

**Pediatric and Adolescent
Foot and Ankle Care**
at Foot and Ankle Center of Washington

Douglas S. Hale, DPM
Lawrence Z. Huppin, DPM

Children and adolescents experience a variety of foot and ankle problems. From congenital disorders, such as severe flatfoot, to sports injuries, to ingrown nails. It's essential that your children get highly capable, results-oriented attention.

Feet suffer tremendous force every day and today's problems can worsen over time. This can negatively affect your child's physical, social and psychological development. We love kids, and we devote ourselves to the mechanics of their feet and ankles because we want them to have the most positive results over the long term.



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Dr. Douglas S. Hale

Douglas S. Hale, DPM graduated with honors from both Tulane University School of Engineering and the Dr. William Scholl M. College of Podiatric Medicine. Upon completion of his Podiatric Medical degree, he pursued a residency in reconstructive foot and ankle surgery.

Dr. Hale's residency program, currently based at Swedish Medical Center-Providence campus, was and still is rated among the top five in the United States and only accepts two residents yearly. The residency program provides extensive clinical and hospital experience in both common and complex conditions of the foot and ankle and many other areas including podiatric family and sports medicine, as well as reconstructive foot and ankle surgery. In addition he has specialized training in orthotic therapy. He is successful in treating most foot and ankle conditions with conservative therapy, but when necessary has the expertise to make surgical corrections.

Dr. Hale, who is triple-board certified, has been in private practice in Seattle for over 10 years, treating simple to complex foot and ankle disorders. In 2003, he was elected by his colleagues as Chief of Podiatric Staff, Swedish Medical Center, Seattle, WA and remains actively involved in the residency program as Extern Director. He lectures to physicians and students regionally on a variety of topics and has received numerous awards.

Dr. Lawrence Z. Huppin

Lawrence Z. Huppin, DPM earned his medical degree at the California College of Podiatric Medicine. Following graduation he completed a podiatric medical residency.

In 1989 he was one of two podiatrists to be accepted into the California College of Podiatric Medicine *Fellowship in Podiatric Biomechanics*. This one-year program, the only of its kind in the nation, consisted of extensive training in foot and body mechanics, focusing on the areas of orthotic therapy, sports medicine, and children's foot conditions.

In 1993, Dr. Huppin became board certified by the American Board of Podiatric Orthopedics. In 2000 he was the Washington State Podiatric Physician of the Year. In 2002 he was became an associate professor in the department of biomechanics at the California College of Podiatric Medicine. In 2004 he was named a "Seattle Top Doctor" in Seattle Magazine's annual survey of medical professionals...

Dr. Huppin is a nationally recognized lecturer and teacher on orthotic therapy and biomechanics. Along with his private practice, he is the director of the *Institute for Orthotic Therapy Education* – a Bay Area based organization that provides education on orthotic therapy to doctors and medical students throughout North America. In this capacity, he provides education, consultation and instruction to other doctors on the best techniques of conservative foot and ankle therapy.



Shoes for Your Children

Finding the right shoes
for your kids, from
infants to teens



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What Every Parent Should Know About Shoes

There is controversy regarding the appropriate shoes for children to wear as their feet grow and develop. Barring such problems as severe flat feet, or excessively flexible feet, it is perfectly appropriate to allow your child to be barefoot much of the time. Certainly while in the home environment, bare feet are fine. The goal of children wearing shoes is primarily to provide a protective covering for the foot. Once protected, the foot can develop into a healthy, functioning structure.

If choosing to have your child in shoes, the goal is to train the child to walk with as natural a gait as possible. A good quality laced shoe with a soft leather upper is an appropriate choice. The sole should be semi-flexible, flat and not too thick. Heels should be avoided when possible. High-tops are fine, though not necessary.



The Infant's Foot

Infants and crawlers do not need shoes—only booties, socks or pre-walking shoes that do not bind the feet. An infant's foot grows at a faster rate than at any other time in life. From birth, to 3 years, the foot grows 8-9 full shoe sizes.

An infant's shoes should never be tight. The children need plenty of room to wiggle their toes. No shoe should have any restrictions across the top of the foot or the ball of the foot. A shoe that is too large, on the other hand, should also be avoided. Wearing a shoe that is too large indicates that the foot size is not being checked with sufficient regularity.



Kid's Shoes Guidelines

A good guideline is to check an infant's feet every two months, while toddlers and older children should be checked every 4-6 months.

Other guidelines include avoiding heels as a high heel impedes natural foot development. Finally, avoid buying shoes into which your child will grow. Shoes that are too large can cause tripping. Look for widths and sizes that allow your child's feet to grow with minimal interference from the shoe.

Athletic shoes with rubber soles should be avoided until after age 3. After that, the child begins walking with a "heel-to-toe" gait. Prior to age 3, the rubber sole causes the foot to stop rapidly when the child puts their foot down which causes the foot to slide forward within the shoe, resulting in toe compression. Also, athletic shoes often do not provide adequate room for the toes.

Shoes should match the shape of the foot. The shape of the shoe is determined by the model from which the shoe is made. This shape is called a last. A straight last conforms most ergonomically to a child's foot, and should therefore be sought when making a shoe purchase. Most shoes for preschool children are made from straight lasts. Unfortunately, many lasts for older children are flared inward.



Shoe Recommendations Based on Age:

Crib Age: A loose fitting soft bootie

1—2 years: (toddlers) a flexible bootie or shoe with a flat stable sole

2- 3 years: (running age) - a firmer yet still flexible bootie or shoe

3—4 years: a firmer shoe, bootie or possibly an athletic type of shoe.

4+ years: walking or athletic shoes are fine for this age group.

In the Shoe Store

Foot size increases with standing as well as with the time of day, so shop for shoes later in the day.

Always have the salesperson measure your child's feet. When being measured, the child should be standing up and putting full weight on his feet. If there is a size difference between the feet take the larger size.

Once the shoes are on, check them for length and width. While the child is standing, check the toe box. There should be a thumb's space between the end of the toes and the tip of the shoe. For width, check the broadest part of the foot near the ball of the foot. The shoe should neither be bulging out, nor tight. You should be able to grab a pinch of leather or canvas. While the child is standing, verify that the child has enough room behind their heel for you to slide your little finger. This will ensure that there is enough room in the toe to allow the foot to grow. Remember that the foot grows backward as well as forward.

The child should try on a pair of shoes and walk about the shop for about 5 minutes. Then quickly remove the shoes and examine your child's feet for redness. Check the small toe, the widest part of the foot near the ball and the back of the heels. Redness indicates pressure. Do not accept discomfort as a normal "breaking in" period. Feet could break in the process!

A child may not complain about discomfort even if shoes are too tight. But if they remove shoes frequently, limp or refuse to walk in the shoes, suspect misfit. Keep in mind, too, that children's feet have a way of growing out of their shoes.

