HEALTH BASICS

Foot problems: finding the right shoes

A practical guide to choosing shoes that fit comfortably and suit common foot needs.

WHAT IT IS
Choosing footwear that fits your feet and activities

WHERE IT COMES UP
Foot pain, deformity, swelling, diabetes, sport, and daily wear

WHY IT MATTERS
Better fit can reduce pressure, rubbing, and instability

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A podiatrist, physiotherapist, orthotist, or footwear specialist

HOW IT IS CHECKED
Standing foot measurements and an in-shoe fit check

Overview

The right shoes should protect your feet, support the activity you are doing, and feel comfortable without needing a painful "breaking-in" period. Finding them is not about choosing one ideal brand or style. Feet differ in length, width, shape, movement, and sensitivity.

Your shoe needs can also change over time. Swelling, pregnancy, ageing, an injury, arthritis, diabetes, or a change in activity may affect how footwear fits.

A shoe cannot diagnose or cure a foot condition. However, an appropriate fit may reduce rubbing, pressure, and instability. Poorly fitting shoes can aggravate problems such as corns, calluses, bunions, toe deformities, and skin wounds.

Size labels are only a starting point. Sizes and shapes are not consistent between manufacturers or even between styles from the same manufacturer. How the shoe fits your foot is more important than the number printed inside it.

How it works

A shoe has several parts that affect comfort and function.

The toe box is the front section surrounding your toes. It should be wide and deep enough for your toes to lie naturally. A tapered toe box may press on bunions, overlapping toes, or hammertoes.

The upper is the material covering the top of your foot. Soft or flexible materials may accommodate prominent joints. Laces, straps, or other adjustable fastenings can help when foot volume changes during the day.

The heel counter is the firmer material around the back of the heel. It can help keep the heel in place, but it should not dig into your skin or rub your Achilles tendon.

The midsole sits between your foot and the outer sole. It may provide cushioning or stiffness. More cushioning is not always better: a very soft shoe can feel unstable for some people.

The outsole contacts the ground. Its grip should suit the surface and activity. Worn or smooth soles may be less secure, especially on wet or uneven ground.

Shoes also differ in how much they bend or twist. A flexible shoe may suit some everyday activities. A stiffer or curved, "rocker" sole can reduce movement through painful joints for some people, but it may affect balance and is not suitable for everyone.

Insoles and foot orthoses sit inside the shoe. An orthosis is an insert designed to change pressure or support part of the foot. It needs enough room and a stable base. Adding an insert to a tight shoe may increase pressure rather than relieve it.

Why it matters for your health

A shoe that is too short, narrow, loose, or shallow can concentrate pressure on the skin and joints. Repeated friction may contribute to blisters, corns, and calluses. Pressure over a bunion or a bent toe may increase discomfort.

Shoes that slip at the heel can cause rubbing. Trying to stop the slipping by curling your toes may also make walking uncomfortable. Shoes that are too large are not necessarily safer than tight shoes.

Footwear can affect balance. A secure fastening, broad base, appropriate grip, and manageable heel height may improve stability. Loose backless footwear or heavily worn soles may be harder to control, particularly if you already have weakness or balance difficulties.

Activity matters as well. Running, court sports, hiking, and prolonged standing place different demands on shoes. A shoe suitable for short indoor use may not provide the fit, grip, or protection needed for a long walk.

Foot protection is especially important if diabetes or another condition has reduced feeling in

your feet. You may not notice a stone, seam, blister, or tight area before the skin is damaged. Footwear is only one part of diabetes-related foot care; recommended foot checks remain important.

What can go wrong

Several foot conditions and situations can make shoe choice more difficult:

Arrange a routine appointment with a podiatrist or other appropriate clinician if foot pain keeps returning, your shoe needs have changed, or you cannot find footwear that avoids pressure. A clinician can examine your feet and discuss whether an orthosis, footwear modification, or specialist shoe service may help.

Seek urgent medical advice for a new wound, blister, colour change, warmth, swelling, or discharge if you have diabetes, reduced sensation, or poor circulation. Do not rely on changing shoes alone.

