Proper Shoe Fitting Technique

When the shoe fits…

Nearly 80% of the population is wearing the wrong size shoes; it is no different for people with diabetes.

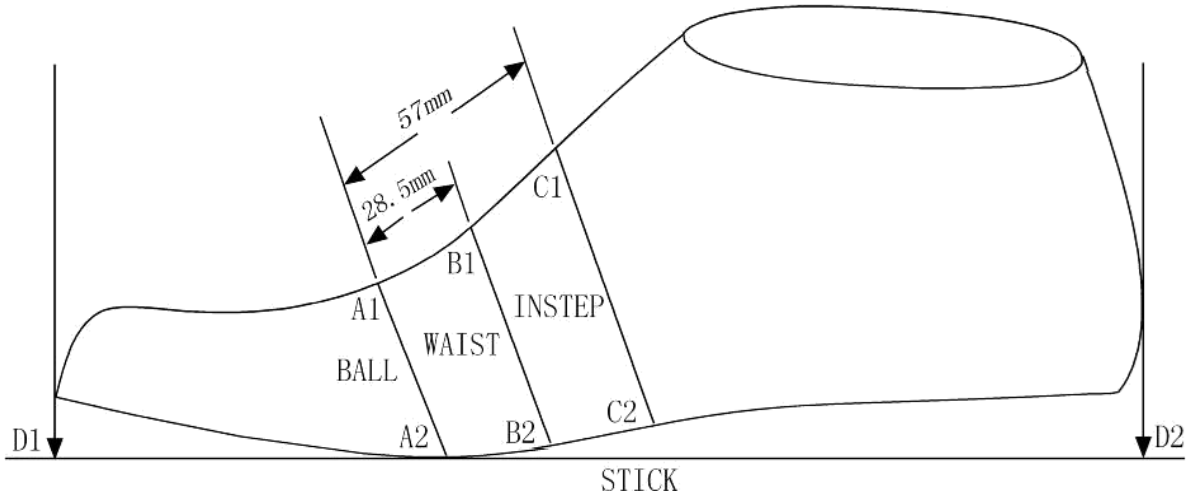
Fitting is an *art* not a science.

No standardization of shoe sizing in the United States.
(A 7 is not always a 7)

Differences in Sizes and Widths

A difference of 1/3” (8.4mm) between full sizes and 1/6” (4.2mm) for half sizes. This applies to men’s, women’s and children’s shoes.

The difference between each “letter” width is ¼” (6.3mm) For each change in width, there is a ¼” change in circumference at the ball of the foot.

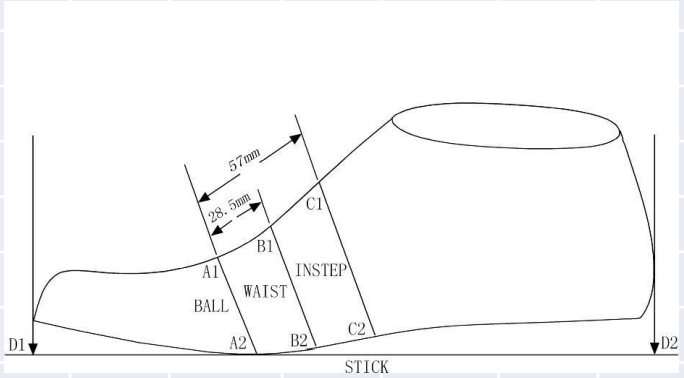


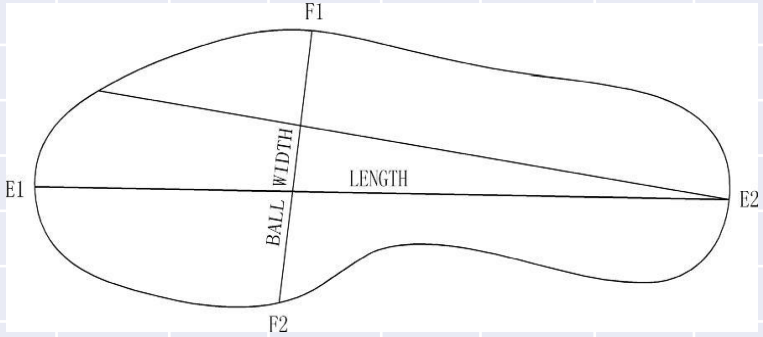
Last Measurements

LAST GRADING SPECIFICATIONS

STYLE: MEN EVA MEDIUM | GRADING:8.46*6.35 | SIZE:6-15

ITEM & SIZE	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12	13	14	15
Stick Length (D1-D2)	257.1	261.35	265.6	269.81	274	278.27	283	286.73	291	295.19	299.4	303.65	307.9	316.3	324.8	333.3
INSOLE PAPER LENGTH （E1-E2）	255.12	259.35	263.58	267.81	272.04	276.27	280.5	284.73	288.96	293.19	297.42	301.65	305.88	314.34	322.8	331.26
BALL WIDTH (F1-F2)	90.64	91.7	92.76	93.82	94.88	95.94	97	98.06	99.12	100.18	101.24	102.3	103.36	105.48	107.6	109.72
BALL GIRTH （A1-A2）	239.5	242.63	245.8	248.98	252.2	255.33	259	261.68	264.9	268.03	271.2	274.38	277.6	283.9	290.3	296.6
WAIST GIRTH （B1-B2）	243.5	246.63	249.8	252.98	256.2	259.33	263	265.68	268.9	272.03	275.2	278.38	281.6	287.9	294.3	300.6
INSTEP GIRTH （C1-C2）	246.95	250.125	253.3	256.475	259.65	262.825	266	269.175	272.35	275.525	278.7	281.875	285.05	291.4	297.75	304.1
SPRING	28.5	29	29.5	30	30.5	31	31.5	32	32.5	33	33.5	34	34.5	35.5	36.5	37.5



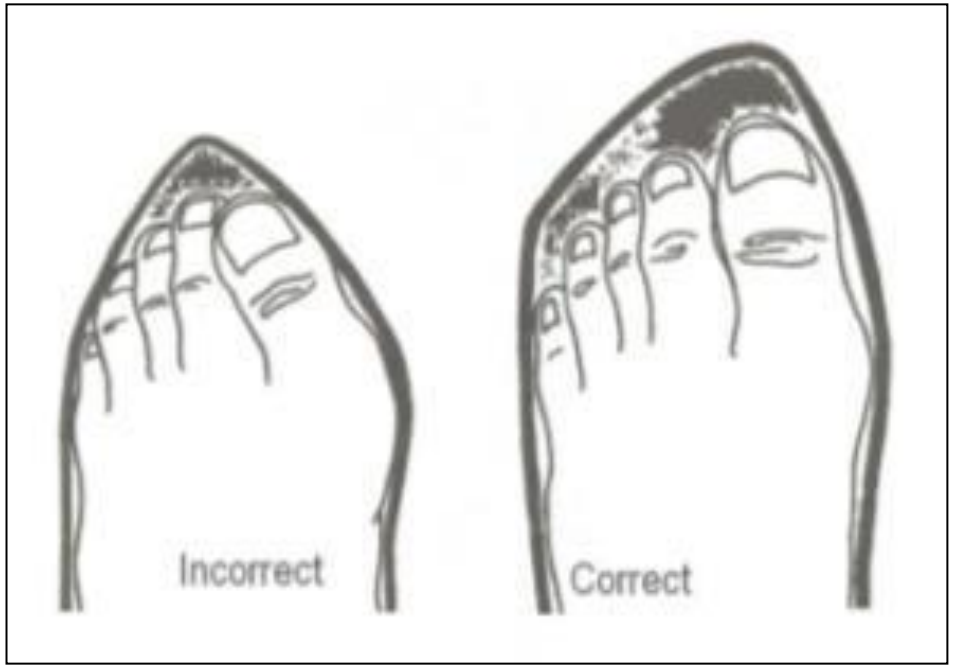


Proper Shoe Fit

Professionally fit

Fit the shoe to the foot, not the foot to the shoe

Shoe/last shape considerations



Proper Shoe Fit

Feet should be measured each time shoes are purchased.

Foot size changes with age, weight changes, and other factors.

Correctly fitted footwear can prevent long term foot problems.

Take time to fully lace and tie the shoe properly.

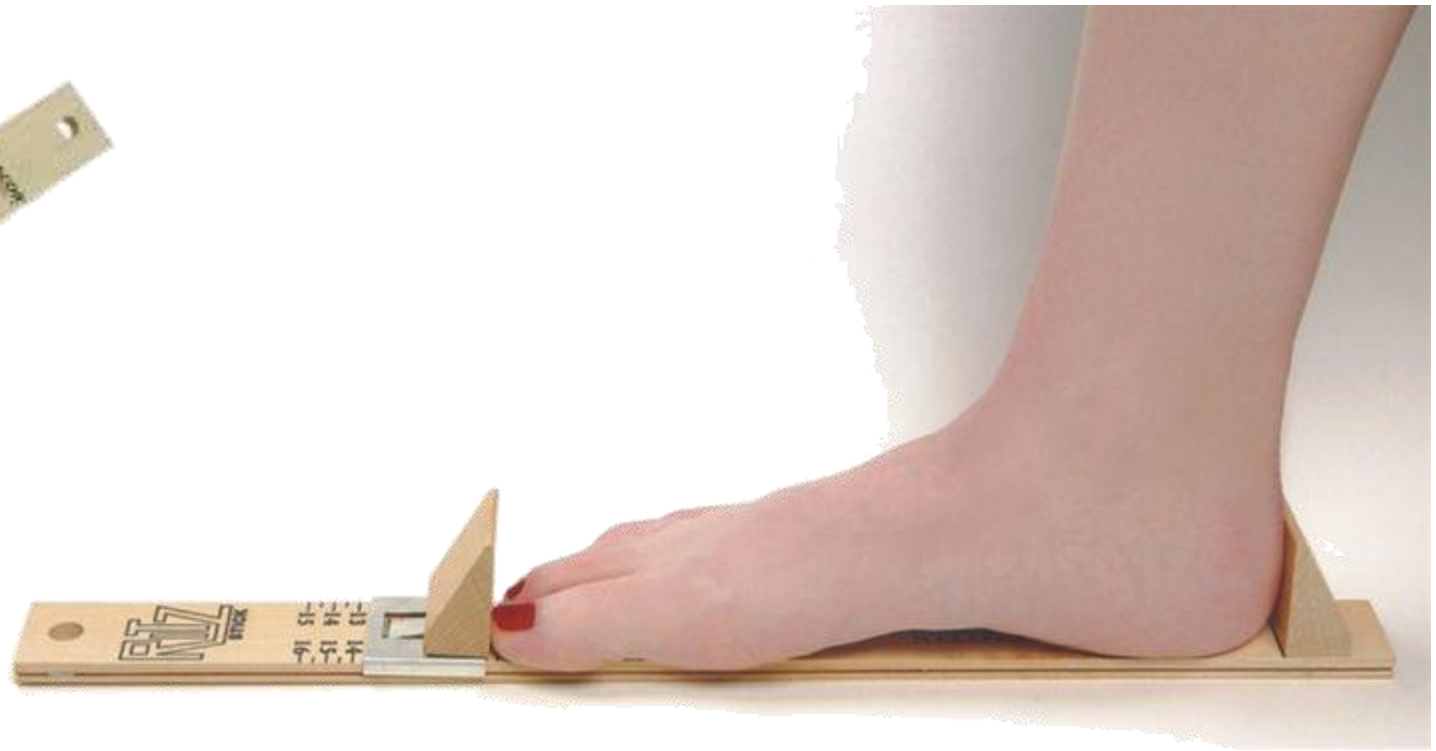
- As a Supplier of therapeutic shoes for Medicare beneficiaries, you are obligated to fit the patient in the most medically appropriate footwear.
- This means it is NOT ok to compromise.

- It’s okay to say, “No.”

