

## Running Footwear Confusion: A Doctor's Point Of View

*Paul Langer*

Runners as a group tend to be fairly cerebral about their sport. They subscribe to running magazines and online forums, they research workout routines and nutrition plans through books and websites and they pick the brains of coaches and other runners for pearls of wisdom related the sport they love. Runners new to the sport can often avoid the pitfalls that many of us older runners experienced by simply taking advantage of the immense resources available to them. Despite all those resources however, runners have never been more confused about shoes than they are right now.

Running as a sport is about as simple as it gets. But running footwear has become increasingly more complicated since the first running boom more than forty years ago. By the 1990s footwear manufacturers were consistently producing shoes that fit neatly into one of the three main categories of “cushioned”, “stability” and “motion control.” (I’m not overlooking racing flats, trail, and lightweight trainers but focusing on the biggest selling categories). While these three categories may have been overly simplistic, they certainly provided a logical framework that the running public, retailers and medical professionals easily understood.

A few years ago the footwear manufacturers decided to break from the three category format and started using their own trademarked terminology and introducing models that often straddled the lines of conventional categories such as cushioned shoes with stability features or stability shoes with motion control features. Midsoles were becoming thinner in all categories which also lightened the shoes and lent stability.

Many runners, even those who had run for decades were often left wondering if they needed to reconsider which type of shoe was most suitable for them. From my perspective shoes have become more homogenized – many of the stability shoes have more cushioning and many of the cushioned shoes now have stability devices.

Now with the barefoot/ minimalist movement, many runners are coming to retailers and doctors offices and asking if they should be in any sort of running shoe at all, or if they really need the cushioning or stability features of conventional shoes or orthotics that may have been prescribed for an injury?

At this point, every running retailer and sports medicine professional has had the discussion with a disillusioned runner who is almost paralyzed by the overwhelming amount of conflicting information that is everywhere now about running footwear. Some runners have drunk the barefoot Kool Aid and are ready to trade in their motion control shoes and orthotics for “barefoot shoes.” Others are afraid they’re missing the boat by sticking to their tried and true shoes – even though they’ve never had any problems. Newer runners especially are confused about whether less really means more or if they should seek out some of the features that conventional running shoes offer. I’ve had runners in clinics who were running injury free with conventional shoes and orthotics then tried minimalist running, got injured and still questioned whether they should go back to what was previously working for them. Really?!

To confuse the issue further, there is tremendous disparity in the models of shoes being touted as minimalist. Terms like “barefoot” and “natural” are being used to describe shoes that differ greatly in appearance and function. It seems to me that some footwear manufacturers see minimalist shoes as anything that is lighter and/or less structured than a conventional running shoe. I find it curious that racing flats have been largely ignored during this debate. In fact, some manufacturers have introduced minimalist shoe models that are heavier and more structured than some of their very own flats. On the other end of the spectrum are barefoot fanatics and smaller manufacturers who claim that minimalist footwear has to be as close to barefoot as possible. The current state of minimalist footwear reflects this with most shoes lying somewhere between these two extremes. Many runners don’t know who or what to believe.

Running retailers and medical professionals have to be able to intelligently discuss the differences between all the footwear choices that are currently overwhelming runners. This isn’t new but it has gotten more complicated recently.

My advice to those who are confused about shoes is to stick with what has worked for them (or if they are new to the sport, fit them in a conventional manner) and if they are curious about barefoot/minimalist running to offer them some options to start with. In terms of how to approach barefoot/minimalist running, runners are being told to either; transition by weaning themselves off of conventional shoes by gradually purchasing lighter and more flexible shoes until they are barefoot, or to first start working on their running form and then start the transition, or to go straight to barefoot and never even look at a running shoe again. None of these suggestions are based on scientific research or data and none are, by themselves, the pathway to a safe transition. There is no book on how to match runners to the best minimalist shoe for their particular foot type, injury history, mileage, training Goals etc. So I just explain the differences between their current

shoe and the various minimalist shoe options, make sure they are aware of the risks – especially of metatarsal stress fractures- , encourage them to stick to softer running surfaces and make the transition slowly but not to abandon their conventional shoes.

I emphasize to all my patients that shoes – conventional or otherwise - are tools to be used as needed for the given conditions. Using myself as an example, I use lightweight trainers, stability shoes, trail shoes, minimalist shoes, insoles, and custom orthotics as part of my running program. I decide which to use based on how I feel, whether I am dealing with an injury or ache or based on what type of workout I'm doing that day. I do not run exclusively in Any of my footwear options and I encourage the runners I treat to be smart and listen to the signals their body is giving them about their footwear choices and training routine because in the end, runners really have to be their own expert on what works best for them.

Dr. Langer practices with Twin Cities Orthopedics in Minneapolis, MN and serves as an adjunct clinical faculty member at the University of Minnesota Medical School. He is the author of "Great Feet for Life,"and will be speaking at the Running Event in Austin on Thursday, December 8.

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