Urgent assessment is also appropriate for a hot, red, swollen foot; spreading redness; pus; fever with a foot problem; or severe pain after an injury.

Call emergency services for a foot that suddenly becomes cold, pale, blue, or numb, particularly with severe pain. These changes can indicate a sudden loss of blood flow.

- Bunions and bunionettes: prominent joints at the inner or outer forefoot may rub against narrow shoes
- Hammertoes, claw toes, or overlapping toes: bent or crowded toes may need extra toe-box depth
- Corns and calluses: thickened skin can form where pressure or friction is repeated
- Plantar heel pain: footwear may affect comfort, although heel pain has several possible causes
- Arthritis: painful or stiff joints may make flexible, narrow, or high-heeled shoes uncomfortable
- Swelling: changing foot volume can make a previously suitable shoe tight
- Nerve damage or reduced sensation: pressure or skin injury may go unnoticed
- Poor circulation: small wounds may need prompt clinical assessment
- Previous amputation or major foot deformity: standard retail shoes may not distribute pressure safely

What you can do

Have both feet measured while standing if possible. One foot is often larger than the other, so fit the larger foot. Recheck the fit rather than assuming your size has stayed the same.

Try shoes with the socks, stockings, braces, or orthoses you plan to wear. Shop when your feet are at their usual size; if they commonly swell later in the day, trying shoes then may give a more realistic fit.

When standing and walking in the shoes, check that:

Check inside for rough seams, folded linings, or small objects. This is particularly important if you have reduced sensation. Look at your skin after wearing new shoes for a short period. Persistent redness, broken skin, or blistering means the pressure needs attention.

Do not buy painfully tight shoes expecting them to stretch enough. Some materials soften, but the shoe's basic length and shape will not change substantially.

Keep a note of styles, widths, and features that have worked for you. Replace shoes when the sole becomes smooth, the upper loses its shape, or the inside develops damaged areas that rub.

If a clinician has prescribed an orthosis or specialist footwear, ask how to introduce it, what socks to use, and which skin changes should prompt review. Do not cut corns or alter prescribed footwear yourself.

- Your toes can lie naturally and move without rubbing
- No seam or edge presses on a bunion or prominent joint
- Your heel stays secure without painful pressure
- The fastening holds your foot without squeezing it
- The shoe does not slide, pinch, or make you change your stride
- The sole provides suitable grip for the intended surface

Common questions

Should shoes have arch support?

Some people find a shaped insole comfortable, while others do not need added support. "Arch support" is not a single medical standard. Comfort, fit, activity, and any diagnosed foot condition matter more than the label.

Are expensive shoes better?

Not automatically. Price does not guarantee the right shape, width, grip, or fit. A less expensive shoe that fits securely may be more suitable than a costly shoe that presses on your foot.

Are wide-fit shoes always the answer?

A wider shoe can help when the forefoot is crowded, but width is only one measurement. You may also need more depth, a different toe-box shape, or a narrower heel.

Can shoes correct a bunion or bent toe?

Shoes do not usually reverse the underlying change in bone or joint position. A wider and deeper fit may reduce pressure and make walking more comfortable.

Are slip-on or backless shoes unsafe?

Not for everyone. However, they provide less fastening and heel control. If they slide, make you grip with your toes, or feel unstable, a shoe with an adjustable fastening may be more suitable.

Do I need custom-made shoes?

Most people do not. Custom or specialist footwear may be considered when standard shoes cannot safely accommodate major deformity, swelling, an orthosis, or a high risk of skin injury. This requires individual assessment.

Sources

- Royal College of Podiatry - Footwear
- American Academy of Orthopaedic Surgeons, OrthoInfo - Athletic Shoes
- Centers for Disease Control and Prevention - Your Feet and Diabetes
- National Institute for Health and Care Excellence - Diabetic foot problems: prevention and management, guideline NG19
- National Institute of Diabetes and Digestive and Kidney Diseases - Diabetes and Foot Problems