

Your Footwear Guide

Choosing the Right Shoes for Your Feet, Orthotics and Recovery

The right footwear makes a bigger difference than most people realise. It affects how well your orthotics work, how quickly you recover from injury, and how comfortable your feet are day-to-day. This guide covers what to look for, what to avoid, and how to match your shoes to your needs.

1 Key Features to Look For

Feature	What to Check	Why It Matters
Firm heel counter	Squeeze the back of the shoe. It should feel firm and not collapse under pressure.	Supports the rearfoot correction of your orthotic. A soft or collapsed heel counter means the shoe cannot hold your foot in the right position.
Removable insole	Lift the insole out. Most good-quality shoes have a removable sock liner.	Your orthotic replaces this insole. Without enough depth, your foot will sit too high in the shoe and feel cramped.
Stable sole (not too flexible)	Try to twist the shoe lengthways. A good shoe resists twisting. It should bend at the toes — but not in the middle.	A sole that twists easily provides little mechanical support and undermines your orthotic.
Enough width at the toes	Your toes should be able to spread naturally without being squeezed.	Narrow toe boxes increase forefoot pressure, worsen bunions, and cause nail and nerve problems.
Low heel-to-toe drop	The difference in height between the heel and the toe. Ideally less than 10mm for everyday shoes.	High heel-to-toe drop shifts weight to the forefoot and places more strain on the knees and plantar fascia over time.
Secure fastening	Lace-up, velcro, or buckle fastenings are best.	Slip-on shoes do not hold the heel securely, which means your foot can slide forward and the orthotic cannot do its job.

2 Footwear for Specific Conditions

Condition	What to Look For in Footwear
Plantar fasciitis / heel pain	Good cushioning in the heel; firm heel counter; moderate heel lift (10–15mm). Avoid flat, hard-soled shoes and walking barefoot on hard floors especially first thing in the morning.
Achilles tendinopathy (mid-portion)	A small heel raise (10–15mm) reduces strain on the Achilles tendon. Firm heel counter. Avoid negative-heel shoes (barefoot/minimalist footwear) during recovery.
Achilles tendinopathy (insertional)	Avoid shoes with a heel counter that digs into the back of the heel. Open-back shoes or a shoe with a soft, padded collar at the heel are often better tolerated. Haglund's deformity (bony prominence at heel) also benefits from this.
Hallux rigidus (stiff big toe joint)	A stiff, rigid sole with a forefoot rocker reduces the need for the big toe to bend. This significantly reduces pain with walking. Rocker-sole shoes (e.g. MBT, certain HOKA models) are often recommended. Ask your clinician.
Bunions (hallux valgus)	Wide toe box is essential — the widest part of the shoe must accommodate the bunion without pressure. Avoid pointed-toe shoes. Leather or stretchy material at the toe box is helpful.
Morton's neuroma / forefoot pain	Wide toe box; low heel; cushioned forefoot. Avoid narrow shoes and high heels, which compress the toes and increase intermetatarsal pressure.
Ankle instability	A shoe with a firm heel counter and medial support is important. Mid-cut or high-top styles provide additional ankle support for sport and uneven terrain. Avoid flat, unsupported shoes on uneven ground.

3 Understanding Footwear Features

Feature	What It Does
Forefoot rocker	A curved sole under the forefoot that allows the foot to roll forward without the toes needing to bend. Reduces pain in hallux rigidus, metatarsalgia, and plantar plate injuries. Works well with rigid insoles or orthotics.
Medial post	A firmer section of midsole under the inner arch. Reduces inward rolling of the foot. Found in 'stability' running shoes and some everyday footwear. Supports orthotics designed to control overpronation.
Lateral sole flare	A widened base on the outer edge of the shoe. Increases ankle stability and resistance to ankle rolling. Useful for cavus (high-arched) feet and lateral ankle instability.
Heel bevel	A chamfered or angled edge at the back of the heel. Reduces the force at heel strike, which is beneficial for heel pain, Achilles tendinopathy, and arthritic heels.
Zero-drop / minimalist sole	No height difference between heel and toe. Places full demand on the foot's natural structures. Can be appropriate for certain presentations but may worsen heel pain, plantar fasciitis, and Achilles tendinopathy. Discuss with your clinician before switching.
Carbon-fibre insole / stiff plate	A very rigid insert or built-in plate that prevents the shoe from bending. Used for hallux rigidus, stress fractures, and post-surgical offloading. Usually prescribed by your clinician rather than bought off the shelf.

4 What to Avoid

- Worn-out shoes — check the heel and sole for uneven wear and replace footwear regularly (every 12–18 months for daily use)
- High heels above 25mm for everyday wear — they increase forefoot loading and alter your posture
- Flip flops and flat sandals for long distances — they offer no heel or arch support
- Shoes that are too long — your heel should be snug at the back with around 1cm of space at the toes
- Shoes that are too narrow — especially at the toe box
- Barefoot walking on hard floors for extended periods, especially in the morning if you have heel pain

Buying shoes with orthotics

When buying new shoes to wear with your orthotics, bring your orthotics with you to the shop and try the shoes with them in. The right fit with your orthotic is what matters, not how the shoe feels without it.