The Aging Foot: *Feet First*

**Take Home Message**

Foot deformities have been implicated in falls and decreased function for patients over the age of 65 years. Menz, Morris, and Lord (2006) found that fallers have decreased foot sensation, increase hallux valgus deformity, decreased toe plantarflexion strength and increased foot pain as compared to non-fallers. Additionally, Barr et al (2005) found that foot and leg problems are independent predictors of functional status.

**Foot Evaluation**

- Sensation
- Skin and Nail condition
- Presence of ulcer and history of ulcer
- Foot wear
- Presence of foot deformities
- Strength and ROM of the toes

**Foot Treatment**

- Patient education
- Footwear – custom or modified
- Use of gel pads to decrease pressure areas
- Orthotics- custom
- Foot strengthening- decreased toe plantar flexion strength linked to fall risk
- Increasing ROM of the toes- decreased toe ROM linked to fall risk
- Kinesio tape – may be beneficial as an adjunct to therapy

Always take off your patients’ shoes and socks and examine their feet. It may be the only professional foot examination that they have received. Consider using the Risk Stratification and Management of the Diabetic Foot table to assess the level of future care and to assess the level of therapeutic intervention required.