

Proper Shoe Size and Fit in the Older Adult Population:

A Program Plan

Kirsten Johnson, Antonia Messano, Kaylee Snyder, and Mickayla Titus

Minot State University

Abstract

Wearing proper fitting shoes can lead to a healthier lifestyle for the aging adult population. Research has shown that many older adults are wearing improper fitting shoes. Wear and tear along with age and disease processes can all alter the structure of the foot. With this said, intervention is needed to help address the need for proper fitting shoes in the aging population. Four nursing students, enrolled in N456 Public Health Nursing at Minot State University, collaborated with their nursing instructor and the Adult Health Maintenance Clinic (AHMC) held at Henry Towers in Minot, North Dakota, to develop and implement a shoe sizing program for the aging population within the Henry Tower's community. Students provided free shoe sizing at the AHMC using a Brannock device purchased through funds provided by the AHMC. Nine of the nineteen clients screened were wearing the wrong shoe size. Education was provided to all clients on feet changes with aging and the importance of proper shoe fit. Continued implementation of the program at the AHMC will lead to a healthier aging population in the Henry Tower community.

Keywords: older adults, shoe size, foot changes, interventions, program plan, public health, nursing

Proper Shoe Size and Fit in the Older Adult Population: A Program Plan

Your pant size isn't the same since high school, so why should your shoe size?

As we age, a multitude of changes occur to our body and these changes are continuous throughout the lifespan of an individual. These changes are ever so apparent to ourselves and we adapt accordingly. However, changes in foot size may not be so apparent. It has been found that many aging adults are not compensating for their change in foot size. Feet are affected by the many changes the body goes through as it ages. The need for intervention with the aging population to help ensure proper shoe fit has been identified. A program is necessary to help address the need of the aging population for proper shoe size and fit.

Problem Defined

Proper shoe size is essential for foot health in the elderly and diabetic populations. Ill-fitting shoes can lead to pain, functional limitations, falls, and diabetic foot ulcers (Schwarzkopf, Perretta, Russell, & Sheskier, 2011). Footwear is easily overlooked in providing foot care but when it is addressed it can provide potential benefits to treatment or could be a major contributor in the symptoms a client may have (Haspel, 2012). Seventy-eight percent of all adults will experience foot problems at some time and the majority of the time, improperly fitting shoes is the main cause of these problems (Avitzur, 2014). The shoes are either too loose or too tight; both of these problems are easily fixed and easily preventable. Shoes that are too small increase pressure on the overall foot, where loose fitting shoes that are too large cause friction from the foot sliding in the shoe. As people age the tendons and ligaments that loosen as well as the

loss of fat padding on the bottoms of the feet can cause the feet to lengthen and widen (Avitzur, 2012). Pregnancy and weight gain are also contributors to the widening of feet.

Tight fitting shoes are the leading cause of diabetic foot ulcers in clients with diabetes (Connolly & Wrobel, 2014). These clients that present with diabetic foot ulcers are 5 times more likely to be wearing ill-fitting shoes than those clients without ulcers. This in turn precipitates up to half of all diabetes-related amputations (Connolly & Wrobel, 2014). These patients that self-select their shoe size also have a three-fold re-ulceration rate versus those who are prescribed a shoe size (Connolly & Wrobel, 2014). In a study of 200 US male veterans at a regional podiatry clinic, it was found that 48% of the participants had an increase greater than or equal to one shoe size change in foot length since their skeletal maturity (Connolly & Wrobel, 2014). The average weight gain among these men was 48 pounds and the most prevalent period of shoe size change occurred between the ages of 50 and 64 years of age. In this study it was found that age and weight had a significant impact on shoe size change. This study demonstrated the importance of regularly checking shoe size in high-risk foot care clients at a minimum of annually.

In another study of shoe size in three different New York populations it was found that nearly 35% of the participants wore ill-fitting shoes and 90% of participants did not know their shoe width (Schwarzkopf, Perretta, Russell, & Sheskier, 2011). Some participants had different shoe sizes for each foot and would benefit from shoes of different sizes. It was also observed that of these participants, a majority of them were diabetic and therefore associated with shoe size mismatch. Wearing correctly sized shoes

is an essential part of diabetic health for a client and can prevent many foot ulcerations that could in turn lead to amputations.

