The Aging Foot: What Changes and How to Keep Moving Transcript

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Introduction to the Aging Foot

What happens to the foot as we age? And what if you, your clients, or maybe some of the patients you're working with cannot tolerate being barefoot? The only way that you can take long steps is if have the capacity to dorsiflex your first MPJ sufficiently.

Hello and welcome to Root to Rise. My name is Dr. Emily Spickle, your host. And today we are exploring one of my favorite topics, which is, of course, movement longevity.

Now, as a podiatrist, I get asked all the time. I know you love barefoot science, bare foot training, and how utilizing bare-foot strengthening can support movement, longevity, But what happens to the foot as we age?

And what if you, your clients, or maybe some of the patients you're working with cannot tolerate being barefoot? This is the reality of what I call the aging foot.

And we want to understand the different changes that occur in the ageing foot and ultimately how it affects our ability to move well for as long as So today we're going to be exploring some several categories along this and the ones that we are going explore are gonna be centered around joint mobility changes, muscle strength changes collagen or our facial changes.

Of course we have nerve changes that must discuss and then finally we'll wrap it up by talking about skin and vascular changes Now, all these different categories, really important to understand how they affect movement longevity.

But I'm also going to give you some tips and tricks on how to work with the reality of those different changes. Our goal, regardless of these changes that we may be experiencing, is how do we navigate them to still support that movement, longevity?

Now before I jump into these topics, I want to remind everyone, if you've not listened to any of my episodes before, that the focus when I say movement longevity is walking, and specifically around walking speed.

It is our ability to walk fast. That is what unlocks movement longevity. So I want you to keep that in mind as we go through these different topics. All right, here we're going to jump into that first one.

Joint mobility changes. Of course, when I talk about joint mobility and age, I'm sure that you are thinking about osteoarthritis or degenerative joint disease.

Big Toe Mobility and Walking Speed

Now, according to the CDC, more than 54 million adults in the United States have some type of arthritis and osteoarthritis or again, that degenerative joint disease is the most common.

So 54,000,00 adults and a majority of those 65 and older have a prevalence of osteoporosis of almost 50%. That means one in two individuals over age 65 have arthritis in some joint.

Now, I don't consider osteoarthritis a disease of those over 65. I think it as a diseases that really affects a lot of us, even people in their 20s, 30s and 40s are experiencing different degrees of joint stress.

Joint stress that is starting to wear down the cartilage of the joints. Now when we are thinking about the foot, The foot and the joints that specifically tie to walking speed and movement longevity, the first one that comes to mind is your first MPJ or your big toe.

Now the way that we use this range of motion or this joint when we walk is when you are taking a step. So I want you to imagine taking a long step with your right foot and the leg that is behind you, your left leg, is going to be in an ankle plantar flex position and a first MPJ or big toe dorsiflexed position.

In fact, the only way that you can take long steps is if you have the capacity to doriflux your first mpj sufficiently. And that is, unfortunately, where we see a lot of the arthritis happening with age.

Now, if you think about big toe range of motion, I often teach this when I am teaching professionals, is that the ideal range motion in that big-toe joint is 65 to 75 degrees.

the minimum to walk fast enough is 30 degrees. Now that might not mean anything to you, so to help you understand what it looks like is I teach people that if you imagine the foot flat on the ground and if were to put your finger underneath the big toe, that degree of dorsiflexion you're seeing is essentially that 30 degree.

Now you can't do this to yourself, so if you already reached down to see if could do it, unfortunately you cannot do to it yourself. You would have to do that to an individual.

So you could ask a friend or a loved one to you so you see, do you have that range of motion? Now, what is important here is that if we do not have at least 30 degree dorsiflexion in the big toe joint, it is going to limit our ability to take long steps.

If you cannot take those long, you are going Slow your walking speed. And then what happens when you slow your walk in speed? Well, you are going to start taking these short steps.

When you take short step, s you no longer need to swing your arms. Your pelvis and your rib cage no long need counter rotate. So what happen is you start to get a lot of facial restrictions in the body.

You get transfer stress because part of how your body releases the energy coming from the ground and through the body is through counter rotations. The rotations walking is a spiral based movement and if you limit those spirals that are happening in the feet and the leg and pelvis and T-spine all the way up to your neck, what happens is you essentially get transfer stress.

It gets stuck somewhere and it has to be released or expressed somewhere. and oftentimes it is expressed in our joints as low back pain, SI joint pain and neck pain.

What also starts to happen is that if we cannot take long steps, we no longer activate this powerful circulatory pump that exists in the system. So did you know that our calf is known as our second heart?

And every time you move your ankle up and down, such as when you take a step, you're activating that second part. It is a pump. And that pump is getting this beautiful blood from your feet all the way through the rest of your body, of course, back up to the heart and the lungs, but it goes all of the up up your brain.

So there's a correlation between walking speed, activating this second heart or your ankle pump, and getting sufficient blood all the way into the brain.

And when you do that, you stimulate what's called brain-derived neural growth factor, very brain protective. So from a longevity perspective, this is why I'm so passionate about walking speed, is it's not just the mere act of movement, but you are getting circulation all the way up to the brain.

