

## Repeatability and reliability of the footwear assessment tool in Spanish patients: A transcultural adaptation

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### ABSTRACT

**Background:** The footwear assessment tool was designed to advise an appropriate footwear for each situation and patient. Footwear alterations structures can influence in musculoskeletal disorders, developing foot ulcers, increase the peak plantar pressure, bacterial growth, low back pain. **Methods:** To validate the study 101 subjects were recruited. The study was tested by two expert podiatrists using the tool for the assessment of footwear characteristics that is composed by five domains, fit, general features, general structure, motion control properties and cushioning system. Each domain analyzes different shoe items. **Results:** An excellent agreement between the test-retest. A suitable Cronbach's  $\alpha$  was suggested for the five domains of fit ( $\alpha = 0.952$ ), general features ( $\alpha = 0.953$ ), general structure ( $\alpha = 0.947$ ), motion control properties ( $\alpha = 0.951$ ), and cushioning system ( $\alpha = 0.951$ ). Test-retest reliability was excellent for all domains. There were no significant differences between any domain ( $p > 0.05$ ). There was only statistically significant difference in the item forefoot height ( $p = 0.011$ ). For all the domains items there were no statistically significant difference ( $p > 0.05$ ). **Conclusions:** The tool for the assessment European footwear is a suitable repeatability and reliability footwear tool that can be used in Spanish language subjects.

### 1. Introduction

The characteristics of advanced footwear are in constant development to adapt to the population requirements. Actually, runners increase rate performance due to healthier habits being the footwear a very important factor to avoid injuries [1–3]. Patients with metabolic diseases, as Diabetes Mellitus, requires therapeutic footwears to prevent the risk of developing foot ulcers due to the increase of the peak plantar pressure while walking or standing position [4,5]. Recent studies about

musculoskeletal disorders produced by wrong postures maintained over time, increase the risk of suffer lower back pain being necessary a comfort and fit footwear adapted to working requirements [6]. In other hand, subjects who suffers from high bacterial growth needs a high ventilation in the distal sole footwear to decrease the humidity and temperature [7]. Footwear with a low heel, firm strips and anti-slip sole characteristics avoid the fallen risks to older people [8,9].

High heeled shoes are not adapted to the morphological and shape of the foot during the gait cycle [10]. These gait patterns alterations

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produce low back pain, an increase of the knee and a plantar flexion during the stance phase to get more stability [10–12]. Based on recent published, the cause is not clear about wearing high heeled for long periods of time can produce a risk of suffer knee osteoarthritis [13], but there is an increase of the rate of developing hallux valgus and varus of the fifth toe [14].

Indoor shoes can be described by two types, one is the non-protective footwear where Ugg boot, slipper, back slipper and thong or flip flop and the other type is the protective footwear consist in running shoes, walking shoes and oxford shoes [15].

The footwear assessment tool was designed to advise an appropriate footwear for each situation and patient [16]. Previous studies have demonstrated the relation between the frailty condition in older adults and the health-related quality of life (QoL) [17–19]. In this way, a correct footwear choice advice to prevent foot injuries in patients with frailty and metabolic diseases must be carried out.

The aim of this study was to evaluate the repeatability and reliability of the tool for the assessment of European footwear characteristics through six domains. According to the aim of the study, our hypothesis was if the footwear assessment tool could be repeatability and reliable in Spanish language subjects.

## 2. Material and methods

The study was performed by two expert podiatrists in footwear assessment with more than 10 years of experience. The study was carried out from January 2022 to March 2022 accomplishing all criteria of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines [20]. This study was approved by an ethic committee and all the procedures were taken in consideration the ethical standards for human research displayed in the Declaration of Helsinki [21]. Besides, the Ethical Committee of the University of Extremadura approved the study with Registry number: 9/2021.

### 2.1. Sample size estimation

To estimate the sample size, G\* Power 3.1.9.3 software (Heinrich-Heine-Universität Düsseldorf, Germany) was used to test correlation between two paired means regarding correspondence with a Spearman correlation coefficient of 0.40 and a 95% confidence interval (CI) for a two-tailed test, an  $\alpha$  error of 0.05 and an estimated analysis power of 80% (error  $\beta = 20\%$ ). For all the analysis, the minimum sample size was of 86 subjects.

### 2.2. Procedure

The study was developed using the tool for the assessment of footwear characteristics that is composed by five domains and each domain analyze different items respectively [21].

The domain 1 analyzed the Footwear Fit. The items of the fit domain analyzed were the Foot Length (FL) and the Inside Shoe Length (ISL). For the FL the podiatry measured from the longest toe to the distal heel point [22]. This measurement was appointed in millimeters (mm). The ISL was analyzed by the podiatry by two different ways. The first method of the palpation footwear length is the most common according to the literature and the podiatry palp the distance between the longest toe to the front of the shoe [23]. The good measurement must be between 10 and 20 mm. For the second method a flexible plastic straw was employed and measured the length inside the shoe, next the foot length was measured and the difference between these two measures is write down.