Formulate the Plan

Assessment of Population Need

By age 65 it is said that the average mileage the feet accrue is around 75,000 miles (Our Health Network, 2015). This wear and tear along with age and many disease processes can alter the structure of feet. Many common changes that occur with feet include: increase in size and width, loss of fatty pads that cushion the feet, thinner skin, flatter arches, weaker ligaments and tendons, and toes and feet can become crooked (Our Health Network, 2015). Along with common age changes to the feet, there are also many conditions that predispose feet to changes and foot problems. These conditions include circulatory problems, diabetes, arthritis, osteoporosis, peripheral neuropathy, and obesity (Our Health Network, 2015). All of these factors contribute to ill-fitting shoes, which in turn can cause many preventable foot problems.

Since research shows that aging adults are likely to be wearing the wrong shoe size, our group found it fitting to develop a program related to proper shoe fitting for the population at Henry Towers in Minot, ND. Henry Towers is a low-income ~~residency~~ **residence** for individuals greater than 55-years-old and/or with a disability. **There are over 100 residents living within the Henry Tower community. Of these residents, 56 of them have visited the AHMC.** With that said, not all clients with charts at the clinic come regularly. The gender break down for these clients is 32 females and 24 males. All clients are Caucasian. These clients have a variety of diseases and illnesses; 43% of clients have diabetes mellitus, 21% experience circulatory problems, 51% have

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Commented [NM3]: This is not entirely true either - there are several clients who come from outside the clinic, so of the 56 current AHMC charts that are kept in the filebox, some may not live at HT. In addition, there are clients who have come to the AHMC, who may not have attended within the last year, whose charts have been removed from the file box.

hypertension, and 7% of clients have osteoporosis or arthritis. All of these conditions, along with aging and gaining weight, contribute to the change in structure of the aging foot.

The target population at Henry Towers defines the need by being a vulnerable population with individuals greater than 55 years of age and/or with a disability and with limited transportation. We are unaware of any similar programs in the Minot area addressing the need for proper shoe size and fit. The need for shoe sizing is not being met in the community due to lack of awareness of the issue of improper shoe sizing among the older adult population. This program will help meet the need for annual shoe sizing in the older adult population.

Program Boundaries

Based on the research and the data provided, we found it to be paramount that the elderly get their feet checked on a regular basis. The Adult Health Maintenance Clinic (AHMC) that is put on by our public health class provides foot care for those above the age of 55 and those with disabilities. This is a prime opportunity for our class ~~and for the classes to come~~ to measure our clients' feet and make certain that they are not wearing ill-fitting shoes. It is the perfect opportunity to provide primary prevention in detecting ill-fitting shoes and to recommend to the clients more supportive shoes and shoes of the correct size. Buying the correct shoe size can be a minimal cost compared to the medical bills accrued due to the long-term effects of improper shoe size. Correct shoe size can reduce morbidity in the elderly and diabetic population and provide the first line of treatment for many foot conditions.

When creating our social marketing assignment, we deemed it most important for our target audience to include those 55 years and older that live within Henry Towers, with or without disability. We also felt it necessary to involve those that lived within the Minot vicinity. The overall goal of our program is to increase the number of older adults wearing the proper shoe size and fit within the Henry Tower community.

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Program Feasibility

Members from N456 Public Health Nursing course (Kirsten Johnson, Antonia Messano, Kaylee Snyder, and Mickayla Titus) along with Nikki Medalen, a nursing instructor and avid public health advocate in North Dakota, both agreed that a program for shoe sizing is needed within the Minot area. Nikki agreed that offering shoe sizing at the AHMC held at Henry Towers would be very beneficial for the vulnerable population that attends the clinic and lives with Henry Towers.

Commented [NM5]: Thank you! I will take that as a big compliment! ☺

Resources

The key partners that will use or implement the tools and campaign information include First District Health Unit (FDHU), Henry Towers, and rural health nurses we have worked with through clinical rotations to distribute our social marketing poster. The population can access information related to accurate shoe size and problems that can lead to an increase in shoe size at any designated time. Included with for easy access, a poster will be visible to all individuals at the Henry Tower, FDHU, and rural foot care clinics to raise awareness.