Ritz Stick

Measuring device used to measure heel-to-toe length and width

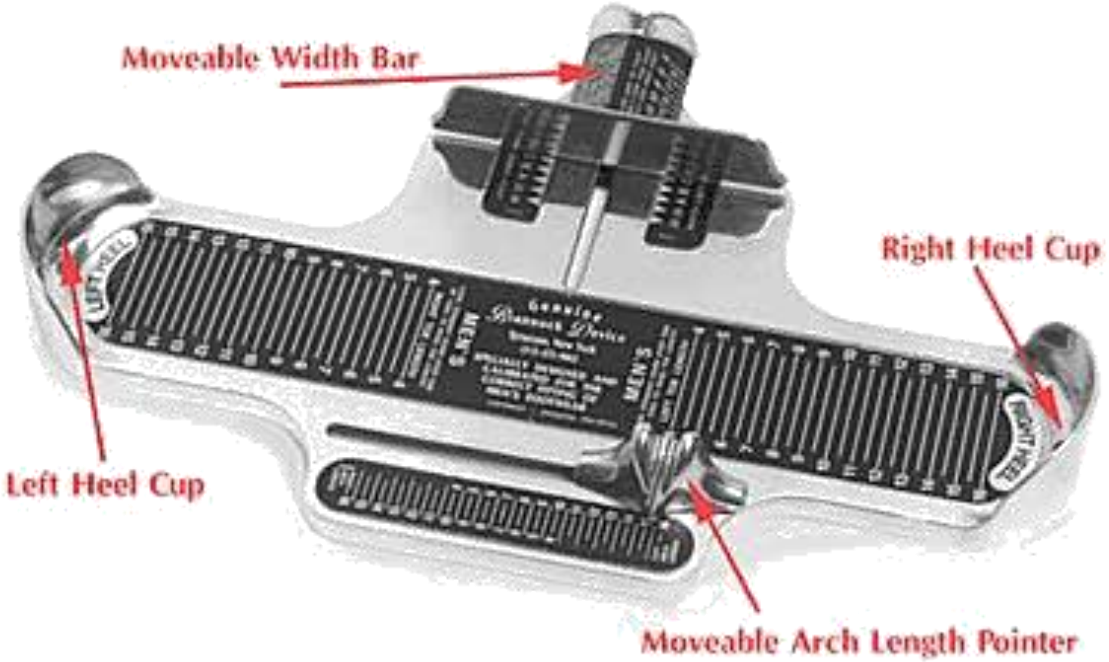
Although the Ritz stick is simple to use, you are not able to measure one of the most critical measurements - the arch length



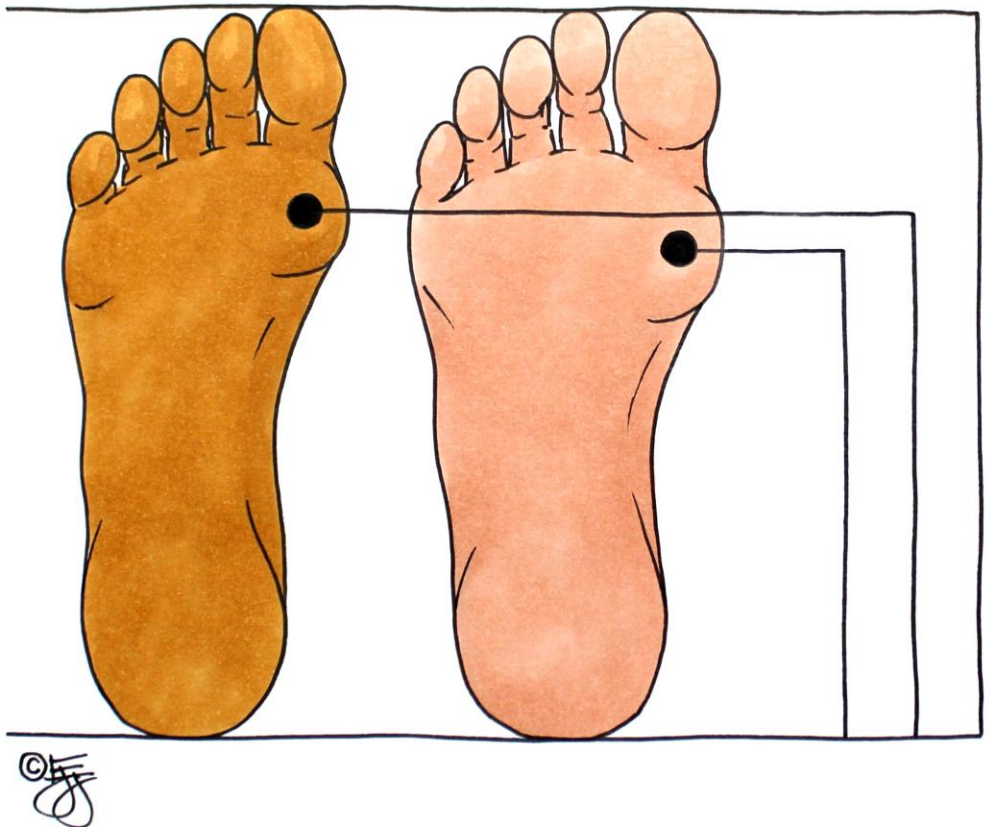
Brannock Device

Most-used and most accurate tool because it measures three aspects of the foot—toe length, width and arch length.

Each manufacturer's Brannock is made to their own specifications to match their last sizing.

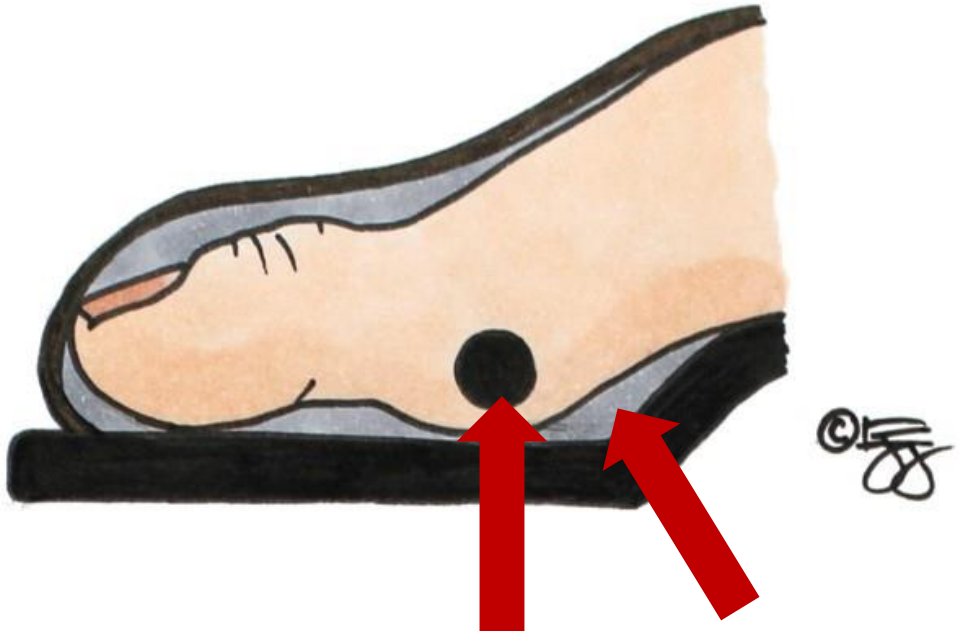


Originally patented by Charles Brannock in 1926



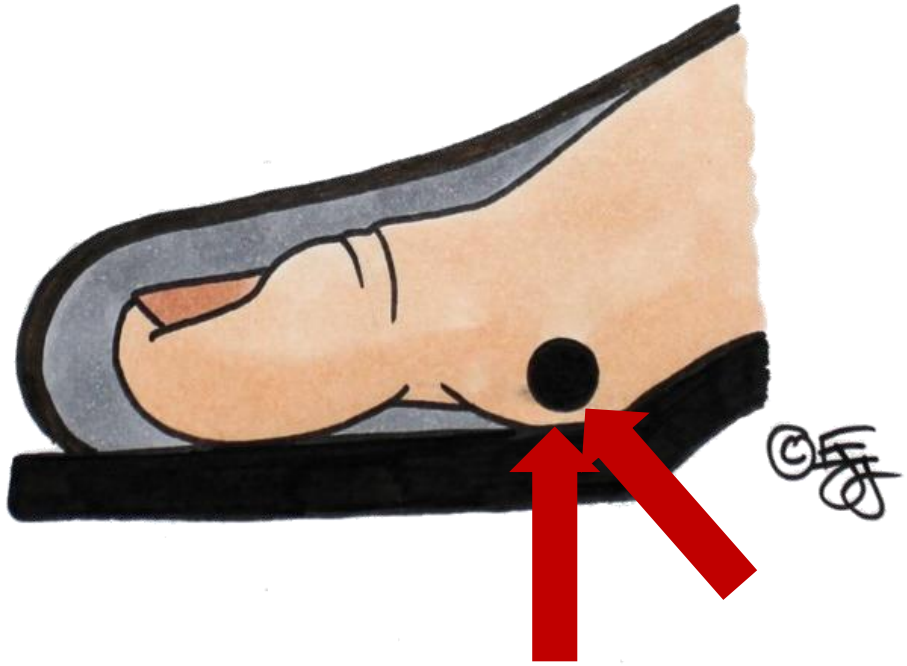
Why Heel-to-Ball Is Essential

This illustration shows two feet which are the same length, but each require different size shoes. Proper shoe-fitting incorporates not only overall length (heel-to-toe measurement) but also arch length (heel-to-ball measurement). **Shoes are designed to flex at the ball of the foot**. Correct fitting properly positions the ball of the foot in the shoe and provides adequate room for the toes.



Without Utilizing Heel-to-Ball Measurement

Improperly fitted shoes can cause a variety of foot problems in addition to general discomfort and shoe breakdown. **If the arch of the foot is not positioned properly in the shoe, the foot will become fatigued and uncomfortable.**

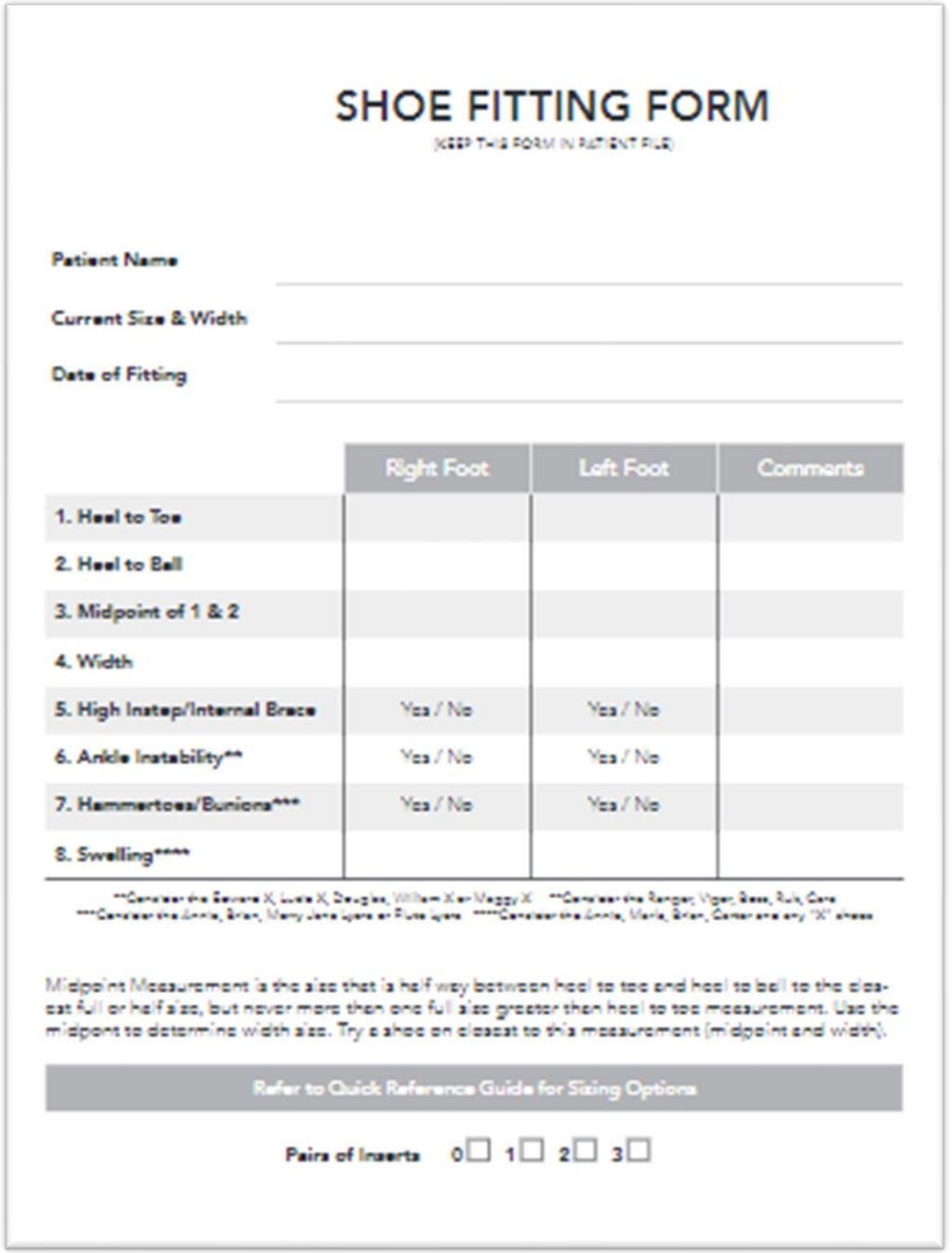


Utilizing Heel-to-Ball - Proper Foot Placement

The breakpoint of the shoe and ball of the foot meet at the same point. The foot is correctly positioned in the shoe. **The foot and shoe bend at the same location, with the arch fully supported, allowing the toes to remain straight.** This will ensure a correct fit and comfortable shoe which will keep its shape.