The domain 2 analyzed the General Features of the Footwear. In this domain three items were measured. One item was the Weight of the Shoe (WS) and was measured using a digital scale in grams (gr) with a difference of  $\pm 1$  gr. The Length of the Shoe (LS) was the other item, and the measurement was taken from the posterior point of the heel to the

most distal side of the toe box. The final item of the domain 2 was the Weight/Length Ratio (WLR) and the measurement was obtained dividing the weight by the length.

The domain 3 analyzed General Structures of the Footwear. The items were composed by the Heel Height (HH), the Forefoot Height (FH), the Longitudinal Profile (LP) and the Last Shape (LSH). The HH measure was annotated as the means of the height laterally and medially from the sole of the heel to the center of the heel sole interface [24]. The FH item was measured from the first metatarsophalangeal joint to the fifth metatarsophalangeal joint and the average is annotated. The average of these measurement was categorized as 0–0.9 cm, 1–2 cm and  $> 2$  cm. The LP can be referred as pitch and this measure is composed by the difference between the forefoot height and the heel height. This item was filed as flat, being the data from 0 to 0.9 cm, small heel rise, from 1 to 3 cm and finally, large heel rise being the measure  $> 3$  cm. The last item of this domain is the LSH. The data were obtained analyzing the angle obtained by the bisector of the footwear sole between the forefoot and heel areas.

The domain 4 analyzed Motion Control Properties. The Number of Lazes (NL) was noted being the data one, two or three lazes to fix the footwear and the other item was the Motion Control Sub-Scale (MCSS). This item was composed by five items scored. The first item was the Midsole density layers and was categorized as single density being 1 point and dual density, being 2 points. The second item was the Fixation of the footwear. This item was categorized as 0 points when the footwear has no fixation, 1 point when the fixation of the footwear was with alternative laces as strap, Velcro, zip or similar and finally, with 2 points when the fixation was with laces, at least 3 eyelets. The third item was the Heel counter stiffness. This item was categorized as No heel counter with 0 point (no displacement of the heel), Minimal with 1 point, when a displacement was  $> 45^\circ$ , Moderate with 2 points, when the displacement was  $< 45^\circ$  and finally Rigid with 3 points when the displacement was  $< 10^\circ$ . The fourth item was the Midfoot sagittal stability. The fourth item was the Midfoot sagittal stability. Data obtained were noted as minimal when the torsion was  $> 45^\circ$  and was scored as 0 point, moderate when the torsion was  $> 45^\circ$  and was scored as 1 point and finally, rigid when the torsion was  $< 10^\circ$  and was scored as 2 points. The fifth item was the Midfoot torsional stability. To obtain this measurement the rearfoot and forefoot were caught firmly and twisted the shoe at the midfoot in the frontal plane.

The domain 5 analyzed Cushioning System. One item analyzed was the Midsole hardness with a durometer categorizing as: Hard when the examiner presses with his thumb in the midsole and the pressure variation was  $< 0.5$  mm, Firm when the pressure variation was between 0.5 mm and 1.5 mm and Soft when the pressure variation was  $> 1.5$  mm. The other item was the Heel sole hardness with a durometer and was analyzed as the previous item.

### 2.3. Statistical analysis

The sociodemographic characteristics of the sample size was composed by age, weight, height and Body Mass Index (BMI). These variables were described using standard deviation (SD) and a 95% confidence interval (95% CI).

The Shapiro-Wilk test was used when the distribution of the variables was considered normal with a p value  $\geq 0.05$ . For parametric data the independent t student test and for non-parametric data the Mann-Whitney U test were used to analyze the differences between groups. Besides, the paired t-test or Wilcoxon signed-rank test was employed for parametric and non-parametric values, severally, for the aim of testing systematic differences among test and retest. A higher coefficient, ranged between 0 and 1, was regarded more uniform for the domain with an excellent option of regarding an individual support variable in the tool.

The study was performed to analyze the reliability and repeatability and calculate the Intraclass Correlation Coefficient (ICC). Regarding

**Table 1**  
Socio-demographic characteristics of the sample population.

	Total group n 101	Men n 46	Women n 55	p Value
	Mean ± SD Range	Mean ± SD Range	Mean ± SD Range	
	N = 101	N = 46	N = 55	
Age (years)	33.021 ± 18.902 (29.326–36.715)	29.1521 ± 15.947 (24.416–33.887)	28.1345 ± 15.874 (24.434–33.889)	0.024
Weight (kg)	64.552 ± 13.703 (61.874–67.230)	66.728 ± 14.528 (62.413–71.042)	67.767 ± 14.456 (62.385–71.042)	0.537
Height (cm)	1.653 ± 0.178 (1.618–1.687)	1.670 ± 0.063 (1.643–1.696)	1.669 ± 0.065 (1.642–1.710)	0.003
BMI (kg/m <sup>2</sup> )	23.113 ± 4.227 (22.286–23.939)	24.072 ± 5.201 (22.017–26.139)	25.764 ± 5.894 (23.221–28.318)	0.314

Abbreviations: BMI, body mass index; SD, standard deviation. In all the analyses, P < 0.05 (with a 95% confidence interval) was considered statistically significant. P-values are from U-Mann-Whitney test.

each dimension, its scores, total scores, ICC and the Cronbach’s α were analyzed. This parameter was used to sum up the internal correlations of all items on a scale. Cronbach’s α was employed to trace the internal effect of the items in one dimension. According to these analyses, ICCs values were considered as poor (ICCs <0.40), fair (ICCs = 0.40–0.59), good (ICCs = 0.60–0.74), and excellent (ICCs ≥0.75) [25,26].