The personnel needed for this program include nursing students from the Minot State University Nursing program as well as a licensed nurse to help supervise duties performed at the AHMC. Both Minot State Nursing students as well as Nikki Medalen, a

licensed nurse, are available to perform the duties needed for this program. ~~A room to perform foot measurements is needed.~~ Henry Towers, where the current AHMC is held, will provide the room needed for foot measurements. Equipment needed includes a Brannock device for foot measurements. This piece of equipment will be purchased through funding from the AHMC. No other funding is needed to support the project.

Problem Conceptualized

One similar program that studied shoe size mismatch in three different populations in New York City found that 34.9% of participants were wearing ill-fitting shoes of at least half a shoe size mismatch and 90% of participants did not know their shoe width (Schwarzkopf, Parretta, Russell, & Sheskier, 2011). In another study of a veteran population found that 48% of participants had greater than one size shoe difference since skeletal maturity and only 25% of participants were wearing correct shoe size (Connolly & Wrobel, 2014). Of these participants the average weight gain was 48 pounds, 51% had diabetes and the greatest experience of foot change was between the ages of 50 and 60 years of age (Connolly & Wrobel, 2014). The need for more shoe fit screening is evident from this previous research.

Our group has developed solutions to help increase the number of older adults living in the Henry Towers community who are wearing ill-fitting shoes. One solution is to increase the older adult populations' awareness of foot changes associated with aging and the need for annual visits to a podiatrist. We will hang posters throughout Henry Towers to ensure as many residents are exposed to the information as possible. The posters will be hung in elevators, throughout hallways, on the community bulletin board and in community bathrooms located in the Tower. Another solution to ensure the older

adult population is wearing the correct shoe size is to physically measure clients' feet. This will be done during the AHMC held on April 9, 2015. Lastly, information related to proper foot care, Medicare benefits for shoes, and shoe sizing will be provided to all residents who participate in the shoe screenings at the AHMC. All of these solutions to the problem are safe and risk-free. The outcome to be gained from the implementation of these solutions is an older adult population within Henry Towers wearing the proper size shoe today and in the future.

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Detailed Program Plan

Objectives

The three objectives we want to achieve through our social media outreach and communication include the following: (1) increase awareness to the population about proper fitting shoes; (2) provide information on how to accurately measure foot size; and (3) increase awareness about how shoe size changes predominately during ages fifty to sixty-four. After implementing ~~and partaking within vicinities~~, we will accomplish our plan on April 9th, 2015, with a five percent increase in the Henry Tower population in (1) recognition of proper shoe fit, (2) accurate foot size measurement, (3) and awareness of shoe size changes during ages 50 to 64. In SMART terms, our objectives are:

I. By April 23, 2015, there will be a 5% increase in the Henry Tower population who attend the AHMC, in recognition of proper shoe size, which will be measured with the Brannock device.

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II. By April 23, 2015, there will be a 5% increase in the Henry Tower population, who attend the AHMC, in understanding how to properly measure feet using the Brannock device.

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III. By April 23, 2015, there will be a 5% increase in the Henry Tower population, who attend the AHMC, in ~~recognition of~~ recognizing how shoes size changes with the aging process by identifying health conditions and personal characteristics contributing to changes in feet.

Activities to Meet Objectives

There are a few phases that our group must implement in order to have a successful program. We worked together to create a social marketing strategy that appeals to our population of focus. Our social marketing objectives are in congruence with educational and communication events that occur at a local, state, and national level. ~~Our social marketing method is a poster.~~ Refer to Appendix B for the poster we created. Since our target population we are treating consists of those clients at ~~the Henry Towers~~, the local level of our program will be a hands-on approach provided at the AHMC, and also the education we will provide will be through our posters and handouts. We are also distributing our poster to rural health foot clinics and making sure that the nurses at the designated sites are aware of the significance of ill-fitting shoes and foot problems, which is in congruence at the state level. Through our research we found multiple studies throughout the country that a significant amount of adults ~~(ages 55 and older)~~ are wearing ill-fitting shoes.