Foot Measurements

As part of the in-person assessment, Medicare requires measurements to be completed and documented annually for every patient



SHOE FITTING FORM

(KEEP THIS FORM IN PATIENT FILE)

Patient Name

Current Size & Width

Date of Fitting

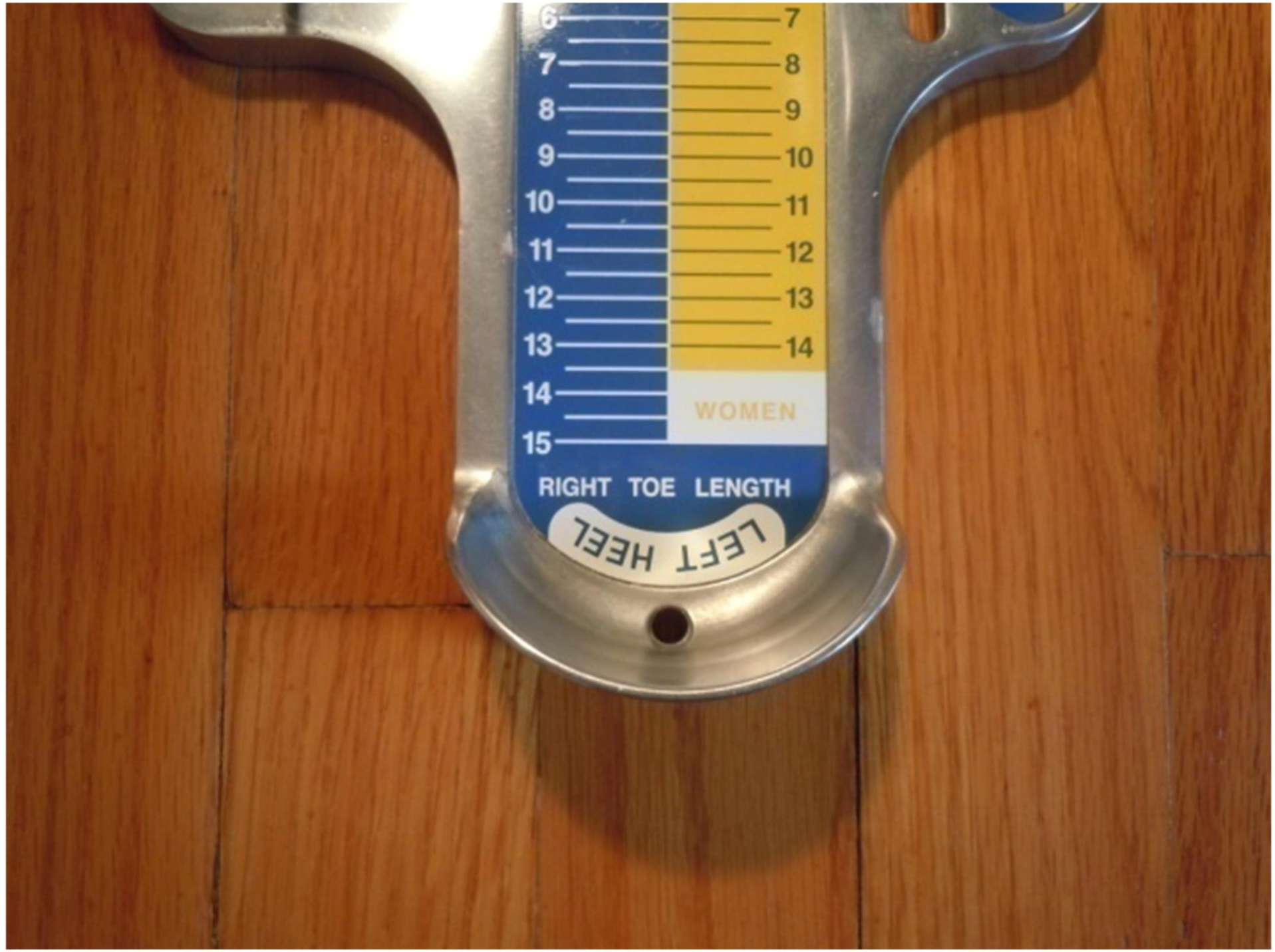
	Right Foot	Left Foot	Comments
1. Heel to Toe			
2. Heel to Ball			
3. Midpoint of 1 & 2			
4. Width			
5. High Instep/Internal Brace	Yes / No	Yes / No	
6. Ankle Instability**	Yes / No	Yes / No	
7. Hammertoes/Bunions***	Yes / No	Yes / No	
8. Swelling****			

**Consider the Revere X, Luna X, Douglas, William X or Maggy X ***Consider the Ranger, Viper, Rose, Rick, Cara
****Consider the Annie, Brian, Mary Jane Lace or Pure Lace *****Consider the Annie, Maria, Brian, Carter are any "W" shoes

Midpoint Measurement is the size that is half way between heel to toe and heel to ball to the closest full or half size, but never more than one full size greater than heel to toe measurement. Use the midpoint to determine width size. Try a shoe on closest to this measurement (midpoint and width).

Refer to Quick Reference Guide for Sizing Options

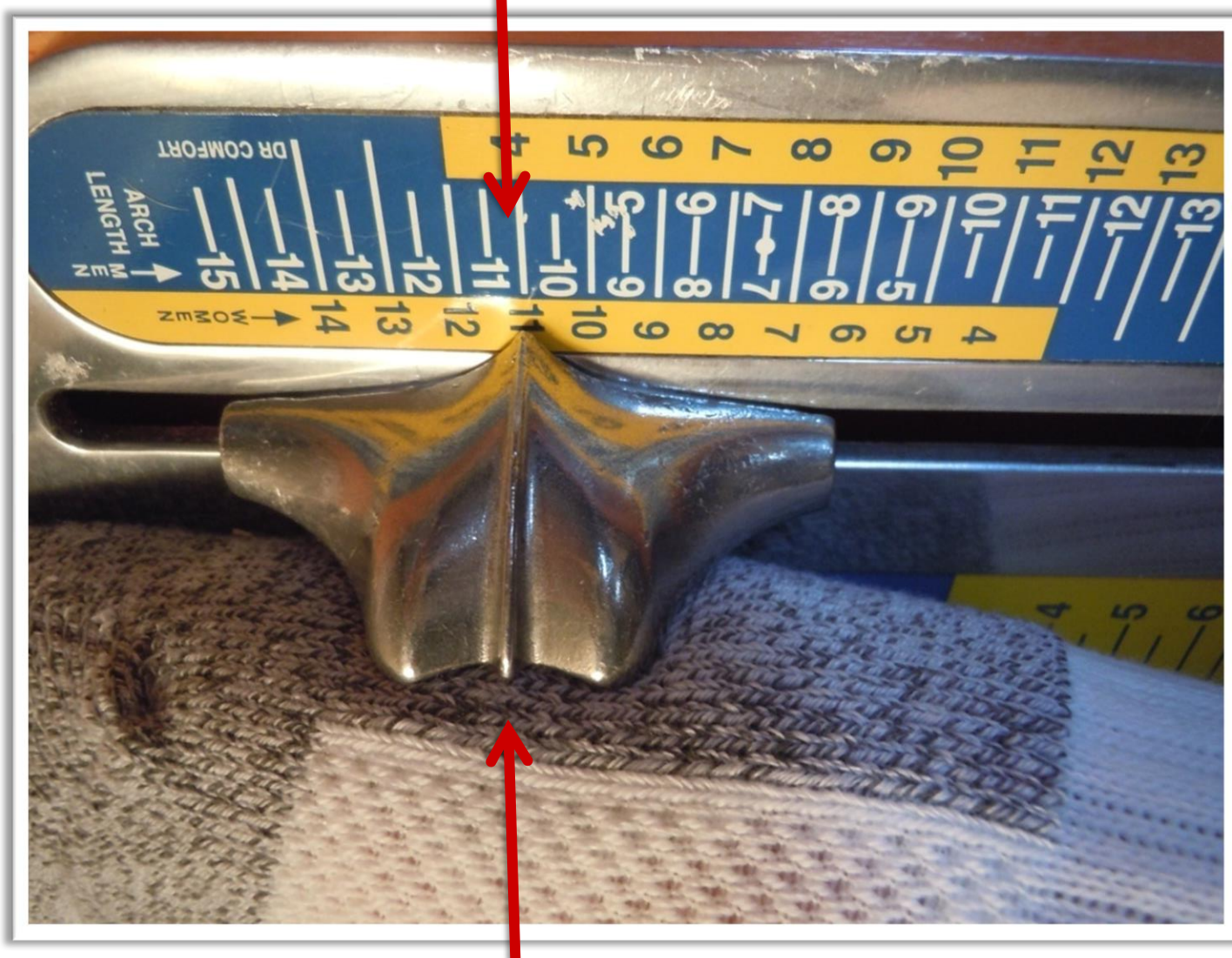
Pairs of Inserts 0☐ 1☐ 2☐ 3☐


6
7
8
9
10
11
12
13
14
15
7
8
9
10
11
12
13
14
WOMEN
RIGHT TOE LENGTH
LEFT HEEL

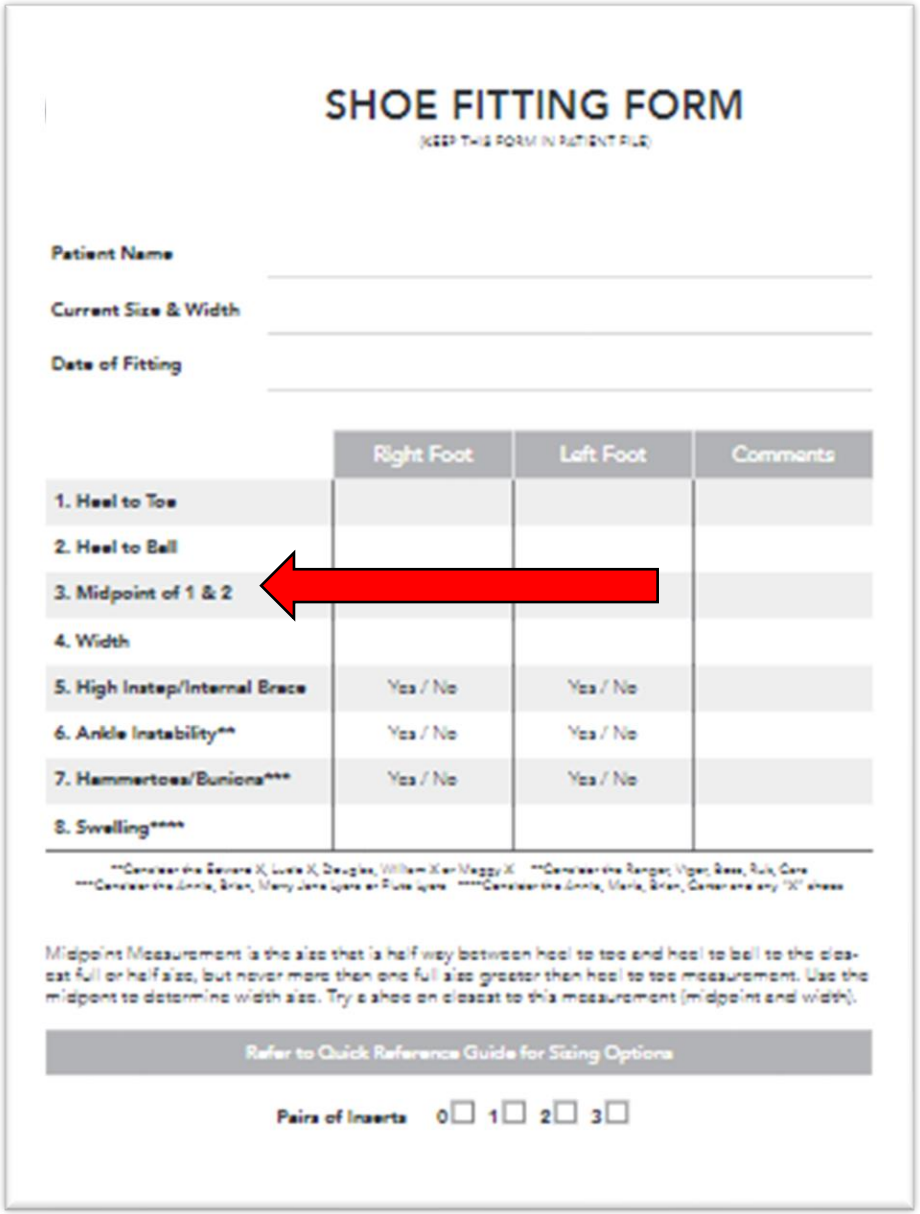
ARCH LENGTH
WIDTH


DR COMFORT
ARCH LENGTH
MEN
WOMEN
M
M

ARCH LENGTH
FOR COMFORT


DR COMFORT
ARCH LENGTH
MEN
WOMEN


SLIDE BAR TO FOOT
FIRMLY FOR THIN FOOT
LIGHTLY FOR WIDE FOOT
15 13 11 9 7 5
14 12 10 8 6 4
N
M
W
XW



SHOE FITTING FORM

(KEEP THIS FORM IN PATIENT FILE)