Correlations were analyzed for all the items for group score. Further, authors analyzed if Cronbach’s α was improved by removing any item. Correlations of the items were calculated with the total score employing non-parametric Spearman test or parametric Pearson test.

Bland-Altman plots were analyzed to check heteroscedasticity and agreement [27].

According to each item and domain scores the reliability, correlation and internal consistency were calculated using Spearman (r<sub>s</sub>), ICC and Cronbach’s α, respectively. Internal consistency was assessed by Cronbach’s α and used to outline the internal consistency of each item of the dimension. Internal consistency above 0.7 was acceptable.

The statistical software IBM SPSS ver. 20.0 (Windows; IBM Co., Chicago, IL, USA) was used to carry out all statistical analyses. Significance level was set at p < 0.05.

**Table 2**  
Results of test-retest reliability, Item–total correlation and systematic differences of the Footwear Assessment Tool according to each domain.

Domain	Test (N = 101)			Retest (N = 101)			Correlation	Reliability	Systematic differences
	Mean ± SD (95% CI)	Item–total correlation r (P)*	Alpha if item removed	Mean ± SD (95% CI)	Item–total correlation r (P)*	Alpha if item removed	Item–total correlation r (P)*	Alpha if item removed ICC (IC 95%)	Test-retest P value
Fit	331.232 ± 56.389 (320.211–342.252)	0.792 (<0.01)	0.796	332.463 ± 62.847 (320.181–344.746)	0.839 (<0.01)	0.796	0.792 (<0.01)	0.952 (0.938–0.970)	0.312
General features	585.178 ± 166.879 (552.563–617.792)	0.903 (<0.01)	0.793	600.016 ± 154.791 (569.764–630.269)	0.897 (<0.01)	0.756	0.914 (<0.01)	0.953 (0.876–0.960)	0.695
General Structure	8.015 ± 1.650 (7.693–8.338)	0.944 (<0.01)	0.806	7.908 ± 1.701 (7.575–8.240)	0.932 (<0.01)	0.806	0.965 (<0.01)	0.947 (0.945–0.956)	0.068
Motion control Properties	8.504 ± 2.477 (8.020–8.988)	0.898 (<0.01)	0.806	8.561 ± 2.301 (8.112–9.011)	0.875 (<0.01)	0.806	0.865 (<0.01)	0.951 (0.948–0.969)	0.625
Cushioning system	1.402 ± 1.002 (1.201–1.598)	0.847 (<0.01)	0.806	1.460 ± 0.986 (1.267–1.653)	0.824 (<0.01)	0.806	0.935 (<0.01)	0.951 (0.944–0.988)	0.280
	Total Cronbach alpha test: 0.911			Total Cronbach alpha retest: 0.914					

Abbreviations: SD, Standard Deviation; CI 95%; Confidence Interval 95%; ICC, Intraclass Correlation Coefficient; \* Spearman test; \*\* Wilcoxon signed-rank test. P value < 0.05 are considered significant.

### 3. Results

The sociodemographic variables weight and BMI showed a normal distribution (p > 0.05) and the age and height showed a non-normal distribution (p < 0.05).

The sociodemographic results are displayed in Table 1.

The total results and every dimension analyzed during the test and retest displayed a non-normal distribution (p < 0.05); hence, the distribution was calculated using the non-parametric paired Wilcoxon signed rank test for test systematic differences among the test and retest showed in Table 2.

#### 3.1. Test-retest analyses

Test-retest reliability data and systematic differences of the Footwear Assessment Tool by items and total scores are shown in Tables 2 and 3. A suitable Cronbach’s α was suggested for the five domains of fit [α = 0.952, IC 95% = (0.938–0.970)], general features [α = 0.953, IC 95% = (0.876–0.960)], general structure [α = 0.947, IC 95% = (0.945–0.956)], motion control properties [α = 0.951, IC 95% = (0.948–0.969)] and cushioning system [α = 0.951, IC 95% = (0.944–0.988)]. The Spearman’s correlation (r<sub>s</sub>) among test-retest were suitable for foot length (r = 0.892), inside shoe (r = 0.765), footwear weight (r = 0.909), footwear length (r = 0.920), footwear weight/length ratio (r = 0.855), heel height (r = 0.941), forefoot height (r = 0.814), longitudinal profile (r = 0.892), last shape (r = 0.896), number of laces (r = 0.946), motion control sub-scale (r = 0.904), midsole durometer (r = 0.794) and heel sole durometer (r = 0.900).