In order to engage individuals in analyzing the poster, it is essential to have a key message based on the target audience and objectives identified. The message also has to be easy to grasp and easy to recall. With this being said, our message for those fifty-five years and older, as well as those with or without disability with improperly fit shoes, is the following, “Your pant size isn’t the same since high school, so why should your shoe

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size?" This phrase is easy to understand and will catch the client's attention. The slogan will help individuals understand that shoe size does change over time and that it is particularly important for proper foot health.

Due to some of the population having visual impairments or hearing impairments, along with inadequate transportation to shoe stores, having a poster visible within the building would be easy access to those living within Henry Tower and those that attend rural health nursing foot clinics. In order to reach out to the community, it is beneficial to provide posters at the FDHU and rural health nurses to bring with to foot clinics. This requires a small amount of funding for placing posters throughout the community where a large portion of the population will be able to visualize and read the poster. The poster requires no technical expertise and is written at an educational level where a majority of the population is able to understand the meaning and wording of the poster.

Through evaluation of our Social Marketing poster, we will implement the plan for measuring feet with the use of the Brannock device and correcting any current shoe size discrepancies. A potential measure of success for local public health, measuring the shoe sizes of those clients at Henry Tower and finding, along with correcting shoe sizes, will aid in suggesting better fitting shoes for each individual. There will also be an increase in awareness amongst the designated population related to proper fitting shoes, with a decrease in possible foot problems caused by ill-fitting shoes.

The shoe-size screening portion of our program will occur at the AHMC ~~held at Henry Towers.~~ Our group will attend the AHMC on Thursday, April 9, 2015, from 9:00 a.m. to 3:00 p.m. We will offer clients a free foot measurement. All clients who agree to participate in the shoe size screenings will fill out a survey ~~we~~ created for this program.

Refer to Appendix A for the survey completed by AHMC. ~~After the survey is completed~~

Next, clients will take socks off and each foot will be measured using the Brannock device by one of the MSU nursing students. ~~After measurements are obtained,~~ Clients will be provided appropriate education and given materials for future reference for those qualifying for therapeutic shoes provided by Medicare.

Our group chose to use the Brannock device for the fact that it has been universally accepted and will contribute to an accurate and consistent measurement of feet. According to Cheskin (2013) "Charles Brannock, a Syracuse University student, built his first prototype of the device in 1926" (p. 110). The sizing system is linear and is reportedly 95-96% accurate (Cheskin, 2013). The preferred method of measuring each foot on the Brannock device is standing. This allows for the foot to expand with full weight bearing. Heel to first ray metatarsal head measurement is the suggestion for proper shoe size. Heel to toe is suggested for sock length size. The Brannock device is made in several different metal templates to accommodate different populations such as men, women, children, boot sizing, and athletes.

The following states the procedures and education our group will be using and providing to our clients for proper shoe size measurement. Clients will be educated on the importance of measuring the length and width of their feet every time they purchase ~~on~~ new shoes. Their feet should be measured standing up since feet expand when standing (Our Health Network, 2015). There should always be about one-half of an inch between the longest toe of the foot and the end of the shoe or about a finger width (Our Health Network, 2015). It should be remembered that sizes vary among brands and styles and that there is no standard sizing system for shoes. Therefore, shoes should not

be bought on size alone and should always be tried on before buying them since the size worn in sneakers may not be the same size needed in dress shoes. Shoes should never be bought too tight and expected to stretch out. They should always be bought matching the type and shape of the foot. Shoes should also be tried on both feet since many clients of have feet of different sizes (Avitzur, 2014). The shoes should always be bought fitting the larger foot. The right support in shoes can avoid many problems that lead to knee, hip, and back problems that also lead to falls and fractures. Soles of the shoes should give a solid footing and not slip when walking and should cushion the foot when walking on hard surfaces. The best time to fit new shoes is in the afternoon or evening. This is because feet often increase in width and length after many hours of standing, exercise, or as edema develops throughout the day (Cheskin, 2013). The heel of the shoe should not slide up and down when walking. Furthermore, successful shoe sizing is greatly dependent on a conscientious approach and setting realistic expectations with each client. In order for accurate results during the feet measurement process it is best if the individual that is measuring the client takes into consideration the four S's that include size, shape, stability, and style (White, 2007).

