
Audio Lecture II

In-shoe Pressure Analysis Pearls in Diabetic Off-loading

Bruce E. Williams, DPM, FACFAS, FAAPSM

- I. Identifying High Pressure Areas**
- II. Moderate Pressure—Repetitive Stress**
- III. In-shoe Pressure for Optimal Off-loading**
 - A. F-scan
 - B. Pearls of evaluation
 - 1. Evaluate the high pressure points anatomically
 - 2. Evaluate load progression during step phase
 - 3. Assess sagittal plane progression blockage
 - 4. Document progression in improvement
- IV. Case Study**
- V. Sagittal Plan Progression Evaluation**
 - A. First metatarsophalangeal joint evaluation—functional hallux limitus
 - B. Limb-length difference evaluation
- VI. Summary**

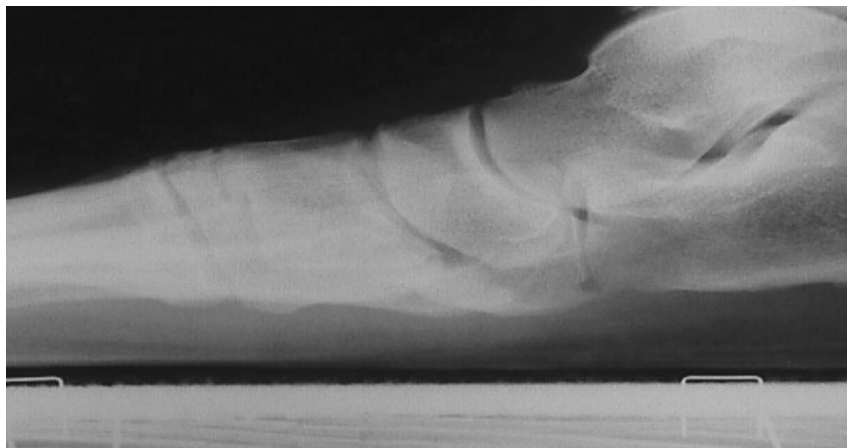


Figure 1. Early changes in Charcot foot.

Foot and Ankle Quarterly, Copyright © 2005 Data Trace Publishing Company
Vol. 17, No. 3. Printed in U.S.A.
1068-3100/\$22.00

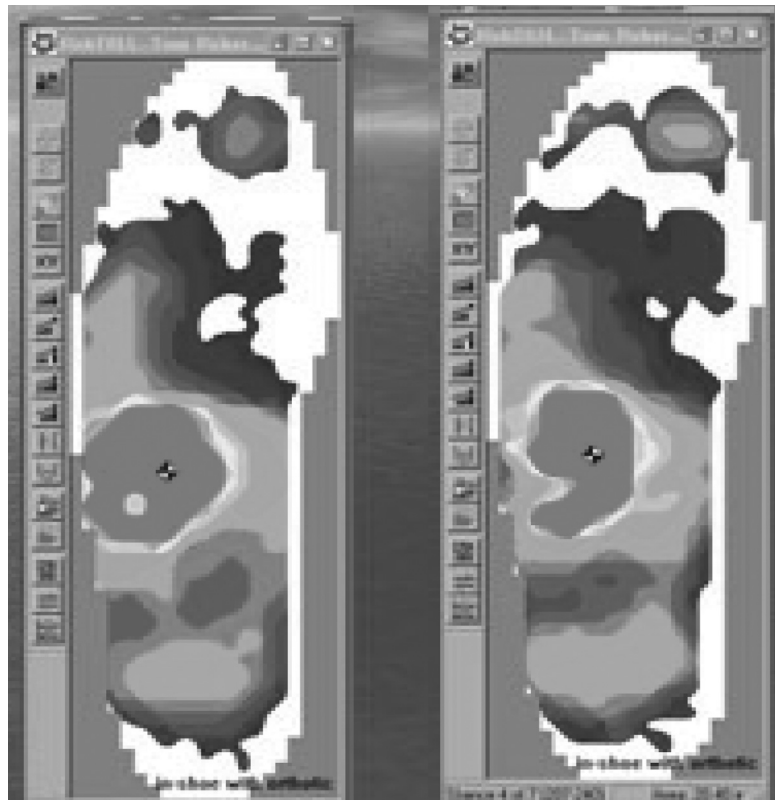


Figure 2. Pressure evaluation pre- and postmodification. Left, Left Charcot foot preorthotic modification. Right, Left Charcot foot with modified devices.