No systematic differences were shown for each domain (p > 0.05) and for the item total correlation only forefoot height shown systematic difference with a p = 0.011.

Fig. 1 display the Bland – Altman graphs for the agreement between test and retest for the individual subscales and the total score of the dimensions. The analysis of the difference among the means of each test within the 95% confidence interval in all dimensions.

### 4. Discussion

This study was carried out to evaluate the repeatability and reliability of the tool for the assessment of European footwear characteristics through six domains. Based on the results of the research, the footwear assessment tool can be employed as a valid tool to measure the footwear characteristics as fit, general features, general structure,

**Table 3**  
Results of test-retest reliability, Item–total correlation and systematic differences of the Footwear Assessment Tool according to each item.

Item	Test (N = 101)			Retest (N = 101)			Correlation	Reliability	Systematic differences
	Mean ± SD (95% CI)	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted	Mean ± SD (95% CI)	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted	r (P)*	ICC (IC95%)	P value
Item1: Foot length (mm)	241.965 ± 29.519 (236.195–247.734)	0.776 (<0.01)	0.798	238.740 ± 370.335 (231.503–245.978)	0.722 (<0.01)	0.796	0.892 (<0.01)	0.868 (0.805–0.911)	0.783
Item2: Inside shoe length (straw)	89.376 ± 40.785 (81.405–97.347)	0.803 (<0.01)	0.803	93.870 ± 41.176 (858.227–101.917)	0.791 (<0.01)	0.804	0.765 (<0.01)	0.762 (0.650–0.840)	0.059
Item 3: Footwear Weight (gr)	343.847 ± 145.883 (315.336–372.359)	0.919 (<0.01)	0.776	359.116 ± 129.099 (333.884–384.347)	0.902 (<0.01)	0.769	0.909 (<0.01)	0.922 (0.884–0.947)	0.432
Item 4: Footwear Length (mm)	240.094 ± 61.0149 (228.169–252.019)	0.346 (<0.01)	0.793	239.570 ± 61.551 (227.541–251.600)	0.416 (<0.01)	0.792	0.920 (<0.01)	0.958 (0.938–0.971)	0.987
Item 5: Footwear Weight/length ratio	1.6545 ± 1.369 (1.386–1.922)	0.622 (<0.01)	0.806	1.712 ± 1.283 (1.461–1.963)	0.563 (<0.01)	0.806	0.855 (<0.01)	0.979 (0.969–0.986)	0.604
Item 6: Heel height	1.908 ± 0.709 (1.770–2.046)	0.750 (<0.01)	0.806	1.928 ± 0.680 (1.795–2.061)	0.752 (<0.01)	0.806	0.941 (<0.01)	0.969 (0.954–0.979)	0.464
Item 7: Forefoot height	2.662 ± 0.564 (2.551–2.777)	0.526 (<0.01)	0.806	2.564 ± 0.629 (2.441–2.687)	0.545 (<0.01)	0.806	0.814 (<0.01)	0.885 (0.830–0.922)	0.011
Item 8: Longitudinal profile	1.624 ± 0.6596 (1.495–1.753)	0.716 (<0.01)	0.806	1.594 ± 0.649 (1.467–1.721)	0.732 (<0.01)	0.806	0.892 (<0.01)	0.946 (0.921–0.964)	0.251
Item 9: Last shape	1.828 ± 0.516 (1.727–1.929)	0.474 (<0.01)	0.806	1.828 ± 0.5349 (1.724–1.933)	0.493 (<0.01)	0.806	0.896 (<0.01)	0.944 (0.917–0.962)	1.000
Item 10: Number of laces	1.866 ± 0.405 (1.783–1.945)	0.313 (<0.01)	0.806	1.8474 ± 0.443 (1.760–1.934)	0.315 (<0.01)	0.806	0.946 (<0.01)	0.943 (0.916–0.962)	0.593
Item 11: Motion Control Sub-Scale	6.641 ± 2.360 (6.179–7.102)	0.988 (<0.01)	0.806	6.7178 ± 2.198 (6.283–7.147)	0.990 (<0.01)	0.806	0.904 (<0.01)	0.948 (0.923–0.965)	0.500
Item 12: Midsole Durometer	0.505 ± 0.570 (0.394–0.617)	0.838 (<0.01)	0.806	0.5453 ± 0.6187 (0.424–0.662)	0.848 (<0.01)	0.806	0.794 (<0.01)	0.859 (0.792–0.905)	0.280
Item 13: Heel Sole Durometer	0.898 ± 0.619 (0.777–1.019)	0.827 (<0.01)	0.806	0.9177 ± 0.606 (0.799–1.036)	0.830 (<0.01)	0.806	0.900 (<0.01)	0.945 (0.919–0.963)	0.450

Abbreviations: SD, Standard deviation; 95% CI; 95% confidence interval; ICC, Intraclass Correlation Coefficient; N/A, not applicable; \* Spearman ( $r_s$ ) test; \*\* Wilcoxon signed-rank test. P value < 0.05 are considered as statistically significant