All feet come in different shapes and usually fit best in shoes that match those same shapes. However, some feet are so irregularly shaped that no readymade shoe would fit properly and the only option at this point is custom shoes. If the client has significant foot deformities and/or large partial foot amputations they should be referred for further custom fittings, such as molded shoes (White, 2007). Shoes should never be bought too tight as this can lead to skin breakdown. ~~They should always be bought~~

~~matching the type and shape of the foot. Shoes should also be tried on both feet since many clients have feet of different sizes (Avitzur, 2014).~~

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Stability is also very important, the more flexible the foot, the more vital it is that the shoe integrates stability. To determine stability the professional measuring the client's feet should use the "Three Finger Squeeze" and the "Twist" tests. According to White (2007) "If the counter is firm, you should barely be able to squeeze it with your thumb and forefingers. To check torsional stability, hold the front of the shoe in one hand and the heel in your other. Give it a twist. A stable shoe will hardly twist; a flexible one will twist a lot" (p. 116). The right support in shoes can avoid many problems that lead to knee, hip, and back problems that also lead to falls and fractures. Soles of the shoes should give a solid footing and not slip when walking and should cushion the foot when walking on hard surfaces.

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Lastly, style is another component to address when determining proper shoe size and fit. Shoes must be appropriate for clients' daily activities and lifestyle. Medicare has a list of available styles that include athletic, hiking, casual, dress, high top, and also Velcro closures. The Medicare therapeutic shoe bill is the only other program available that addresses the aging foot and prevention of diabetic foot complications. To be eligible the patient must have diabetes mellitus and one or more of the following conditions: history of partial or complete amputation of the foot, history of previous foot ulceration, history of pre-ulcerative callus, peripheral neuropathy with evidence of callus formation, foot deformity, or poor circulation (Ankle & Foot Care, 2015). Under this bill each individual who qualifies is provided with one pair or extra depth shoes and three pairs of inserts annually, of which Medicare will cover 80% of the cost and most

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secondary insurance companies will completely cover the remaining cost (Ankle & Foot Care, 2015). See Appendix D for handout given to clients who would be candidates for therapeutic shoes provided through Medicare.

The four group members listed previously (Kirsten, Antonia, Kaylee, and Mickayla) will work together to ensure implementation of the plan. Refer to Appendix C for the responsibilities of each group member.

Program Evaluation

Program Relevance

The program population is those greater than 55-years-old and/or with a disability who live within the Henry Towers. The program population also includes the Minot population who attends the AHMC at Henry Towers. The need to be met is proper shoe size and fit in the older adult population including older adults with multiple health problems. The client population to be served is over 100, being that the population in Henry Towers is a little over 100. This client population resides in Henry Towers and some live throughout the Minot community. Based on the needs assessment, the shoe sizing program is necessary at the AHMC held in Henry Towers.

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Adequacy

The program is large enough to make a positive difference in the need for shoe sizing within the aging population at Henry Towers. The boundaries of the services are defined so that the need for proper shoe size within the aging adult population at Henry towers can be addressed. The program will include all of Henry Towers' population and those who attend the AHMC at Henry Towers.

Program Progress

On April 9, 2015, three Minot State University nursing students enrolled in N456 Public Health Nursing were present at the AHMC held ~~in~~ at Henry Towers from 9:00 a.m. to 3:00 p.m. There was a licensed nursing instructor from Minot State University present to supervise services being provided at the clinic that day. Clients who had scheduled appointments at the AHMC that day, as well as other Henry Tower residents who observed the social marketing poster posted throughout Henry Towers, came to the clinic to have their foot sized and fitted. ~~There were a total of 19 clients sized and fitted for shoes during the clinic.~~ The ages of the clients varied from age 35 to 90-years-old. All clients, except for three, were older than 55 years or older. Medical histories of the clients treated at the clinic included the following: brain aneurysm, high cholesterol, arthritis, hypertension, thyroid problems, diabetes, asthma, obesity, heart failure, mental disorders, stomach and kidney cancer, epilepsy, and COPD. ~~Shoe sizing and fitting of clients occurred in the AHMC at Henry Towers.~~ Nineteen clients were screened at the clinic, 11 females and 8 males. Of the 19 clients measured at clinic, 10 were found to be wearing the proper shoe size/width. Of the nine clients wearing the wrong size, eight were wearing the wrong length and three were wearing the wrong width. Clients were educated on the importance of wearing the proper fitting shoe as well as being given contact information for local podiatrists in Minot. The clients were informed about the Medicare coverage provided for shoes they would receive upon a visit to their local podiatrist.