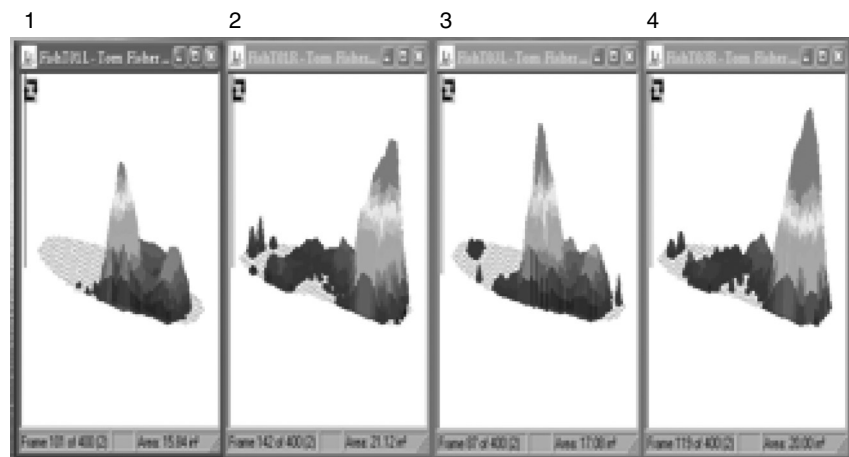


Figure 3. Heel strike. Note high pressure subcuboid on slides with no heel roll on strike. Higher heel pressure from more normal contact of the heel on the right foot. Frame 1: Left foot premodification. Frame 2: Right foot premodification. Frame 3: Left foot postmodification. Frame 4: Right foot postmodification.

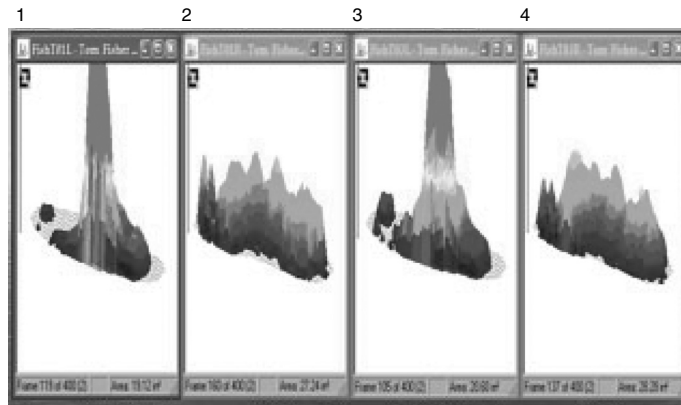


Figure 4. Midstance phase. Severely high pressures that have not moved left foot, and more equal pressures on the right feet. Frame 1: Left foot premodification. Frame 2: Right foot premodification. Frame 3: Left foot postmodification. Frame 4: Right foot postmodification.

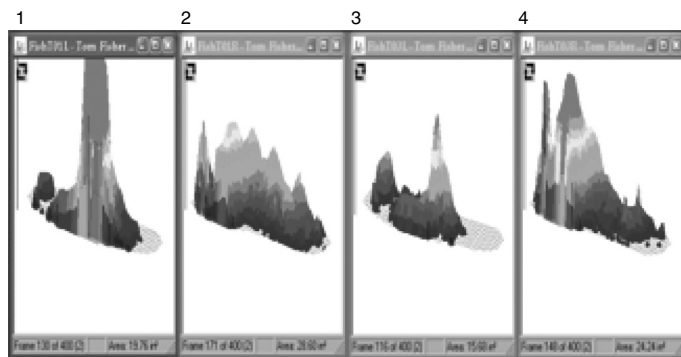


Figure 5. Heel lift. Notice the high pressure left foot that has not changed and no progression into toe-off prolonged midstance phase. Frame 1: Left foot premodification. Frame 2: Right foot premodification. Frame 3: Left foot postmodification. Frame 4: Right foot postmodification.