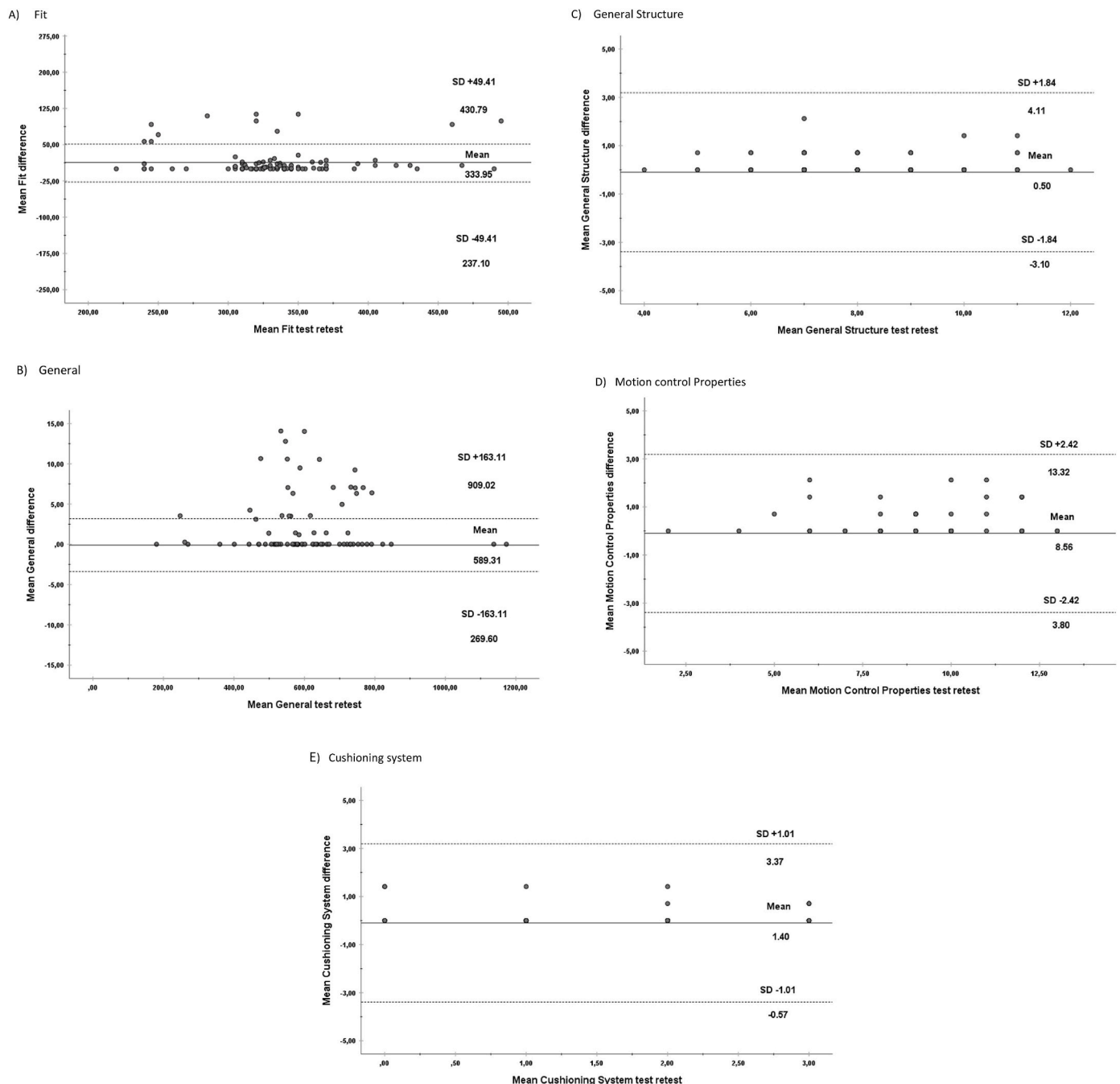


Fig. 1. Bland–Altman plot showing the agreement between test and retest for the individual subscales and the total score. Dimensions: A) Fit, B) General, C) General Structure, D) Motion control Properties, E) Cushioning system. A) Fit.

motion control properties and cushioning system.

Inappropriately sized footwear is one of the main factors in older people and development of different foot disorders [28,29]. The research performed by O’Rourke and cols observed that there was a difference measure between the shoe length and the foot length of 18.6 mm. This difference in measurements caused an inadequate fit of the footwear being a risk of falling [30]. Inadequate shoe fit may increase risks in Parkinson disease patients decreasing the foot health and quality of life [31,32]. In our research, we obtained high reliability in the fit domain, being appropriate to avoid diseases in subject perform the footwear assessment tool.

For the general features domain our research demonstrates an excellent reliability. The footwear weight has an influence in the gait patterns runners decreasing the jump height affecting in the

performance and training [33]. Lin Wang and cols conducted a research using the same running shoes but with different weights for all participants and concluded that heavier running shoes decreased calf muscle contribution and was significantly different during the braking phase [34].