Budget

The only money spent for this program was the money to purchase the Brannock measuring device, \$63. Additional money may be needed for printing posters and

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surveys in the future. Our group was able to print materials needed at no cost due to student printing allowances through Minot State. Also, sanitizing wipes were used to clean the Brannock device between clients. These were provided by the AHMC but may need to be purchased in the future. No changes are needed to the objectives or activities to help sustain the program.

Program Efficiency

Costs. Similar programs have not stated the costs associated with their program. Costs for this program are minimal compared to medical costs that can be accrued from the effects of improper shoe fit. The program is needed despite the minimal costs to purchase the Brannock device and sanitary products. The more the aging population is aware of the foot changes that accompany getting older, the more likely they will dedicate time and money to purchase proper shoes.

Productivity. The program at the clinic allowed ample time to see residents within Henry Towers. It took less than five minutes with each client to obtain necessary information, measure feet, and provide education regarding changes in feet with aging and importance of annual visits to the podiatrist. Although the productivity level of this program may be low due to the fact that AHMC's clientele are regulars and the population size in Henry Towers is small compared to the older adult population in Minot, the program is still needed. Research shows that annual podiatry visits are necessary due to the changes feet go through with aging, therefore, annual foot sizing is also necessary to ensure proper shoe size throughout the aging process.

Benefits. The benefits of this program include a better-educated population at Henry Towers and within the Minot community. Not only will clients be more aware of

the changes accompanying growing older, but they will also have the opportunity for free foot sizing within the vicinity of their own home building. Information regarding local podiatrists and Medicare benefits will also be available to clients treated. Benefits to the community include: more educated older adult population, decreased risk for falls, decreased visits to the emergency room, and an increased amount of older adults wearing proper shoe size. The benefits of the program are important enough to continue the program. ~~The minimal cost to continue the program at the AHMC will be very productive with the education provided to the adult population as well as the implementation of proper shoe fitting within the community.~~

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Program Effectiveness

Satisfaction. Clients who visited the clinic and were sized were satisfied when they left. Many of the clients were unaware of the changes **to the feet** that accompany aging. Also, many of the clients were unaware of the Medicare benefits available to them to help purchase proper fitting shoes. The nursing students performing the screenings were all satisfied with the program. Every client who was measured left with new information, even if they were wearing the proper shoe size. Seeing the need for education and intervention within a community we are living in and being able to be the one providing the services was very satisfying for the providers. Overall, the community is satisfied with the program outcomes. ~~Nineteen clients left the clinic with new information.~~ Our initial goal was for a five percent increase in the Henry Tower population in (1) recognition of proper shoe fit, (2) accurate foot size measurement, (3) and awareness of shoe size changes during ages 50 to 64. With 83 units in the Henry

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Tower complex and a little over 100 residents, there was more than a five percent increase. We are very satisfied with this outcome.

Goals. The program met its stated goal. Our overall goal was to increase awareness regarding importance of proper shoe fit in the older adult population. The clients at Henry Towers who had their feet measured on April 9, 2015, either were reassured about their shoe size or advised on their proper shoe size. Clients who receive Medicare were given information on the process to receive Medicare benefits related to shoes. All clients' needs were met who were treated at the clinic and had their feet measured. Education was provided to all clients for future reference. **The problem with improper shoe size in the older adult population was solved for the duration of the clinic.**

Consistently measuring shoe size at the AHMC will lead to a more successful and productive program. All new members treated at the clinic should receive foot measurements. Foot measurements should be done annually after the first foot measurement or sooner if there is excessive weight gain/loss or new medical diagnoses. Records should be kept in the clients file at the AHMC to keep an accurate record of foot measurements for each client. It is the student nurses' responsibility to keep track of clients shoe sizing appointments and ensure clients receive shoe screenings when appropriate.