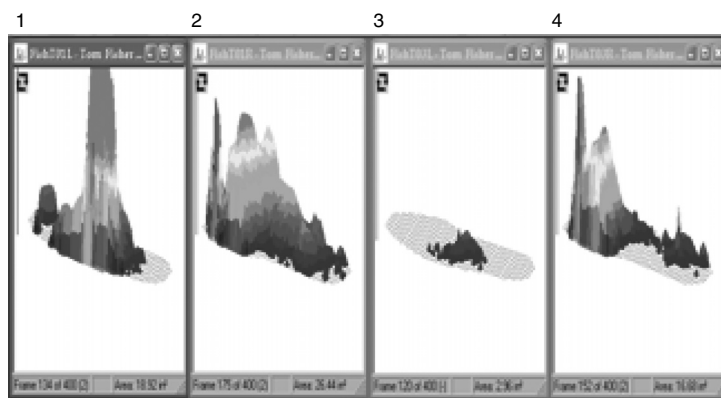


Figure 6. Lift off. The left foot Prior to modification still has extremely high pressures. After modification the patient has lifted off and moved into swing phase. Frame 1: Left foot premodification. Frame 2: Right foot premodification. Frame 3: Left foot postmodification. Frame 4: Right foot postmodification.

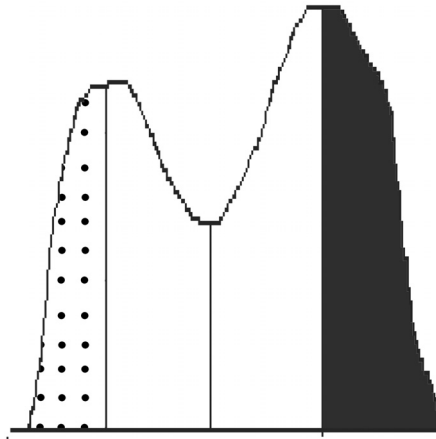


Figure 7. Double limb support transition period. Dotted section = heel contact and initial double support. Black section = Toe-off and terminal double support.

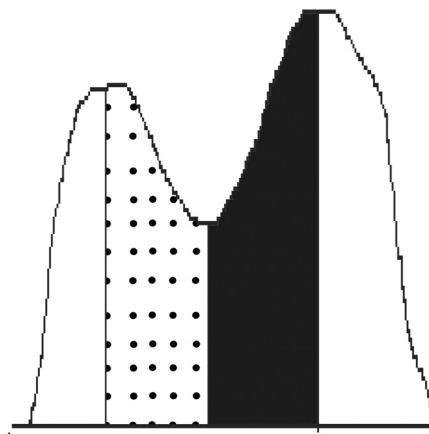


Figure 8. Single limb support phase. Dotted section = Midstance phase. Black section = Active propulsion (beginning of heel lift).

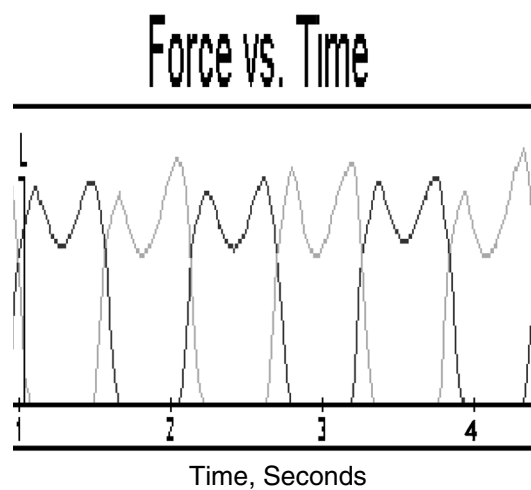


Figure 9. Normal force vs. time curves.



Figure 10. Charcot foot—premodification.