Stable footwear is an important factor with influence in the kinematic and kinetic alterations in the lower limb muscle function [35]. Heel height variation, as heelless shoes, unstable shoes and running shoes, increase blood flow and venous return in lower limb [36–38]. In the general structure domain, the heel height item showed no statistical difference in the results and has an important clinical relevance.

The use of footwear with stiffness heel counter produces a great motion control, affecting in the rearfoot motion, and frontal and sagittal plane stability is important in the motion control through the midfoot.

Motion control running shoes avoid the injury risk decreasing the fatigue caused by an increase in kinematic loading in the initial contact phase period in pronated runners [39]. On the other hand, Holowka et cols. related a comparative between barefoot and conventional modern footwear people concluding who wear barefoot has a longitudinal arch stiffness both in standing position and dynamic and an increase in the cross-sectional area of intrinsic muscle compared to people who wear conventional shoes [40] Regarding to our findings the motion control properties domain showed no systematic differences.

Nowadays, different kind of shoe lacing exists in numerous footwears. Hadi Rahemi et cols. concluded in their research that a shoe lacing closure technical has an effect in the plantar thermal response being the self-adjusted lace closure not appropriate with subjects with metabolic disorders as plantar ulcers [41]. In our study, the motion control properties domain results can be related to the footwear tool showing a Cronbach's  $\alpha$  of 0.951.

Previous research performed by Navarro Flores et al. evaluated the repeatability and reliability of a diabetic foot self-care questionnaire in Arabic subjects and concluded that the questionnaire in Arabic language was considered strong and valid in that language [42]. Otherwise, Martínez Jiménez et al. concluded that the rheumatoid arthritis foot disease activity index questionnaire in Spanish subjects was valid and strong in Spanish population [43]. In order to our research, the tool for the assessment European footwear is a suitable repeatability and reliability footwear tool that can be used in Spanish language subjects.

In our research, the footwear assessment tool participants were young adult ( $33.021 \pm 18.902$ ) but no older adult, influencing in the type of footwear the used to wear. Another limitation of our research was the item forefoot height that shown systematic differences. This limitation could be influenced by the age of the participants.

## 5. Conclusions

The tool for the assessment European footwear is a suitable repeatability and reliability footwear tool that can be used in Spanish patients and can be advice in the proper choice of footwear based on the respective five dimensions such fit, general features, general structure, motion control properties and cushioning system.

## Declaration of competing Interest

The authors have declared no conflict of interest.