Program Impact

Long-term changes. With continued implementation of the program, we will be able to track the changes in the community's health more efficiently. An additional question this program should consider tracking as it moves forward is client falls since the previous visit. This would help determine the effectiveness of the program. This

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question is already asked at every client's visit to the AHMC, so nursing students will need to transfer the information from the clients' charts to the clients' foot records for continual monitoring. Future changes in clients' health status can be associated with long-term wear of wrong-size shoes.

Sustainability

This program was funded by the AHMC. The Brannock device will be available for continued use during future AHMCs at Henry Towers. Sanitizing supplies for the device will be provided by the AHMC. Posters should be posted throughout Henry Towers quarterly for frequent reminders to the residents of the importance of annual shoe sizing and visits to the podiatrist. The cost to print posters is minimal. If additional money is needed for the program, funds from the AHMC can be used.

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White, J. (2007). The 4 s's to consider to improve your shoe fitting. *Podiatry Management*, 26(8), 113.

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Appendix A
Client Survey for Henry Tower AHMC

ADULT HEALTH MAINTENANCE CLINIC (AHMC)			
PROPER SHOE SIZING QUESTIONNAIRE			
Name:	Age:	Date:	Male/Female
<hr/>			
Address:			
<hr/>			
Phone number:			
<hr/>			
Medical HX:			
<hr/>			
Current shoe size:			
<hr/>			
Any weight gain in the last year:			
<hr/>			
BRANNOCK DEVICE MEASUREMENTS (filled in by administration)			
Length:			
<hr/>			
Width:			
<hr/>			
Actual shoe size:			
<hr/>			
Performed by:		Date:	
<hr/>			
"Your pant size isn't the same since high school, so why should your shoe size?"			

Appendix B
Social Marketing Poster for Proper Shoe Fitting

When is the last time you had your shoe size checked?

Annual foot checks are recommended!



The **most common change to your feet** is your foot size.

These changes can be related to the following health

conditions:

Diabetes

Arthritis

Osteoporosis

Weight Gain

History of foot injuries

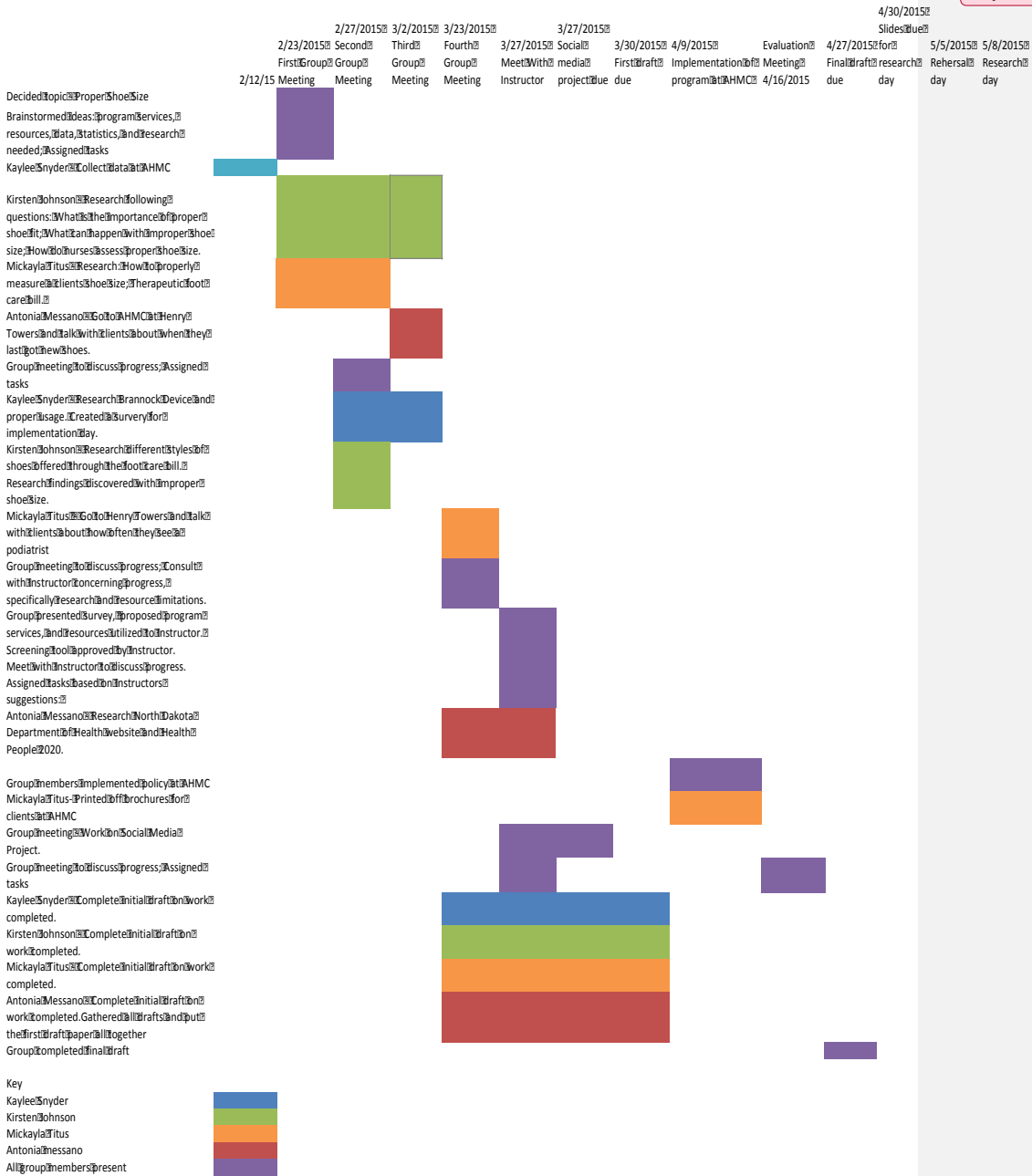
Most changes occur between the ages of 50-64