Patient Name

Current Size & Width

Date of Fitting

	Right Foot	Left Foot	Comments
1. Heel to Toe			
2. Heel to Ball			
3. Midpoint of 1 & 2			
4. Width			
5. High Instep/Internal Brace	Yes / No	Yes / No	
6. Ankle Instability**	Yes / No	Yes / No	
7. Hammertoes/Bunions***	Yes / No	Yes / No	
8. Swelling****			

**Consider the Savona X, Lucia X, Douglas, William X or Maggy X ***Consider the Ranger, Viper, Bass, Rub, Cora
***Consider the Annie, Brian, Mary Jane Lace or Pure Lace ****Consider the Annie, Maria, Brian, Center and any "X" shoes

Midpoint Measurement is the size that is half way between heel to toe and heel to ball to the closest full or half size, but never more than one full size greater than heel to toe measurement. Use the midpoint to determine width size. Try a shoe on closest to this measurement (midpoint and width).

Refer to Quick Reference Guide for Sizing Options

Pairs of Inserts 0☐ 1☐ 2☐ 3☐

Line 3 - Midpoint of 1 & 2*

*USE ONLY WHEN HEEL-TO-BALL IS LONGER!

SHOE FITTING FORM

(KEEP THIS FORM IN PATIENT FILE)

Patient Name: Heel-Ball longer

Current Size & Width: 10M

Date of Fitting:

	Right Foot	Left Foot	Comments
1. Heel to Toe	9	9½	
2. Heel to Ball	10	10½	
3. Midpoint of 1 & 2	9½	10	
4. Width	M	M	
5. High Instep/Internal Brace*	Yes / No	Yes / No	
6. Ankle Instability**	Yes / No	Yes / No	
7. Hammertoes/Bunions***	Yes / No	Yes / No	
8. Swelling****			

*Consider the Douglas, Edward X, Maggy X, Lucie X, or William X **Consider the Boss, Cara, Ranger, Ruk or Vigor
***Consider the Annie, Brian, Flute Lycra® or Merry Jane Lycra® ****Consider the Annie, Brian, Carter, Marla, or any "X" shoes

Midpoint Measurement is the size that is half way between heel to toe and heel to ball to the closest full or half size, but never more than one full size greater than heel to toe measurement. Use the midpont to determine width size. Try a shoe on closest to this measurement (midpoint and width).

Refer to Quick Reference Guides in the Catalog for Sizing Options

Pairs of Inserts 0☐ 1☐ 2☐ 3☐

SHOE FITTING FORM

(KEEP THIS FORM IN PATIENT FILE)

Patient Name: Heel-toe longer

Current Size & Width: 10½ M

Date of Fitting:

	Right Foot	Left Foot	Comments
1. Heel to Toe	10	10½	
2. Heel to Ball	9	9½	
~~3. Midpoint of 1 & 2~~	N/A	N/A	
4. Width	M	M	
5. High Instep/Internal Brace*	Yes / No	Yes / No	
6. Ankle Instability**	Yes / No	Yes / No	
7. Hammertoes/Bunions***	Yes / No	Yes / No	
8. Swelling****			

*Consider the Douglas, Edward X, Maggy X, Lucie X, or William X **Consider the Boss, Cara, Ranger, Ruk or Vigor
***Consider the Annie, Brian, Flute Lycra® or Merry Jane Lycra® ****Consider the Annie, Brian, Carter, Marla, or any "X" shoes

Midpoint Measurement is the size that is half way between heel to toe and heel to ball to the closest full or half size, but never more than one full size greater than heel to toe measurement. Use th midpont to determine width size. Try a shoe on closest to this measurement (midpoint and width).

Refer to Quick Reference Guides in the Catalog for Sizing Options

Pairs of Inserts 0☐ 1☐ 2☐ 3☐

Be Sure To Measure

Both feet

With socks or stockings

While standing

Feet shoulder width apart

Foot all the way back to the heel cup

At the end of the day if possible

Length, width, and arch length

Trial Fittings

A helpful method of evaluating fit to determine appropriate size

Other Considerations When Determining Proper Shoe Size

- Edema
- Hosiery
- Severity of deformities
- Shape/design of shoe
- Shoe upper material
- Brace (AFO)

Confirming Proper Fit

Length – 3/8” to ½” between longest toe and end of the shoe
Ball Width & Vamp – should fit snugly over the vamp and not overlap the sole of the shoe
Heel-to-ball (arch length) – ball of the foot fits snugly into the pocket of the shoe
Heel – snug fit; malleoli do not rub the topline
Lacing – normal distance
Tread – balanced and stable when standing and walking

Pro Shoe Fitting Tips

The best way to prevent heel slippage is to select the correct shoe for the patient’s foot type .

Select a shoe with a thick, padded collar.

Select a tie shoe with a vamp that covers the dorsum of the foot.

Assess Fit During Ambulation

Foot and shoe interaction (wobbling or stable)

Shoe and ground interaction (proper weight transfer)

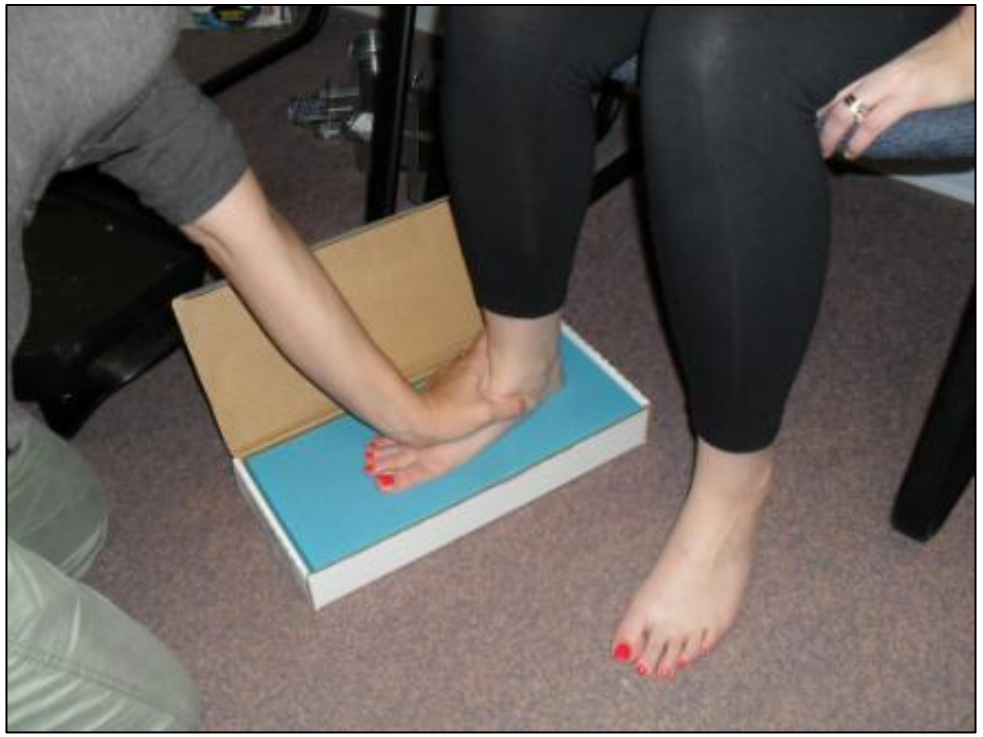
Patient balance (enhances or hinders stability)

Heel slippage (minor movement or cause for concern)

Foam Impressions

Three-dimensional negative impression of the patient's foot used to fabricate custom inserts

Must be performed each year



****Custom inserts are not in the scope of practice of a CFts.**

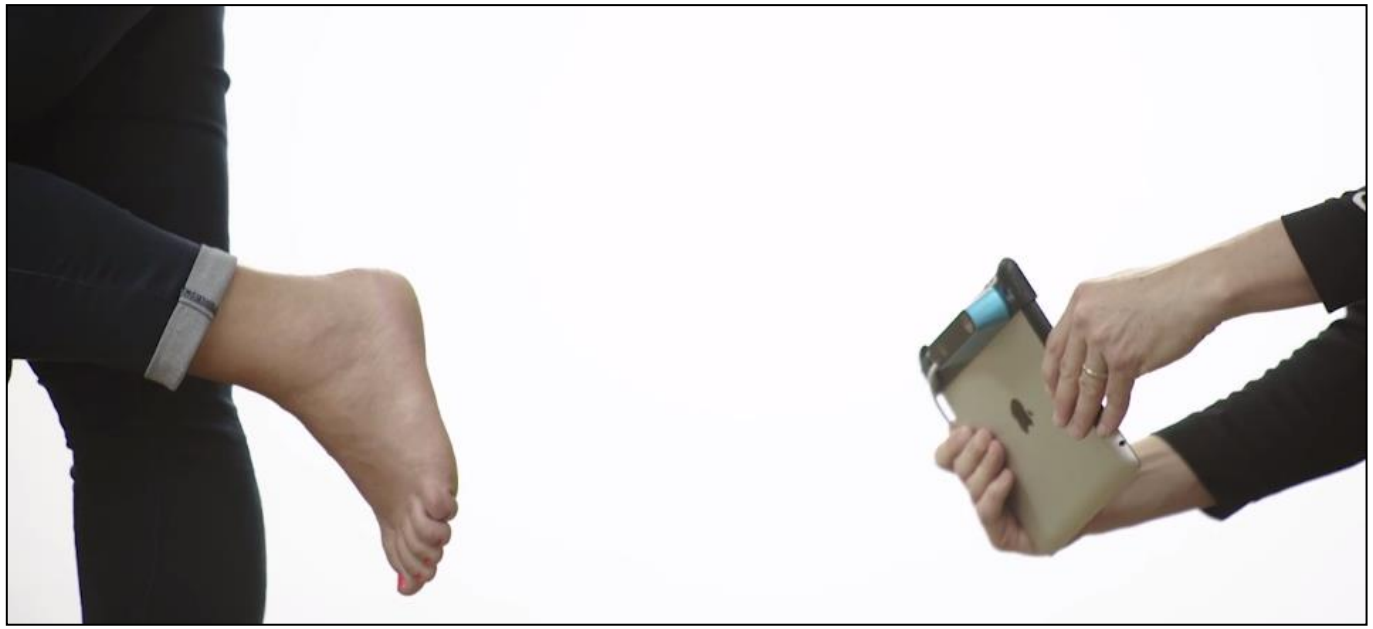
Digital Scanner

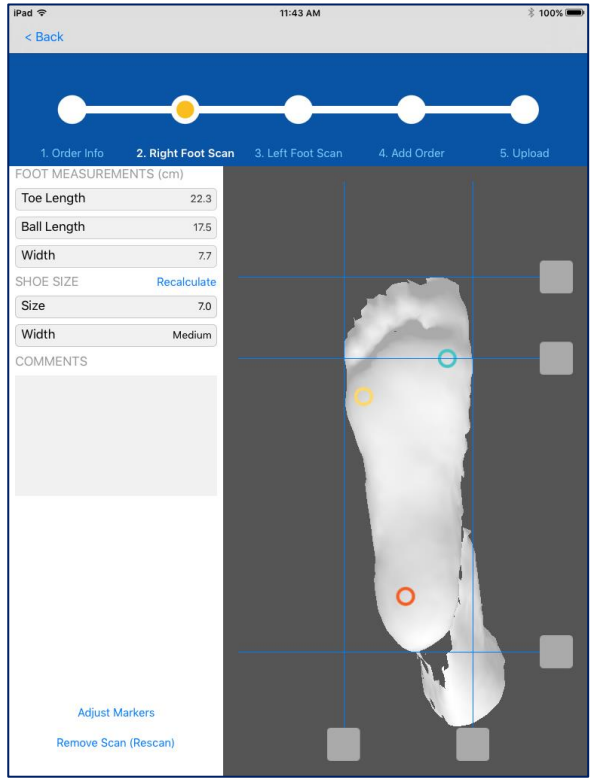
May be used as an efficient and accurate alternative to foam impressions