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## References

- Oliveira GM, Lopes AD, Hespanhol L. Are there really many runners out there? Is the proportion of runners increasing over time? A population-based 12-year repeated cross-sectional study with 625,460 Brazilians. *J Sci Med Sport* 2021;24: 585–91. <https://doi.org/10.1016/j.jsms.2020.11.014>.
- Vitti A, Nikolaidis PT, Villiger E, Onywera V, Knechtle B. The "New York City Marathon": participation and performance trends of 1.2M runners during half-century. *Res Sports Med* 2020;28:121–37. <https://doi.org/10.1080/15438627.2019.1586705>.
- Sun X, Lam WK, Zhang X, Wang J, Fu W. Systematic review of the role of footwear constructions in running biomechanics: implications for running-related injury and performance. *J Sports Sci Med* 2020;19:20–37.
- Jorgetto JV, Gamba MA, Kusahara DM. Evaluation of the use of therapeutic footwear in people with diabetes mellitus – a scoping review. *J Diabetes Metab Disord* 2019;18:613–24. <https://doi.org/10.1007/s40200-019-00428-9>.
- Gao Y, Wang C, Chen D, Huang H, Chen L, Liu G, et al. Effects of novel diabetic therapeutic footwear on preventing ulcer recurrence in patients with a history of diabetic foot ulceration: study protocol for an open-label, randomized, controlled trial. *Trials* 2021;22. <https://doi.org/10.1186/s13063-021-05098-8>.
- Anderson J, Williams AE, Nester C. Musculoskeletal disorders, foot health and footwear choice in occupations involving prolonged standing. *Int J Ind Ergon* 2021; 81:103079. <https://doi.org/10.1016/J.ERGON.2020.103079>.
- Miao T, Wang P, Zhang N, Li Y. Footwear microclimate and its effects on the microbial community of the plantar skin. *Sci Rep* 2021;11. <https://doi.org/10.1038/s41598-021-99865-x>.
- Hatton AL, Rome K. Falls, footwear, and podiatric interventions in older adults. *Clin Geriatr Med* 2019;35:161–71. <https://doi.org/10.1016/j.cger.2018.12.001>.
- Menz HB, Morris ME, Lord SR. Footwear characteristics and risk of indoor and outdoor falls in older people. *Gerontology* 2006;52:174–80. <https://doi.org/10.1159/000091827>.
- Di Sipio E, Piccinini G, Pecchioli C, Germanotta M, Iacovelli C, Simbolotti C, et al. Walking variations in healthy women wearing high-heeled shoes: shoe size and heel height effects. *Gait Posture* 2018;63:195–201. <https://doi.org/10.1016/J.GAITPOST.2018.04.048>.
- Wiedemeijer MM, Otten E. Effects of high heeled shoes on gait. A review. *Gait Posture* 2018;61:423–30. <https://doi.org/10.1016/J.GAITPOST.2018.01.036>.
- Nguyen LY, Harris KD, Morelli KM, Tsai LC. Increased knee flexion and varus moments during gait with high-heeled shoes: a systematic review and meta-analysis. *Gait Posture* 2021;85:117–25. <https://doi.org/10.1016/J.GAITPOST.2021.01.017>.
- Perry TA, Dando C, Spector TD, Hart DJ, Bowen C, Arden N. Effect of heeled shoes on joint symptoms and knee osteoarthritis in older adults: a 5-year follow-up study. *ACR Open Rheumatol* 2021;3:614–21. <https://doi.org/10.1002/ACR2.11298>.
- Puszczalowska-Lizis E, Dąbrowiecki D, Jandziś S, Żak M. Foot deformities in women are associated with wearing high-heeled shoes. *Med Sci Mon Int Med J Exp Clin Res* 2019;25:7746. <https://doi.org/10.12659/MSM.917983>.
- Barwick AL, van Netten JJ, Hum SE, Reed LF, Lazzarini PA. Factors associated with type of footwear worn inside the house: a cross-sectional study. *J Foot Ankle Res* 2019;12. <https://doi.org/10.1186/s13047-019-0356-8>.
- Barton CJ, Bonanno D, Menz HB. Development and evaluation of a tool for the assessment of footwear characteristics. *J Foot Ankle Res* 2009;2. <https://doi.org/10.1186/1757-1146-2-10>.
- Navarro-Flores E, Vallejo RB de B, Losa-Iglesias ME, Palomo-López P, Calvo-Lobo C, López-López D, et al. The reliability, validity, and sensitivity of the Edmonton Frail Scale (EFS) in older adults with foot disorders. *Aging* 2020;12: 24623–32. <https://doi.org/10.18632/AGING.202140>.
- Navarro-Flores E, Pérez-Ros P, Martínez-Arnau FM, Julían-Rochina I, Cauli O. Neuro-psychiatric alterations in patients with diabetic foot syndrome. *CNS Neurol Disord: Drug Targets* 2019;18:598–608. <https://doi.org/10.2174/1871527318666191002094406>.
- Navarro-Flores E, Cauli O. Quality of life in individuals with diabetic foot syndrome. *Endocr, Metab Immune Disord: Drug Targets* 2020;20:1365–72. <https://doi.org/10.2174/1871530320666200128154036>.
- von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol* 2008; 61:344–9. <https://doi.org/10.1016/J.JCLINEPI.2007.11.008>.
- Shrestha B, Dunn L. The declaration of Helsinki on medical research involving human subjects: a review of seventh revision. *J Nepal Health Res Counc* 2020;17: 548–52. <https://doi.org/10.33314/JNHRC.V17I4.1042>.
- López-López D, Grella-Fariña M, Losa-Iglesias ME, Calvo-Lobo C, Rodríguez-Sanz D, Palomo-López P, et al. Clinical aspects of foot health in individuals with alzheimer's disease. *Int J Environ Res Publ Health* 2018;15. <https://doi.org/10.3390/IJERPH15020286>.
- Buld AK, Menz HB. Incorrectly fitted footwear, foot pain and foot disorders: a systematic search and narrative review of the literature. *J Foot Ankle Res* 2018;11. <https://doi.org/10.1186/s13047-018-0284-z>.
- Menz HB, Sherrington C. The Footwear Assessment Form: a reliable clinical tool to assess footwear characteristics of relevance to postural stability in older adults. *Clin Rehabil* 2000;14:657–64. <https://doi.org/10.1191/0269215500CR3750A>.
- Enderlein G, Fleiss JL. The design and analysis of clinical experiments. New York – Chichester – Brisbane – Toronto – Singapore: Wiley; 1986. <https://doi.org/10.1002/BIMJ.4710300308>. 432 S., £38.35. *Biometrical Journal* 1988;30: 304–304.
- Hallgren KA. Computing inter-rater reliability for observational data: an overview and tutorial. *Tutor Quant Methods Psychol* 2012;8:23–34. <https://doi.org/10.20982/TQMP.08.1.P023>.
- Martin Bland J, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet* 1986;327:307–10. [https://doi.org/10.1016/S0140-6736\(86\)90837-8](https://doi.org/10.1016/S0140-6736(86)90837-8).
- López-López D, Losa-Iglesias ME, Becerro de Bengoa Vallejo R, Palomo López P, Ponce Á Morales, Soriano Medrano A, et al. Optimal choice of footwear in the elderly population. *Geriatr Nurs* 2015;36:458–61. <https://doi.org/10.1016/J.GERINURSE.2015.07.003>.
- Palomo-López P, Becerro-De-Bengoa-Vallejo R, Losa-Iglesias ME, Rodríguez-Sanz D, Calvo-Lobo C, López-López D. Footwear used by older people and a history of hyperkeratotic lesions on the foot: a prospective observational study. *Medicine* 2017;96. <https://doi.org/10.1097/MD.0000000000006623>.
- O'Rourke B, Walsh ME, Brophy R, Vallely S, Murphy N, Conroy B, et al. Does the shoe really fit? Characterising ill-fitting footwear among community-dwelling older adults attending geriatric services: an observational cross-sectional study. *BMC Geriatr* 2020;20. <https://doi.org/10.1186/s12877-020-1448-9>.
- Navarro-Flores E, Jiménez-Cebrián AM, Becerro-de-Bengoa-Vallejo R, Calvo-Lobo C, Losa-Iglesias ME, Romero-Morales C, et al. Effect of foot health and quality of life in patients with Parkinson disease: a prospective case-control investigation. *J Tissue Viability* 2022;31:69–72. <https://doi.org/10.1016/J.JTV.2021.07.001>.
- López-López D, Pérez-Ríos M, Ruano-Ravina A, Losa-Iglesias ME, Becerro-de-Bengoa-Vallejo R, Romero-Morales C, et al. Impact of quality of life related to foot

