all know, not every shoe recommendation works out as well as we might hope, and this occurrence is easier to accept with a \$75-80 shoe than a \$150 shoe.
5. **Quality Control.** The committee has found that certain shoes are extremely consistent in their manufacture and the performance of that shoe is therefore predictable when recommended. It has been the unpleasant observation of the Committee that certain shoes have been somewhat inconstant with regard to quality control and performance and, as a result, cannot be recommended with confidence.
6. **Orthotic Compatibility.** Since most of us utilize functional orthoses as part of our lower extremity injury treatment plan, the recommendation of a shoe that is compatible with the use of an functional orthoses is critical. Shoes that appear on this list therefore fit this criteria according to the Committee.
7. **Specific Features.** While the aforementioned criteria are applicable to virtually every shoe that will appear on the Committee's recommendation list, specific categories may at times be featured for specific patients with specific biomechanic conditions or symptom complexes. In these instances, specific shoes may be recommended for particular applications, i.e. need for forefoot cushioning and flexibility, roomy toebox, etc.