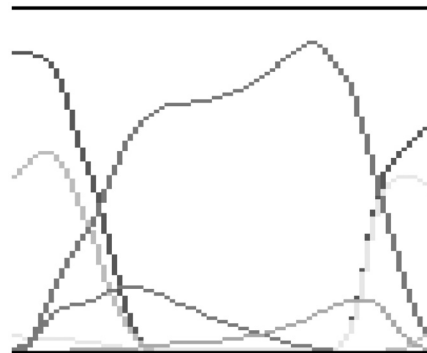


Figure 11. Charcot foot—postmodification.



Figure 12. High hallux pressure, and low sub first metatarsophalangeal joint pressure. Functional hallux limitus.

SUGGESTED READING/REFERENCES

- Albert SF, Christensen LC. Diabetic foot pressure studies. *The Lower Extremity* 1994;1(1):21–27.
- Baumann W, Krabbe B, Farkas R. The application of in-shoe pressure distribution measurements in the controlled therapy of diabetes patients. *VDI- Bericte* 1992;NR 940:413–419.
- Dananberg HJ. Functional hallux limitus and its relationship to gait efficiency. *J Am Podiatr Med Assoc* 1986;76:648–652.
- Dananberg HJ. Gait style as an etiology to chronic postural pain. Part I. Functional hallux limitus. *J Am Podiatr Med Assoc* 1993;83:433–441.
- Dananberg HJ. Lower back pain as a gait-related repetitive motion injury. In: Vleeming, Mooney, Dorman, eds. *Movement Stability and Low Back Pain: The Essential Role of the Pelvis*. New York: Churchill Livingstone, 1997:253–267.
- Dananberg HJ, Guiliano M. Chronic low-back pain and its response to custom-made foot orthoses. *J Am Podiatr Med Assoc* 1999;89:109–117.
- Frykberg RG. Team approach toward lower extremity amputation prevention in diabetes. *J Am Podiatr Med Assoc* 1997;87(7):305–312.
- Frykberg RG, Lavery LA, Pham H, Harvey C, Harkless L, Veves A. The role of neuropathy and high foot pressures in diabetic foot ulceration. *Diabetes Care* 1998; 21(10):1714–1719.
- Fuller EA. The windlass mechanism of the foot: A mechanical model to explain pathology. *J Am Podiatr Med Assoc* 2000;90(10):35–36.
- Hicks JH. The mechanics of the foot. II. The plantar aponeurosis and the arch. *J Anat* 1954;88:24–31.
- Kozak GP, Campbell DR, Frykberg RG, Habershaw GM. Biomechanical considerations of the diabetic foot. In: *Management of Diabetic Foot Problems*, 2nd ed. Philadelphia: WB Saunders, 1995:53.
- Kozak GP, Campbell DR, Frykberg RG, Habershaw GM. Diabetic charcot foot. In: *Management of Diabetic Foot Problems*, 2nd ed. Philadelphia: WB Saunders, 1995:88–97.
- Kozak GP, Campbell DR, Frykberg RG, Habershaw GM. Diabetic neuropathies: Lower extremities. In: *Management of Diabetic Foot Problems*, 2nd ed. Philadelphia: WB Saunders, 1995:50–51.
- Lavery L, Fleishli J, Laughlin T, Vala S, Lavery D, Armstrong D. Is postural instability exacerbated by off-loading devices in high risk diabetics with foot ulcers? *Ostomy/Wound Manage* 1998;44(1):26–34.
- Payne C, Chuter V, Miller K. Sensitivity and specificity of the functional hallux limitus test to predict foot function. *J Am Podiatr Med Assoc* 2002;92(5):269–271.
- Root MC, Weed JH, Orien WP. *Normal and Abnormal Function of the Foot*. Los Angeles, CA: Clinical Biomechanics Corporation, 1977:51.
- Stewart DJ, Berexowski B. Ulceration risk of a Charcot foot: F-scan in-shoe plantar pressure analysis, barefoot versus orthoses and shoe. *Can Assoc Prosthetists Orthotists Yearbook* 1993/94.
- Subotnick S. The short leg syndrome. *J Am Podiatr Assoc* 1976;66(9):720–723.
- Woerman A, Binder-Macleod S. Leg length discrepancy assessment: Accuracy and precision in five clinical methods of evaluation. *J Orthop Sports Phys Ther* 1984;March/April: 230–239.