Ease of ordering

Improved turnaround time

Must be performed each year



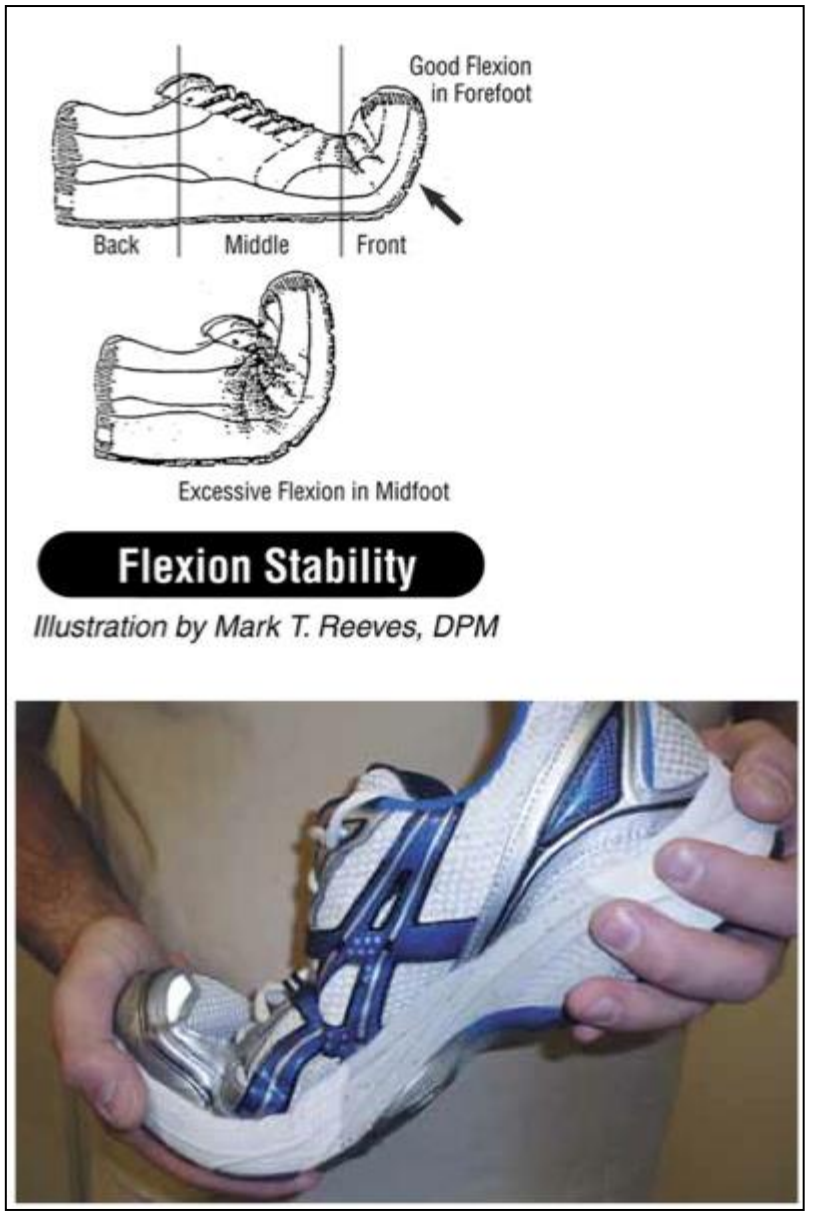


In-person Delivery Patient Instructions

- Don and doff shoes (consideration should be taken prior to dispensing)
- Fasten shoes (lace, hook and loop, quick tie)
- Comply with break-in instructions (includes replacing inserts)
- Properly care for the shoes and inserts
- Discontinue use and contact provider if problems arise

Structural Integrity of Shoes

Flex Test—by pushing down on the shoe, the breakpoint, should be firm and provide minimal resistance. The breakpoint of the shoe is under the met heads.



Structural Integrity of Shoes

Torsion Test—by twisting the shoe in opposite directions, this will check the stability of the soling. If the shoe twists over on itself, inadequate support.

Structural Integrity of Shoes

Counter Test—by grasping the heel of the shoe, apply pressure to the heel counter with you finger. If the counter collapses with little/no resistance, the shoe is not supporting the heel.

Style, Comfort and Cost

Style—If the shoes are accommodating *and* appealing, the patient is more apt to wear the shoes.

Comfort—It does not matter how many tests it passes, if the shoe is not comfortable, nobody will wear them.

Cost—Often a determining factor of why a patient chooses a particular pair of shoes.

Shoe Selection

Foot type/deformities

Activity level

Occupation/leisure activities

Environmental considerations

Age

Balance and proprioception

Refer to manufacturer's Quick Reference Guide or fitting suggestions

MEN'S COLLECTION	Ankle Instability	Bunions	Charcot	Diabetes	Edema	Hammertoes	High Instep	Internal Brace	Plantar Fasciitis	Pronation/Supination	Stability
Boss	★★★	★★	★	★★★	★★	★★	★★	★★	★★	★	★★★
Brian/X	★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★	★★	★★
Carter	★	★★★	★★	★★★	★★★	★★★	★★	★★★	★★	★	★
Chris	★★	★★	★★	★★★	★★★	★★★	★★	★	★★★	★	★
Classic	★★	★★	★	★★★	★★	★★	★	★	★★	★★	★★
Collin	★	★★	★	★	★	★★	★★	★	★★★	★	★
Connor	★	★★	★	★	★	★★	★★	★	★★★	★	★
Douglas	★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★	★★	★★
Easy	★	★★	★	★★	★★	★★	★★	★	★★	★	★
Edward X	★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★
Endurance	★★	★★★	★	★★★	★★	★★★	★	★★	★★★	★★★	★★
Endurance Plus	★★	★★★	★	★★★	★★	★★★	★	★★	★★★	★★★	★★
Fisherman	★★	★★	★★	★★★	★★	★★	★★	★★	★★	★★	★★
Frank	★★	★★	★	★★★	★★	★★	★	★	★★	★★	★★
Gordon/X	★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Jack	★★	★★	★★	★★★	★★	★★★	★★	★★	★★★	★★	★★★
Jason	★★	★★	★★	★★★	★★★	★★★	★★	★	★★★	★	★
John	★★	★★	★★	★★★	★★	★★	★	★★	★★★	★★	★★
Justin	★★	★★	★★	★★★	★★	★★	★★	★★	★★	★★	★★
Mike	★	★★	★★	★★★	★★	★★	★★	★★	★★	★★	★

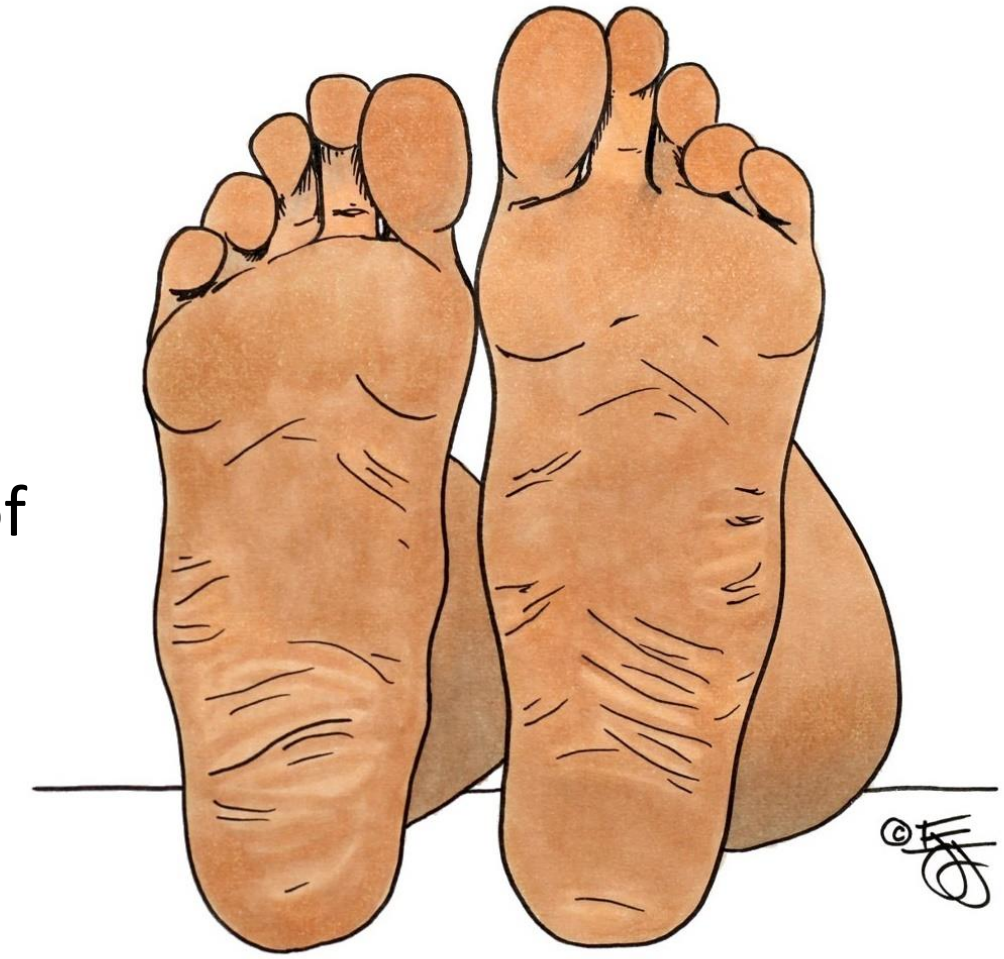
Split Pairs/Mismates

What should you do with a patient with different sized feet?

Nothing…unless there is a difference of 1½ sizes or more.*

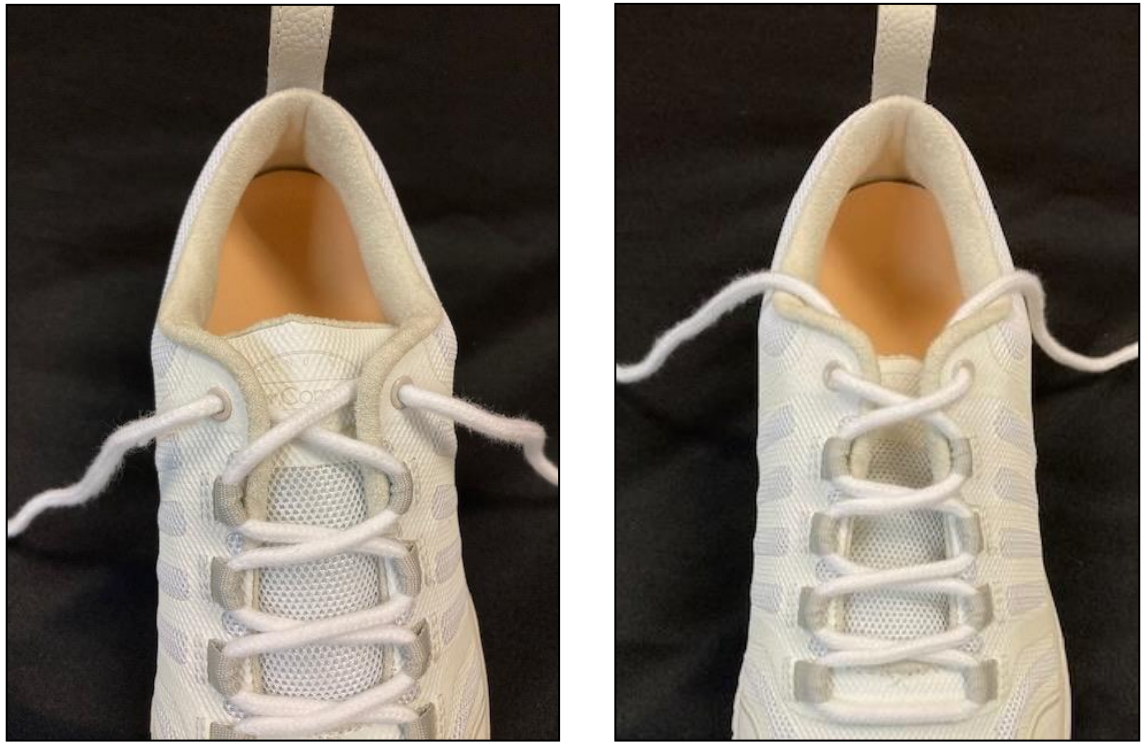
One size or less difference is easily accommodated.

