

Resource

## Body image, feet, shoes

The impact of foot complaints for people with RA is not well studied, although it is becoming increasingly clear that social and leisure activities are severely limited because of foot complaints.

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Moreover, traditional measures of assessing the effectiveness of treatments do not fully capture what is most important to those with RA, and these difficulties are heightened as one's experience of the illness changes. In this short piece, the author gives an indication of the sorts of difficulties people with RA have with their feet and how this impacts on footwear selection and the wider issues of body image.

For many people with rheumatoid arthritis, finding comfortable shoes is a repeated theme throughout

the academic literature and wearing therapeutic, or hospital footwear is often seen in a negative light and therefore it is likely people are wearing footwear sourced through retailers, which may not have great therapeutic value.

The aesthetic appearance and design of footwear, the therapeutic value of shoes and individuals' perceptions of footwear are all important for the quality of life. Reduced pain and improved mobility will enable those with RA to participate in activities important to their quality of life. In particular, footwear was also important in terms of its effect on overall appearance, especially for women.

The loss of choice associated with being able to wear relatively few retail shoes with comfort impacted on one's individuality and how one sees oneself (body image). The loss of choice in footwear as a consequence of the disease impacts negatively on emotions, wellbeing and was identified in reduced self-perceived, quality of life. Therefore, effective foot care services need to be integrated and include elements that cover all the aspects encompassed by managing and living with foot complaints. This includes clinical, social, psychosocial, employment and educational inputs. To enable this to happen those specialising in foot health have to work closely with their patients, but people with RA have a key role to play in helping their therapist to understand the nature of their complaint and reporting the effectiveness of treatments, so individualised changes can be made to maximise the effectiveness of treatments provided.

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