Footwear Basics for Rehab

Choosing the Right Shoes for Your Recovery

Your footwear is the first layer of load management for your feet and lower limbs. Wearing the wrong shoes during rehab can undermine even the best exercise programme. This guide helps you understand what to look for — and what to avoid.

1 What Good Footwear Does

Function	What it means for you
Controls motion	Limits excessive pronation (rolling in) or supination (rolling out), reducing unwanted stress on tendons, joints, and fascia.
Cushions impact	Reduces peak loading forces transmitted through the foot and up the kinetic chain with each step — particularly important on hard surfaces.
Provides a stable base	Supports proprioception and balance, helping your body sense foot position accurately and respond to uneven surfaces during rehab activities.
Protects the foot structure	Shields vulnerable areas — bony prominences, sensitive soft tissue, healing structures — from direct mechanical insult during daily activity.

2 Key Features to Look For

Feature	What to look for	Why it matters
Fit	Thumb's width of space at the toe; no heel slip when walking	Prevents blisters, nail damage, and forefoot crowding that aggravates bunions or metatarsalgia
Upper material	Breathable mesh or soft leather; not rigid across the bunion area	Reduces pressure over bony prominences and allows normal foot width expansion
Heel counter	Firm, structured heel cup that does not collapse when pressed	Controls rear-foot motion and provides a stable base for orthotics
Midsole cushioning	Firm enough to support, soft enough to absorb — avoid shoes that bottom out under body weight	Balances shock absorption with the structural support needed to control load
Toe box width	Enough room for toes to splay naturally at push-off	Reduces compression on the lesser toes and bunion joint; allows normal propulsion mechanics

Heel-to-toe drop	Standard: 8–12 mm drop. Lower drop = more forefoot loading	Critical for Achilles tendinopathy and plantar fascia conditions — changes load distribution significantly
Sole flexibility	Should flex at the ball of the foot (metatarsal heads), not at the midfoot	Midfoot flex removes longitudinal arch support and increases plantar fascia load

3 Footwear for Specific Conditions

Condition	What to prioritise	What to avoid
Plantar heel pain	Cushioned heel cup, moderate heel lift (8–12 mm drop), supportive arch	Flat pumps, barefoot, zero-drop shoes, worn-out midsoles
Achilles tendinopathy	Higher heel drop (10–12 mm), firm midsole, stable heel counter	Low or zero-drop shoes (increase Achilles load), flexible heel counter
Bunions (HAV)	Wide toe box, soft non-rigid upper material, accommodating fit	Pointed or narrow toe boxes, rigid uppers pressing on the first MTP joint
Metatarsalgia	Good forefoot cushioning, rocker-sole or metatarsal pad, wide fit	High heels (shift load to metatarsal heads), thin soles, tight forefoot
Flat feet / excess pronation	Motion-control or stability category shoe, firm medial post, structured heel counter	Neutral or cushion-only shoes with no medial support, very flexible soles

4 Common Footwear Mistakes

Mistake	Why it matters
Wearing old or worn-out shoes	Midsole foam degrades well before the upper shows visible wear. Replace every 400–600 miles or every 12–18 months — whichever comes first. Compression testing: press the midsole — it should spring back firmly.
Going barefoot too early in rehab	Without shoe support, load is transferred directly to unprotected structures. This can be appropriate later in rehab (with clinician guidance) but is often too much, too soon for plantar fascia, Achilles, and metatarsal conditions.
Fashion over function during rehab	Pointed toe boxes compress the forefoot, high heels shift load to metatarsal heads, and flat pumps remove all cushioning and arch support. None of these are compatible with tissue recovery.
Buying online without trying	Shoe sizing and fit varies significantly between brands and even between models within the same brand. Width, toe box shape, and arch height all differ. Always try footwear in person when managing a foot or lower limb condition.

5 A Note on Orthotics and Footwear

If you have been prescribed orthotics, your footwear must work with them, not against them. An orthotic needs three things from a shoe: adequate depth to accommodate the device without your foot sitting too high; a removable insole so the orthotic can replace it; and a stable heel counter to keep the device correctly

positioned. Slim fashion shoes, very flexible soles, and shoes without a removable liner are usually incompatible with orthotics.

> If your orthotics don't fit in your shoes, your shoes may need to change — not your orthotics.

KEY TAKEAWAY 1

The right shoe is a clinical tool. During rehab, footwear directly affects how much load your injured tissues experience with every step. Choosing supportive, well-fitted shoes appropriate to your condition is one of the simplest and most effective things you can do to protect your recovery.

KEY TAKEAWAY 2

When in doubt, ask. Your podiatrist or treating clinician can advise on the best footwear category for your specific condition, whether your current shoes are suitable, and how to find the right fit. Bring your current shoes to your appointment — they can tell us a lot.