(*Additional charge may apply)



Pro Shoe Fitting Tips

Lacing techniques allow shoes to further accommodate various challenging feet with problems like specific dorsum pain, toe problems, or heel fit issues.

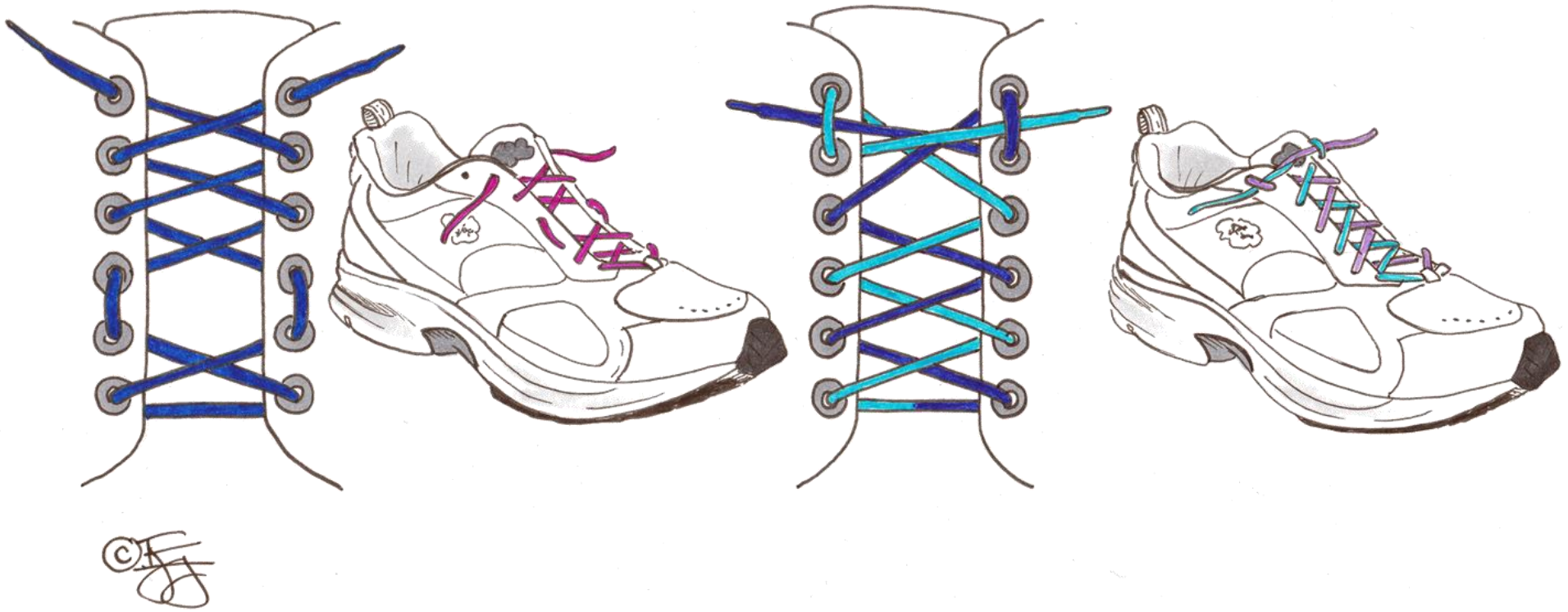


Lacing from the inside out allows the shoe to be much more easily adjusted.

Pro Shoe Fitting Tips

Gap or Skip lacing reduces pressure over the dorsum of the foot

Lock lacing tightens firmly and reduces heel slippage



Pro Shoe Fitting Tips

A *ball-and-ring stretcher* is used to provide relief in a specific spot on a shoe. Commonly used to relieve pressure over bunions or hammertoes.

Pro Shoe Fitting Tips

Shoe stretchers can be used to stretch the overall width of a shoe, reducing tension in specific areas like a bunion.

Pro Shoe Fitting Tips

An *insert spacer* has multiple uses. It can accommodate for edema or different sized feet; and may be used to help with heel slippage, and offloading.

Pro Shoe Fitting Tips

Self-adhesive *tongue pads* may be placed on the underside of the tongue for padding and to help prevent heel slippage.

Specialized Depth Footwear

Made of “suitable material”—Lycra®

Soft vamp shoes

Great for severe digital deformities like cross-over toes, bunions, or hammertoes

Specialized Depth Footwear

Fully adjustable vamp with hook and loop straps

Surgical-style opening

Suitable for patients with more severely deformed feet, high instep, excessive swelling, lower limb bracing

Specialized Depth Footwear

Extra, *extra* depth shoes

Provides additional depth and volume

Use for patients with edema, high volume feet, Charcot deformities, or bulky AFOs or inserts.

Specialized Depth Footwear

Provides ankle support, additional stability

Available in a steel toe

Specialized Depth Footwear

Durable, washable shoe

Lightweight, stretchable

Some styles suitable for incontinence

Specialized Depth Footwear

Athletic shoes

Shoe selection for active lifestyles

Promote physical activity

Specialized Depth Footwear

Dress shoes

Various styles for dress occasions

Professional occupations

Specialized Depth Footwear

Super-Depth Comfort Shoes
Triple depth shoes with three removable layers of inserts
Suitable for patients with more severely deformed feet; also available in extreme sizes and widths

Custom Shoes

Constructed over a positive model of patient's foot

Used for patients with severe foot deformities

Accommodates feet that cannot be properly fit with commercially available shoes

Socks

Hosiery Considerations

Hosiery useful to control Edema

Various materials based on allergies, temperature, length, condition

Multiple levels of compression to treat different conditions

Sock Considerations

“Diabetic” socks should be knitted with appropriate moisture wicking materials (not 100% cotton)

Anatomically correct with at least 5 varying sizes

No prominent seams

The truth about socks

Myth:

- Recommend 100% cotton all white socks to your patients

Fact:

- Cotton absorbs and holds moisture


100%
COTTON

Cotton socks…not good

- Weight-bearing plantar pressures + friction = shear
- Excessive shear = skin breakdown

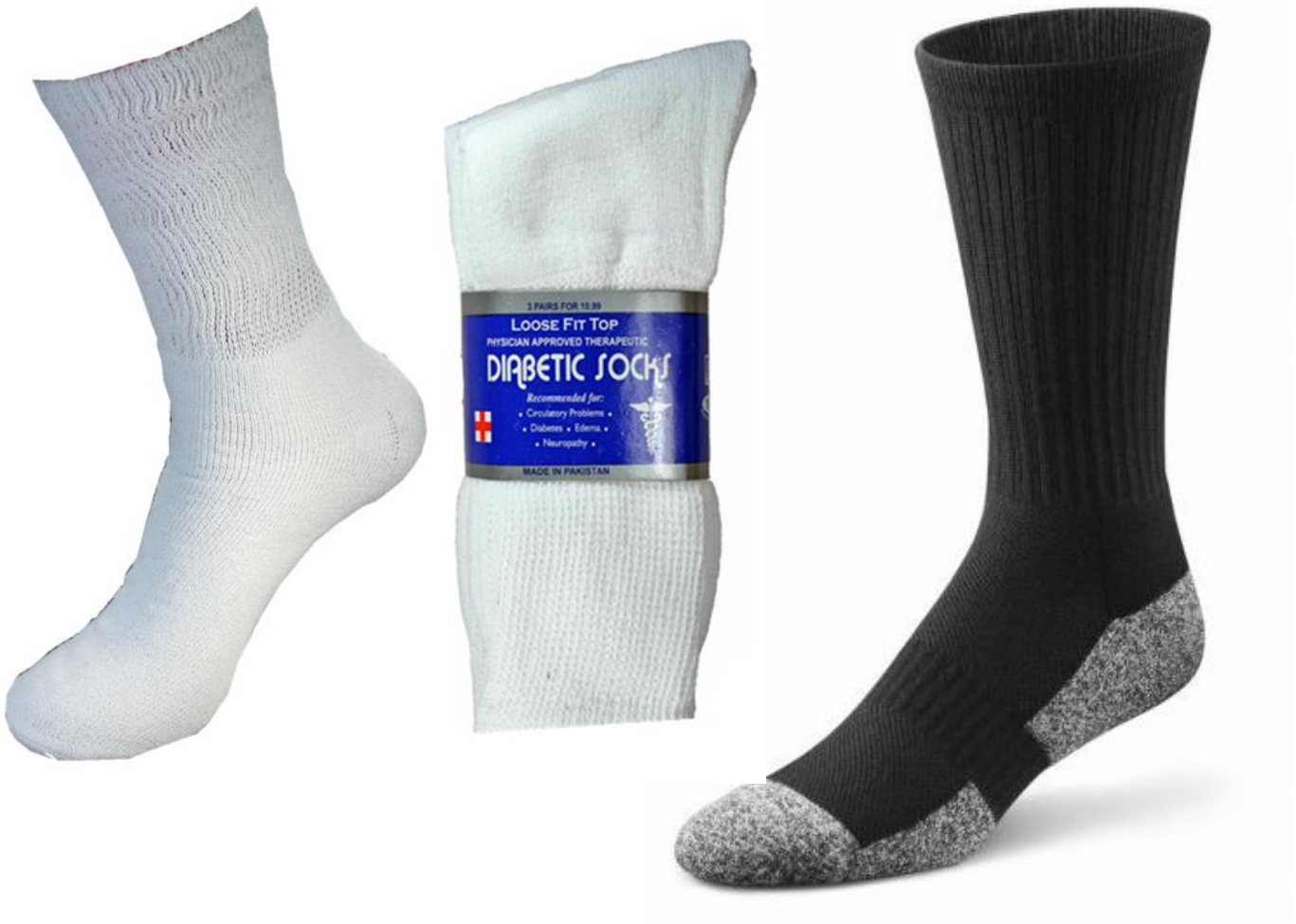
- Pollard JP, Le Quesne LP, Tappin JW. Forces under the foot. J Biomed Eng. 1983 Jan;5(1):37-40.
  - [S]howed that diabetic neuropathic ulceration occurred at sites of maximal shear stress under the foot.
- Mohamed M. K., Hasouna A. T., Ali W. Y., Friction between foot, socks and insoles. Journal of the Egyptian Society of Tribology, Article 3, Volume 7, Issue 4, October 2010, Page 27-39.
  - It was found that friction coefficient increased with increasing cotton content of the socks… while polyamide socks showed the lowest friction coefficient.
- Dai XQ, Li Y, Zhang M, Cheung JT. Effect of sock on biomechanical responses of foot during walking. Clin Biomech (Bristol, Avon). 2006 Mar;21(3):314-21.
  - Wearing sock with low friction against the foot skin was found to be more effective in reducing plantar shear force on the skin than the sock with low friction against the insole.

Diabetic shoes

- PDAC oversees approval
  - 4 main criteria
- Information found in the Policy Article/Local Coverage Determination
- Manufacturing guidelines widely accepted
- Over 40-year history

Diabetic Socks

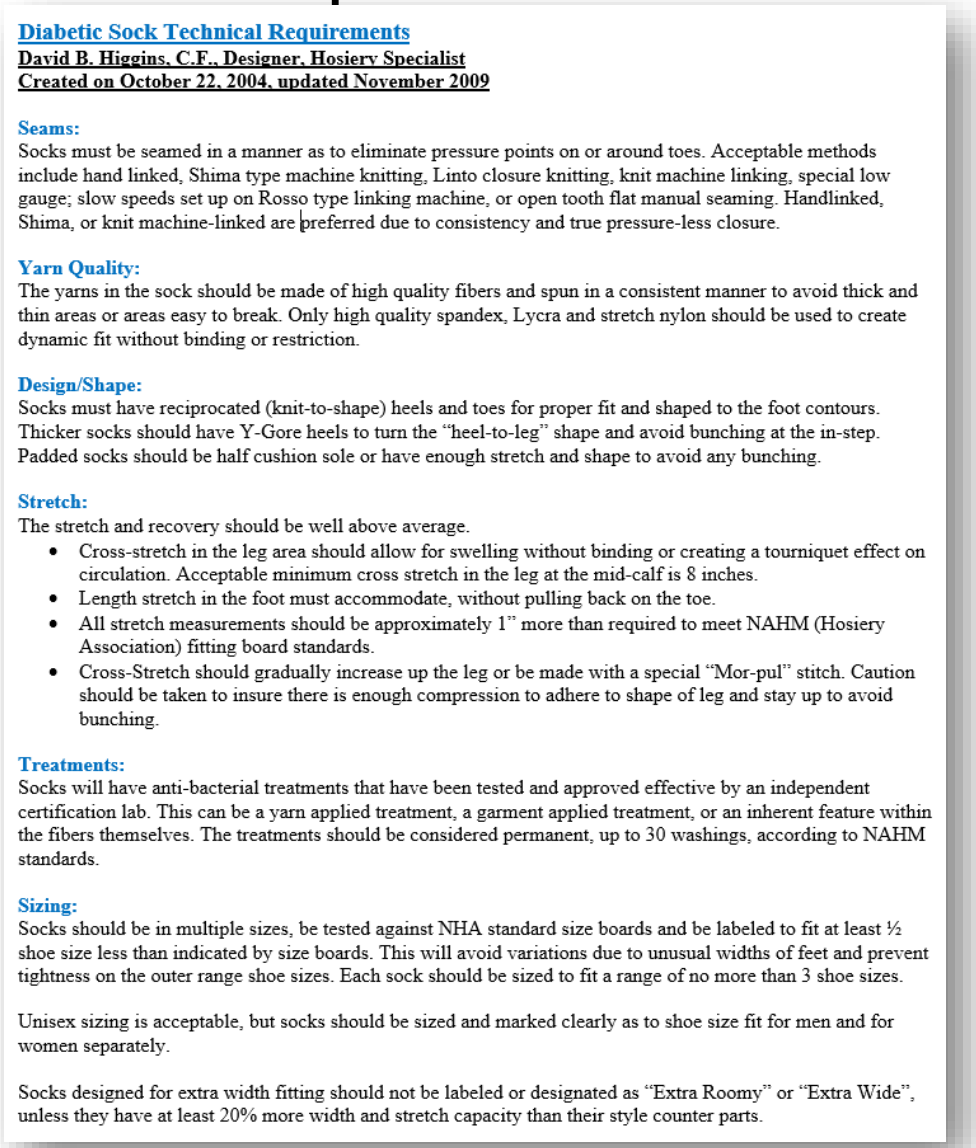
- No Current Guidelines
- Non-reimbursable
- Retail item