- problems: a case-control study. *Sci Rep* 2021;11. <https://doi.org/10.1038/S41598-021-93902-5>.
- [33] Wang IL, Gao JJ, Wang LI, Zhang KK. Effects of shoe weight on landing impact and side-to-side asymmetry. *PLoS One* 2021;16. <https://doi.org/10.1371/JOURNAL.PONE.0256061>.
- [34] Wang IL, Chen YM, Zhang KK, Gou M, Li JQ, Jiang YH. Effects of the weight of shoes on calf muscle simulation. *J Foot Ankle Res* 2020;13. <https://doi.org/10.1186/S13047-020-00415-X>.
- [35] Murley GS, Landorf KB, Menz HB, Bird AR. Effect of foot posture, foot orthoses and footwear on lower limb muscle activity during walking and running: a systematic review. *Gait Posture* 2009;29:172–87. <https://doi.org/10.1016/J.GAITPOST.2008.08.015>.
- [36] López-López D, Araújo R, Losa-Iglesias ME, Becerro-de-Bengoa-Vallejo R, Santos A, Rodríguez-Sanz D, et al. Influence of custom foot orthoses on venous status: a quasi-experimental study. *J Mech Behav Biomed Mater* 2018;79:235–8. <https://doi.org/10.1016/J.JMBBM.2017.12.035>.
- [37] Yamamoto T, Ohkuwa T, Itoh H, Yamazaki Y, Sato Y. Walking at moderate speed with heel-less shoes increases calf blood flow. *ArchPhysiolBiochem* 2008;108:398–404. <https://doi.org/10.1076/APAB.108.5.398.4296>.
- [38] Sousa A, Tavares JMRS, Macedo R, Rodrigues AM, Santos R. Influence of wearing an unstable shoe on thigh and leg muscle activity and venous response in upright standing. *Appl Ergon* 2012;43:933–9. <https://doi.org/10.1016/J.APERGO.2012.01.001>.
- [39] Jafarnezhadgero AA, Sorkhe E, Oliveira AS. Motion-control shoes help maintaining low loading rate levels during fatiguing running in pronated female runners. *Gait Posture* 2019;73:65–70. <https://doi.org/10.1016/J.GAITPOST.2019.07.133>.
- [40] Holowka NB, Wallace IJ, Lieberman DE. Foot strength and stiffness are related to footwear use in a comparison of minimally- vs. conventionally-shod populations. *Sci Rep* 2018;8:3679. <https://doi.org/10.1038/S41598-018-21916-7>.
- [41] Rahemi H, Armstrong DG, Enriquez A, Owl J, Talal TK, Najafi B. Lace up for healthy feet: the impact of shoe closure on plantar stress response. *J Diabetes Sci Technol* 2017;11:678–84. <https://doi.org/10.1177/1932296817703669>.
- [42] Navarro-Flores E, Losa-Iglesias ME, Becerro-de-Bengoa-Vallejo R, Jiménez-Cebrián AM, Rochdi L, Romero-Morales C, et al. Repeatability and reliability of the diabetic foot self-care questionnaire in Arabic patients: a transcultural adaptation. *J Tissue Viability* 2022;31:62–8. <https://doi.org/10.1016/J.JTV.2021.06.007>.
- [43] Martínez-Jiménez EM, Pereiro-Buceta H, Palomo-López P, Navarro-Flores E, Jiménez-Cebrián AM, Losa-Iglesias ME, et al. Repeatability and reliability of the rheumatoid arthritis foot disease activity index in Spanish patients: a transcultural adaptation. *Biology* 2021;11. <https://doi.org/10.3390/BIOLOGY111010030>.