



## Foot Deformities in Older People

Thomas William\*

Department of Orthopedics, University of Sussex, UK

### Abstract

While foot problems are not unique to older women, they are more prevalent in that age group than in younger women and affect between 20 and 45% of women over the age of 65. These include skin conditions, fungal infections of the toes and toenails, thickened toenails, ulcers, fissures or cracks between the toes, corns and calluses, as well as flat or high-arched feet. Structural deformities of the toes include hallux valgus, hammer, mallet, or claw toes. Foot discomfort is prevalent and may be brought on by other foot co-morbid conditions. Inadequate footwear may contribute significantly to slips, trips, and falls, which can cause fractures to the lower or upper limbs, as well as the terrible genesis of these issues. For older women, enhancing foot health and reducing falls can be accomplished with a few straightforward interventions and the use of the proper footwear. This article offers a concise summary of foot issues that affect older women and their consequences.

### Introduction

Age-related foot changes include morphological, physiological, and pathological changes. Some of these changes are common to both men and women, while others are gender-specific. While many of these changes are not unique to older women, they do become more prevalent as we age and are more likely to occur in multiples in women over 65 than in premenopausal women. The foot plays a crucial role in weight-bearing duties because it is the only body part that consistently provides direct source contact with the supporting locomotion surface. The foot creates energy for forward propulsion while also helping to absorb stress and compensate for uneven terrain. Age-related changes to the foot's musculoskeletal and/or neurological characteristics are typical, and they might include abnormalities of the foot or toes as well as a reduction in strength, range of motion, and plantar tactile sensitivity. All of these issues may therefore alter plantar loading patterns, hamper gait, and increase the likelihood of falling. They may also cause balance issues. Foot pain may also affect balance, making older women perform more cautiously and more slowly as a result. In comparison to younger women, older women are more likely to have flatter or more pronated feet, a reduced range of motion in the ankle and first metatarsophalangeal joints, a higher prevalence of hallux valgus, toe deformities, weak toe plantar flexors, and decreased plantar tactile sensitivity [1].

### Consequence

Between 20 and 45% of women 65 years and older report having foot difficulties, particularly foot discomfort, depending on whether they were evaluated in a "in-patient setting, out-patient setting, community-dwelling women, or population-based settings." The most prevalent issues among older women addressed in 'out-patient clinics' are hyperkeratosis, dry skin, thickened nails, hallux valgus, and peripheral vascular disease. In a major study with over 13,500 elderly patients, 58% of the women had at least one foot condition, with a higher prevalence in those over 65. Onychomycosis, tinea pedis, pes planus, plantar corns and calluses, and hammer toes 6 were among the most prevalent conditions [2].

Older people frequently develop hallux valgus or bunions, however this condition is more prevalent in older women who wear high heels and less prevalent in elderly women who have pes cavus or flat feet. Both in men and women, they frequently have an inverse relationship with body mass index and foot discomfort. Hallux valgus might also be a result of wearing the wrong shoes. This was demonstrated in Japan,

where the prevalence of hallux valgus considerably rose following the adoption of western-style footwear after World War II. About 20–42% of older women who live in the community experience foot pain and it seems to be linked to reduced capacity to conduct daily living activities, issues with balance and gait, and an increased risk of falling. About 25% of people experience foot pain in the mid-foot/arch area, 20% report pain in the first metatarsal head, 15% report pain in the great toe, and 15% report pain on the plantar surface of the heel [3].

Women were more likely than older males to report having foot issues. Important risk variables associated with the foot issues were female sex, foot osteoarthritis, non-foot-related joint disease, and multi-morbidity. Foot pain in older women will reduce their ability to perform everyday tasks, affect their balance and stride, and increase their risk of falling and a subsequent fracture [4].