Your pant size isn't the same since high school, so why would your shoe size?

Poster created by Kirsten Johnson, Antonia Messano, Kaylee Snyder, Mickayla Titus
IN4567 Public Health Nursing, April 2015

Appendix C: GANTT Chart

Commented [NM25]: I really like your GANTT Chart - easy to see what each person contributed. Thank you.



Appendix D
Client Handout for Medicare Benefits

Medicare.gov

The Official U.S. Government Site for Medicare

[Home](#) / [Your Medicare coverage](#)

Your Medicare Coverage

Is my test, item, or service covered?

Therapeutic shoes or inserts

How often is it covered?

[Medicare Part B \(Medical Insurance\)](#) covers the furnishing and fitting of either one pair of custom-molded shoes and inserts or one pair of extra-depth shoes each calendar year. Medicare also covers 2 additional pairs of inserts each calendar year for custom-molded shoes and 3 pairs of inserts each calendar year for extra-depth shoes. Medicare will cover shoe modifications instead of inserts.

Who's eligible?

All people with Part B who have diabetes and severe diabetic foot disease are covered. Your doctor must certify that you need therapeutic shoes or inserts. A [podiatrist](#) or other qualified doctor must prescribe these items and they must be provided by one these:

- ◆ A podiatrist
- ◆ An orthotist
- ◆ A prosthetist
- ◆ A pedorthist
- ◆ Other qualified individual

Your costs in Original Medicare

If your supplier accepts [assignment](#), you pay 20% of the [Medicare-approved amount](#), and the Part B [deductible](#) applies.

Medicare will only cover your therapeutic shoes if your doctors and suppliers are enrolled in Medicare. Doctors and suppliers have to meet strict standards to enroll and stay enrolled in Medicare. If your doctors or suppliers aren't enrolled, Medicare won't pay the claims submitted by them. It's also important to ask your suppliers if they participate in Medicare before you get therapeutic shoes. If suppliers are participating suppliers, they must accept assignment. If suppliers are enrolled in Medicare but aren't "participating," they may choose not to accept assignment. If suppliers don't accept assignment, there's no limit on the amount they can charge you.

Note

Appendix D (continued)

To find out how much your specific test, item, or service will cost, talk to your doctor or other health care provider. The specific amount you'll owe may depend on several things, like other insurance you may have, how much your doctor charges, whether your doctor accepts assignment, the type of facility, and the location where you get your test, item, or service.

Note

Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

Related resources

- ◆ [Where to get covered medical items](#)

[Return to search results](#)