Diabetic Sock Technical Requirements

Focused on:

- Seams
- Yarn Quality
- Design/Shape
- Stretch
- Treatments
- Sizing



Diabetic Sock Technical Requirements
David B. Higgins, C.F., Designer, Hosiery Specialist
Created on October 22, 2004, updated November 2009

Seams:
Socks must be seamed in a manner as to eliminate pressure points on or around toes. Acceptable methods include hand linked, Shima type machine knitting, Linto closure knitting, knit machine linking, special low gauge; slow speeds set up on Rosso type linking machine, or open tooth flat manual seaming. Handlinked, Shima, or knit machine-linked are preferred due to consistency and true pressure-less closure.

Yarn Quality:
The yarns in the sock should be made of high quality fibers and spun in a consistent manner to avoid thick and thin areas or areas easy to break. Only high quality spandex, Lycra and stretch nylon should be used to create dynamic fit without binding or restriction.

Design/Shape:
Socks must have reciprocated (knit-to-shape) heels and toes for proper fit and shaped to the foot contours. Thicker socks should have Y-Gore heels to turn the "heel-to-leg" shape and avoid bunching at the in-step. Padded socks should be half cushion sole or have enough stretch and shape to avoid any bunching.

Stretch:
The stretch and recovery should be well above average.

- Cross-stretch in the leg area should allow for swelling without binding or creating a tourniquet effect on circulation. Acceptable minimum cross stretch in the leg at the mid-calf is 8 inches.
- Length stretch in the foot must accommodate, without pulling back on the toe.
- All stretch measurements should be approximately 1" more than required to meet NAHM (Hosiery Association) fitting board standards.
- Cross-Stretch should gradually increase up the leg or be made with a special "Mor-pul" stitch. Caution should be taken to insure there is enough compression to adhere to shape of leg and stay up to avoid bunching.

Treatments:
Socks will have anti-bacterial treatments that have been tested and approved effective by an independent certification lab. This can be a yarn applied treatment, a garment applied treatment, or an inherent feature within the fibers themselves. The treatments should be considered permanent, up to 30 washings, according to NAHM standards.

Sizing:
Socks should be in multiple sizes, be tested against NHA standard size boards and be labeled to fit at least ½ shoe size less than indicated by size boards. This will avoid variations due to unusual widths of feet and prevent tightness on the outer range shoe sizes. Each sock should be sized to fit a range of no more than 3 shoe sizes.

Unisex sizing is acceptable, but socks should be sized and marked clearly as to shoe size fit for men and for women separately.

Socks designed for extra width fitting should not be labeled or designated as "Extra Roomy" or "Extra Wide", unless they have at least 20% more width and stretch capacity than their style counter parts.

Seams

- Socks must be seamed in a manner as to eliminate pressure points on or around toes

Ideally:

- Flat seam/hand linked stitching
- No pressure spots
- Non-binding

Yarn Quality

- The yarns in the sock should be made of high-quality fibers and spun in a consistent manner to avoid thick and thin areas or areas easy to break.

- Best materials for “diabetic” socks are polymides
  - Nylon
  - Acrylic
  - Polyester
  - Spandex®
  - Lycra®

- Next best are modal materials
  - Bamboo Charcoal
    - Wicks moisture
    - Eliminates odors
    - 100% eco-friendly

Design/Shape

- Socks must have reciprocated (knit-to-shape) heels and toes for proper fit and shaped to the foot contours. Padded socks should be half cushion sole or have enough stretch and shape to avoid any bunching.

Ideally:

- Heel to leg Y-Gore shape
- Padded on the sole
- Ventilated on the top
- Durable Cuff
- Arch Support

Stretch

- The stretch and recovery should be well above average.

Ideally:

- Length stretch does not allow toe pull
- Extra roomy option for non-binding comfort

Treatments

- Socks will have anti-bacterial treatments that have been tested and approved effective by an independent certification lab. The treatments should be considered permanent, up to 30 washings, according to NAHM standards.

Ideally:

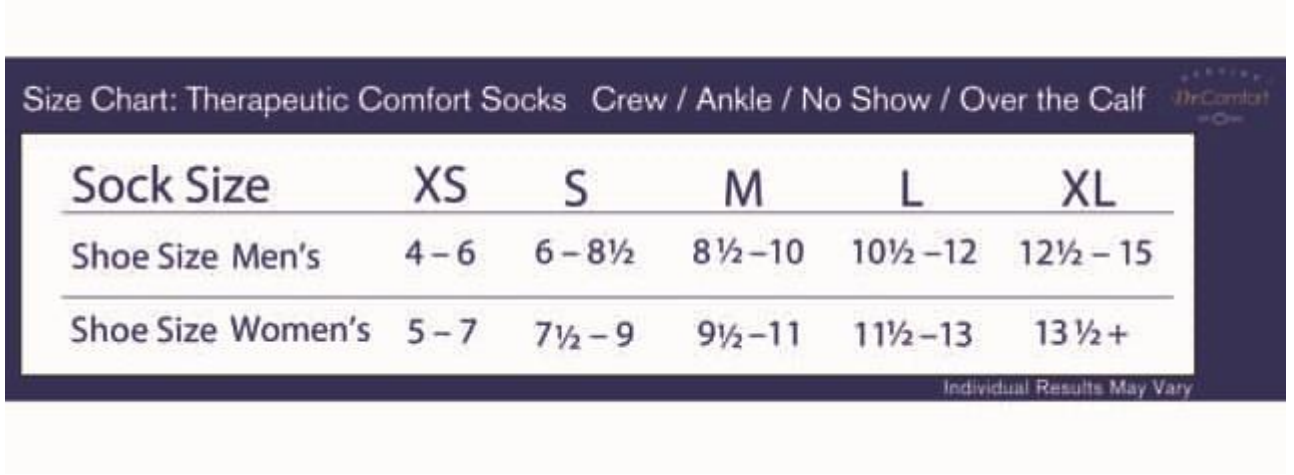
- The blended materials prove to have longer lasting qualities than 100% cotton socks

Sizing

- Socks should be in multiple sizes, be tested against NHA standard size boards and be labeled to fit at least ½ shoe size less than indicated by size boards. This will avoid variations due to unusual widths of feet and prevent tightness on the outer range shoe sizes. Each sock should be sized to fit a range of no more than 3 shoe sizes.

Ideally:

- Offered in at least 5 sizes
- Extra Small-Extra Large
- Extra Roomy available



Socks

Wool socks

- Ideally: Merino Wool (or a blend that is mostly Merino)
- **Seamless Toes**
  - Flat toe closure helps prevent rubbing and irritation of skin
- **Arch Support**
  - Provides light support and helps sock stay in place, reducing friction and helping to reduce the risk of blisters.
- **Light Protective Padding**
  - Helps provide protection against injury to the skin. Cushions impact, helps reduce pressure and frictional force on the skin surface.
- **Moisture Wicking**
  - Helps keep feet dry and helps regulate skin temperature
- **Breathable Natural Fiber / Ventilation Panels**
  - Air flow helps keep feet dry
- **Natural Odor Resistance**
  - Wool absorbs odors to help keep feet and shoes smelling fresher.

Other Considerations

Around the House

Slippers (non-billable)
Durable outsole for indoor/outdoor use
Removable inlay to accommodate inserts

Shoe Fitting Challenges

“I don’t wear that size!”

- Remind the patient about shoes fitting differently
  - “No standardization of shoe”
- Don’t tell them
  - “Trust me.”
- Give them the European sizing
  - “You wear a 45”
- Size doesn’t matter
  - “_____ brand shoes always run big (or small)”

“These shoes feel big”

- They are!
  - Extra depth shoes, don’t need to be “broken in” comfortable when buying them
- Correct sizing
  - 80% of the population is wearing the wrong size
- Use the blue filler

“Why can’t I have…?”

- Just because they are in the catalog doesn’t mean you should have it
- Prescriptive Shoes
- Refer to manufacturer aids, guides, suggestions and fitting tips

Heel to toe:	10
Heel to ball:	11
Midpoint:	??

Heel to toe:	10
Heel to ball:	11
Midpoint:	10.5

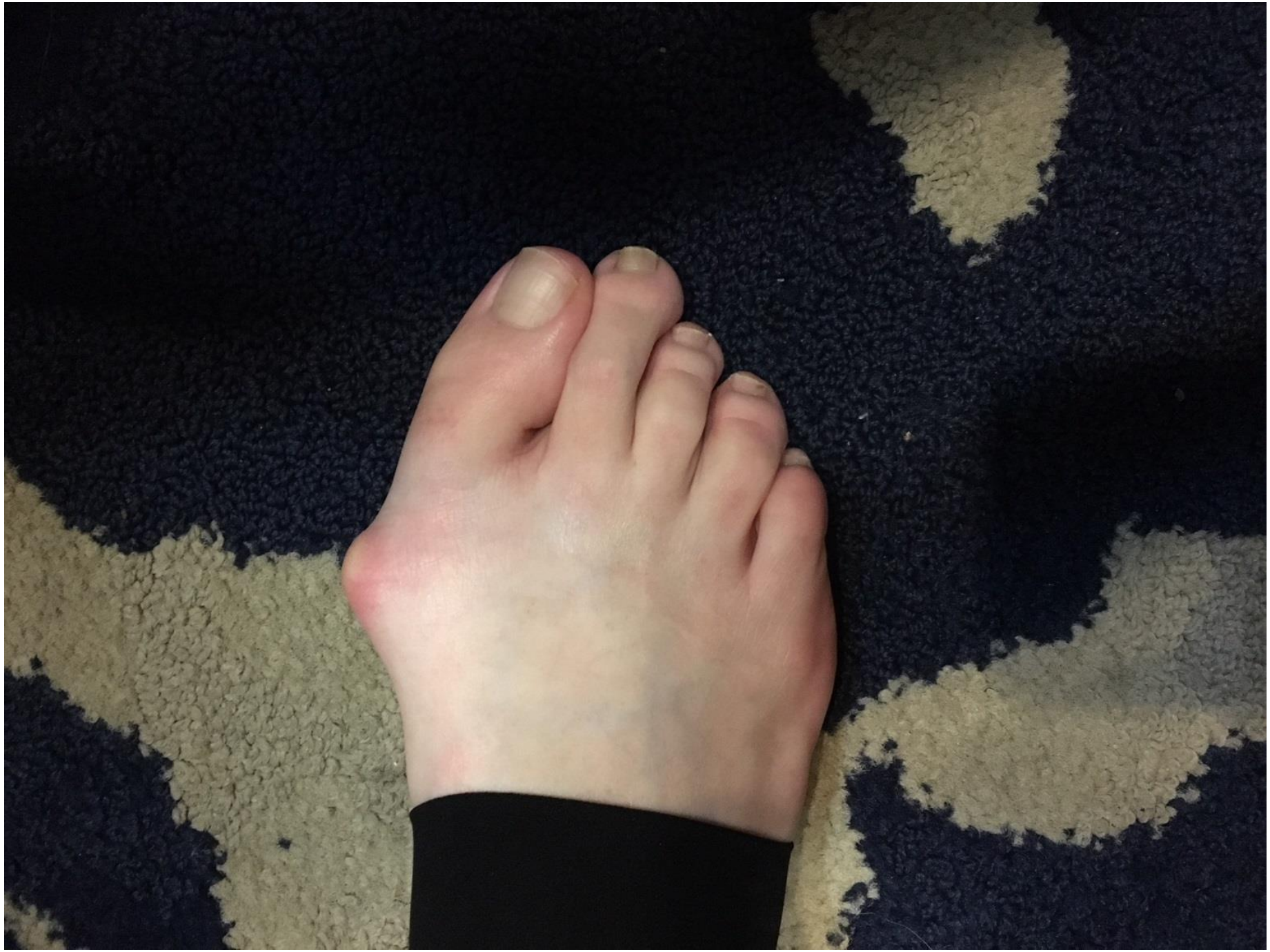
Heel to toe:	11
Heel to ball:	10
Midpoint:	??