### Footwear influencer

By adjusting frictional conditions at the shoe/floor interface and somatosensory feedback to the foot and ankle, footwear affects balance and the ensuing risk of trips, falls, and slides. While the basic function of the shoe is to provide protection and propulsion, the design of the female shoe has over time been significantly impacted by the demands of fashion, which compromises the natural functioning of the foot. Older men and women who live in communities are the most active segment of the older population, making them the group most exposed to environmental risk factors that might cause foot disorders, of which wearing the wrong shoes is a major contributor. In their houses, about 50% of older women wear slippers, whereas only about one-third go barefoot or wear socks. Slippers are frequently chosen because of their soft construction, which makes it possible for them to easily accept sore feet and foot abnormalities [5, 6].

\*Corresponding author: Thomas William, Department of Orthopedics, University of Sussex, UK, E-mail: thomaswilliam@us.ac.uk

**Received:** 01-Sep-2023, Manuscript No: crfa-23-114165, **Editor assigned:** 04-Sep-2023, PreQC No: crfa-23-114165(PQ), **Reviewed:** 18-Sep-2023, QC No: crfa-23-114165, **Revised:** 22-Sep-2023, Manuscript No: crfa-23-114165(R), **Published:** 30-Sep-2023, DOI: 10.4172/2329-910X.1000456

**Citation:** William T (2023) Foot Deformities in Older People. Clin Res Foot Ankle, 11: 456.

**Copyright:** © 2023 William T. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Problem reduction

Simple interventions have been shown to reduce falls in older patients, including the insertion of insoles into shoes to accommodate plantar lesions, the provision of individualized professional advice regarding the selection of appropriate footwear, the introduction of an exercise program to strengthen foot and ankle muscles, and the provision of education regarding fall prevention [7, 8]. In 94 senior women >60 years of age with osteoporosis, foot orthoses with medial arch supports and metatarsal pads have recently been demonstrated to be very beneficial in improving balance and reducing disability and discomfort after 4 weeks of therapy. Orthoses can lessen pain and impairment, are widely accepted, readily available, and have relatively modest side effects [9, 10].

## Conclusion

Women over 65 are more likely than younger women to experience various foot problems, which are prevalent in older women. Structural deformities, peripheral vascular problems, musculoskeletal conditions, and sensorimotor impairments in the foot/feet can all contribute to foot discomfort. Foot issues are typically accompanied by pain and a higher chance of falling. Inappropriate footwear is a significant issue not only in the etiology of the foot problems, but also in managing these women by implementing simple and appropriate interventions pertaining to footwear that have been shown to decrease negative sequelae and minimize pain, tripping, and falling. This is especially true

when associated with a history of wearing high heels and shoes with a narrow toe box.

## References

1. Menz HB, Dufour AB, Casey VA (2013) Foot pain and mobility limitations in older adults: the Framingham foot study. *J Gerontol A Biol Sci Med Sci* 68: 1281-1255.
2. Scott G, Menz HB, Newcombe L (2007) Age related differences in foot structure and function. *Gait Posture* 26: 68-75.
3. Menz HB, Gill TK, Taylor AW, Hill CL (2011) Age and gender differences in disabling foot pain using different definitions of the Manchester Foot Pain and Disability Index. *BMC Musculoskelet Disord* 12: 243-251.
4. Menz HB, Lord SR (1999) Foot problems, functional impairment and falls in older people. *J Am Podiatr Med Assoc* 89: 458-461.
5. Plummer E, Albert S (1996) Focused assessment of foot care in older adults. *J Am Geriatr Soc* 44: 310-313.
6. Roseeuw D (1999) Achilles foot screening project; preliminary results of patients screened by dermatologists. *J Eur Acad Dermatol Venerol* 12: 6-9.
7. Pierard G (2001) Onychomycosis and other superficial fungal infections of the foot in the elderly: a Pan European survey. *Dermatology* 202: 220-224.
8. Dunn JE, Link CL, Felson DT (2004) Prevalence of foot and ankle conditions in a multiethnic community sample of older adults. *Am J Epidemiol* 159: 491-498.
9. Dufour AB, Casey VA, Golightly YM, Hannan MT (2014) Characteristics associated with hallux valgus in a population-based foot study of older adults. *Arthritis Care Res* 66: 1880-1886.
10. Thomas S, Barrington R (2003) Hallux valgus. *Curr Orthopaed* 17: 299-307.