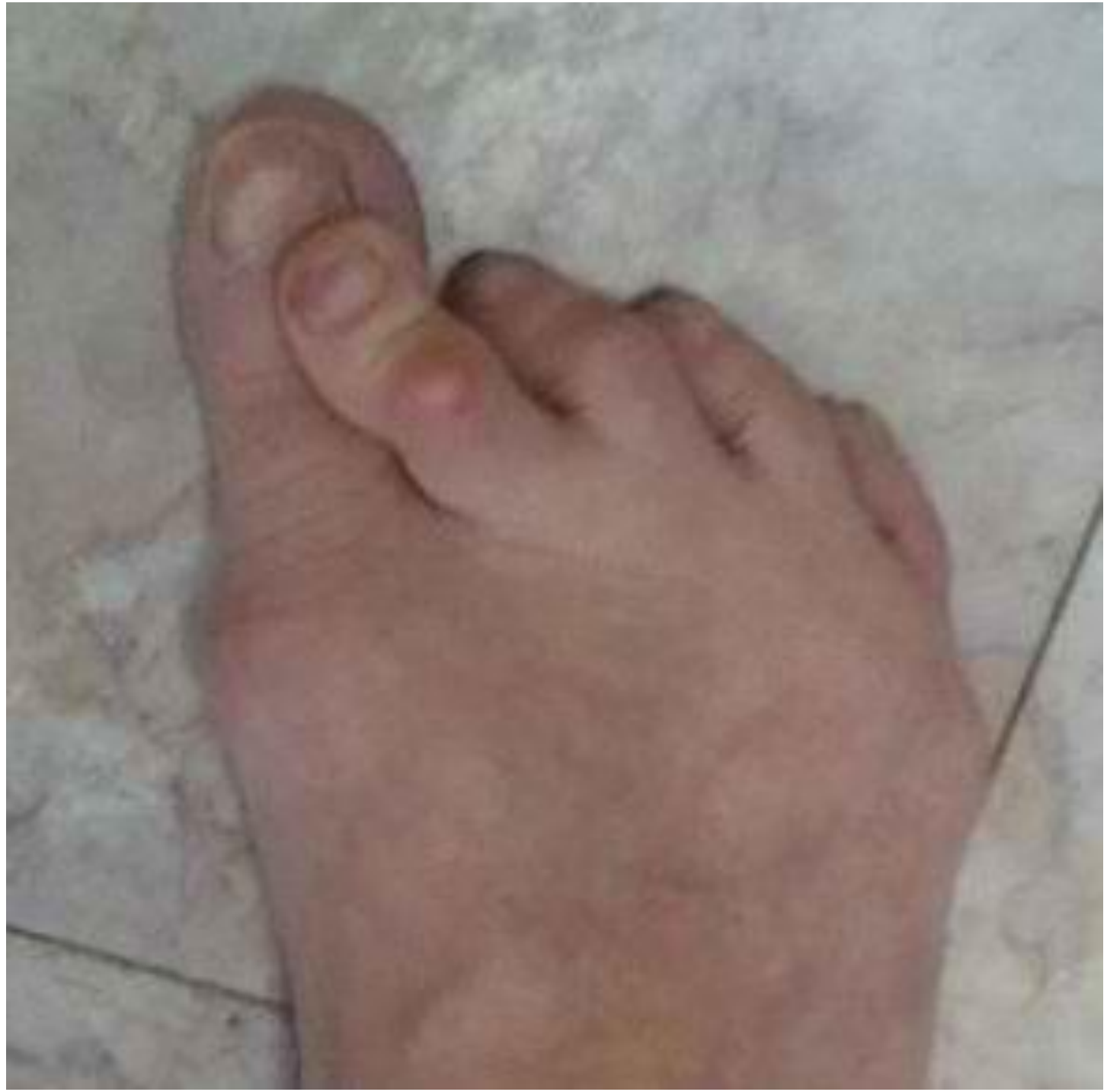
Heel to toe:	11
Heel to ball:	10
Midpoint:	11

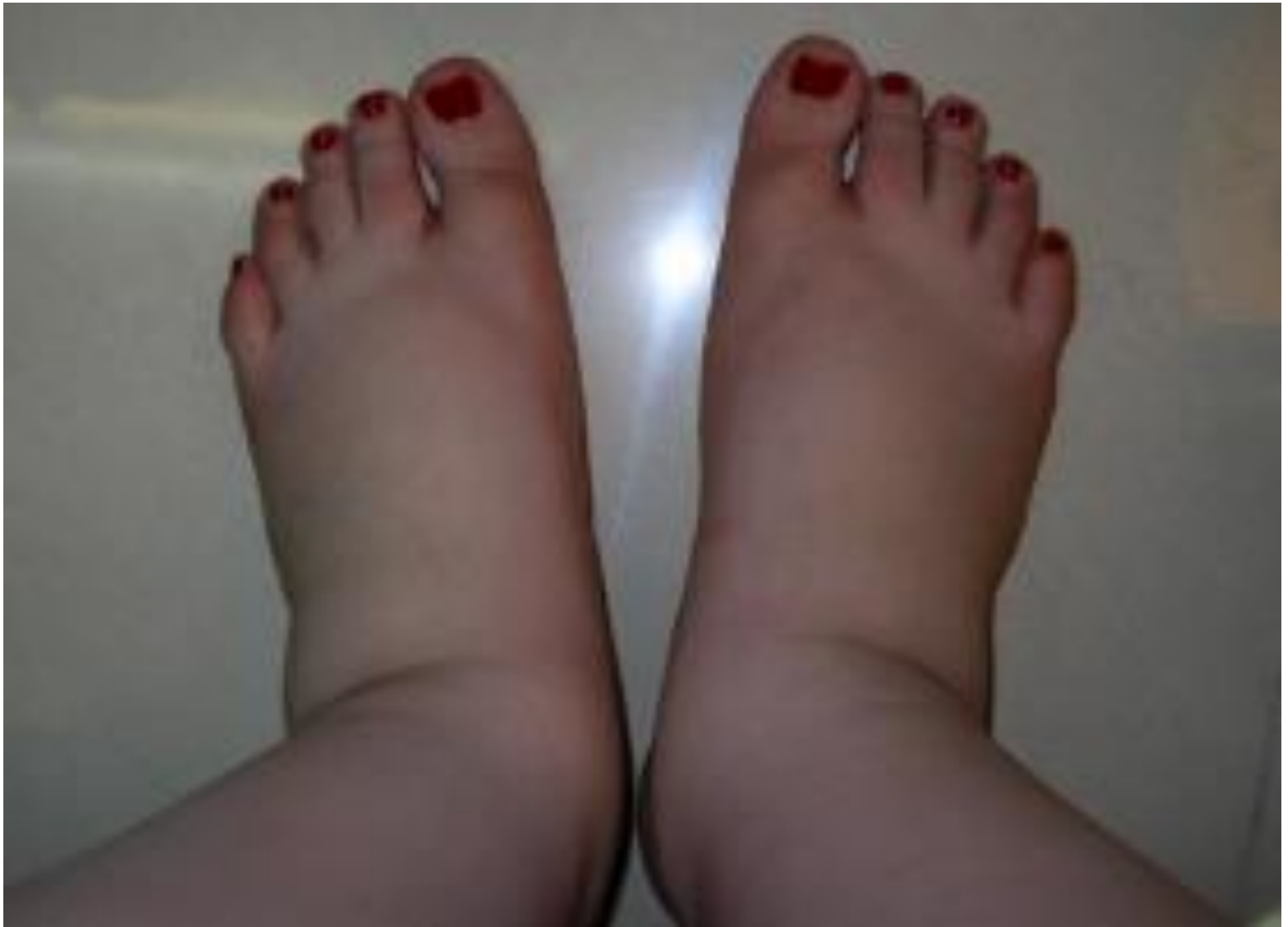
Heel to toe:	5
Heel to ball:	12
Midpoint:	??

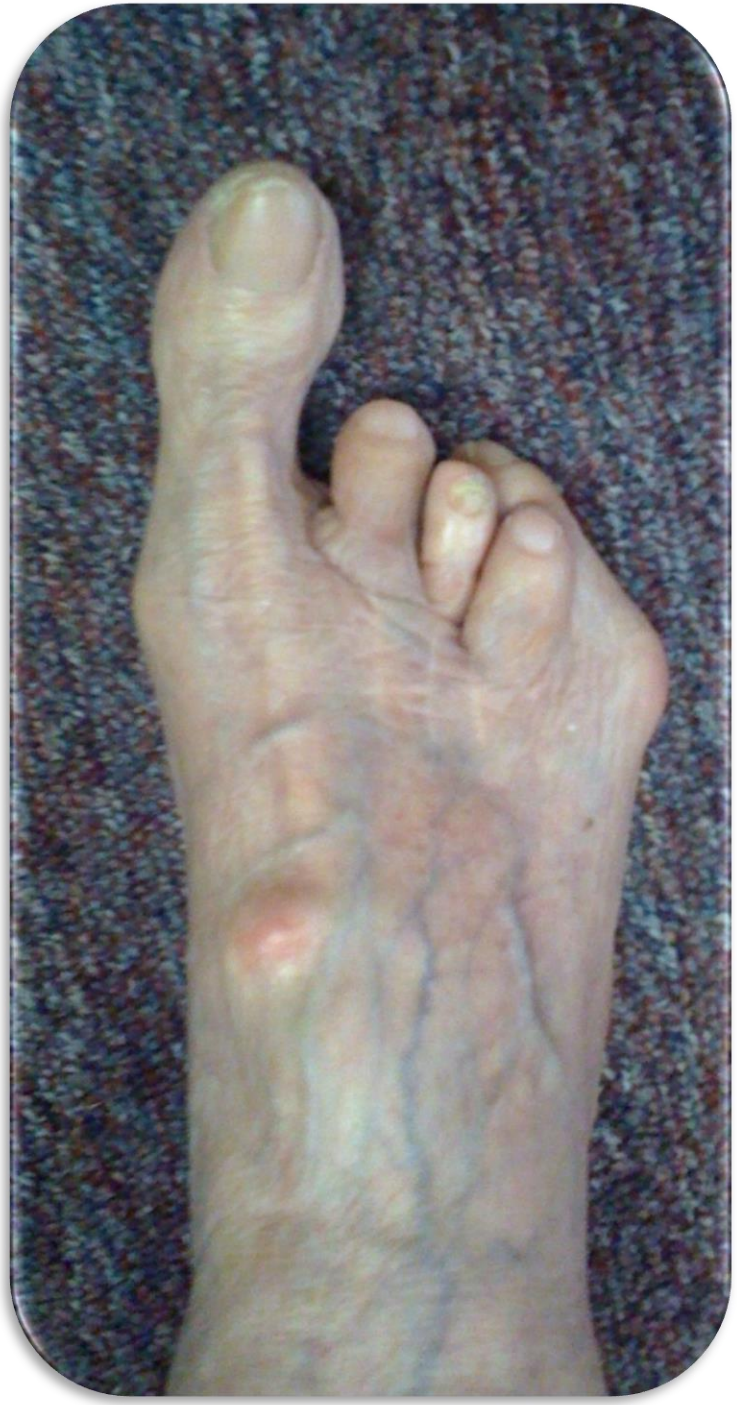
Heel to toe:	5.5	6.5
Heel to ball:	6.5	7.5
Midpoint:	??	??
Width:	XW	M

Heel to toe:	5.5	6.5
Heel to ball:	6.5	7.5
Midpoint:	6	7
Width:	XW	M









Worn Shoe Evaluation


PRO


TOMS

Have fun helping people find the correct shoes and inserts!!

The End