So we need to be able to protect the range of motion of our big toe joint. Now, let's say you have a bunion, you've had halux limitus, maybe you had traumatic arthritis turf toe, and now you're starting to get limitation of the movement in your big toes, or it is painful.

One of my favorite recommendations for this is a rocker. A rockers-based shoe, or you can add a Rocker to your shoe. And this where Hoka comes in, and not that I am a huge fan of HOKA.

As far as it relates to the stack and the cushion that is often involved in these shoes, but from a rocker perspective, these shoe are great. What happens when you use a shoe with a Rocker is that you are now rolling through the shoe versus through your joints, through you foot.

This is important for people who do not have range of motion in that big toe. If you don't have 30 degrees, you can't take a long step. The only way to take long steps is to roll through the shoe.

Therefore, we need to turn to the rockers, which means we might need a hookup.

Foot Muscle Strength and Arch Support

Now, to offset that, To offset the fact that a lot of these rocker-based shoes have cushion and stack or height under them, I always recommend using the Noboso insoles or the nobosos socks.

You need to stay sensorily connected to your foundation despite using a shoe with a rockers. We got to make sure that we're balancing the positive and that offset of the cushion with those Nobozo insols, right?

So we stay connected. feet. Now, if you do not have any sort of arthritis in the big toe and you are listening to this thinking about what is everything possible that you could do to protect your movement longevity, then here is my message, you must protect you big toes.

Be very thoughtful of how you're flexing that joint. Are you doing things like burpees and a very dynamic yoga where you jump back into a chaturanga? Are doing box jumps?

Or are you do things that are stressing the big toe joint unnecessarily that you are potentially accelerating your arthritis, which ultimately one day may affect your ability to walk fast?

Here we go, we are moving on to the second one. The second is going to be strength changes. Strength changes, now this is important in the feet as it relates to aging because we have so many muscles in our feet.

This age-related decline in muscle strength and muscle mass is referred to as sarcopenia. That's actually the loss of the muscle-mass. So you can get muscle weakening, you could get a denervation of muscles, and then you get an actual atrophy and thinning of muscle tissue itself.

Okay, now the prevalence of changes in sarcomenias are 10-40%. That is quite a vast range. I believe that a lot of this does have to do with gender, where women are going to be impacted greater.

And a lotta this has to that women have a lower muscle density. Just in general, we have different muscle densities and the proportion and where our muscle mass sits is very different compared to a male.

In our feet, you might not think about this, but our feets have over 26 muscles, each foot on the bottom. And then of course we have muscles in the lower leg.

The muscles that are in bottom of the foot, those are like your abdominal muscles. Like your pelvic floor, your TVA. They happen to be called intrinsics.

And they're very important stabilizers of your feet. You got 26 in the left, 26 on the right. So lots of muscles that we are dealing with here. Now all of those muscles are susceptible again to getting atrophied or weakness.

If you remember the saying, what you don't use you lose, for sure is relevant to the foot and the ankle and to muscles. If do not challenge these muscles, meaning you are chronically using shoes with cushion, you were chronical using arch supports, never take your shoes off, strengthening your feet, barefoot training, yoga, pilates or any of these things.

What is happening is you're going to weaken your You will weaken your feet and there's research showing this and

demonstrating that chronic use of cushioning and arch supports or orthotics can cause a denervation or atrophy of the intrinsic muscles in the feet.

So this is important. Those intrinsic muscle are how we maintain balance are of course important to how you take each step, which goes back to walking speed.

So what starts to happen in the foot from a presentation perspective as your muscles get weaker or at your feet? One of the first things that you'll start to notice is that your toes start pull in.

So you start get a hammering or a contracture of your toe. Now where this is important to movement longevity is we use our toes to maintain balance and to release energy.

If your toes are starting to pull in and you start to lose your stability on one leg, guess what? You need balance on on leg to take a long step to walk fast enough.

So we want to make sure that we are protecting our intrinsic so that protect our toe alignment so we have the optimal toe position so then we're able to balance, stabilize, and release energy.

Now another important thing that can happen as our toes start to pull in and as we lose the intrinsic muscles of our feet and also the lower leg, the extrinsics, is that we start lose stabilization of the arches.

So our arche starts to fall. Now you have three arces in the foot. You have a medial longitudinal arch. You have a lateral longitudinal and then you have what's called a transverse arch and the transversal arch actually lifts you off of the ball of foot.

So anyone who starts to experience ball-of-foot pain, which is called metatarsalgia, they oftentimes have it dropped transverse arch. And our goal is to create sufficient stability through those arches to lift you off of the ball of a foot, which of course goes back to your toes and your toe alignment.

Okay, so how does this start to affect balance? What do we start experience as we get atrophy of our foot muscles? You have decreased balance. We lose power at push-off.

Maybe we started to shuffle. All of this is going to increase fall risk. We have increased pressure at the forefoot, at ball of the foot. Again, that's called metatarsalgia.

That can be very, very painful. You can get very specific calluses or corns that grow into the foots around that. Very, very painful, and then you're not able to go barefoot.

And then we, of course, lose our transverse arch as well. So all of that is greatly going affect the feet. What do we do? Some of those recommendations is, of course, focus on strengthening your foot.

You have to keep those 26 muscles strong. This is where forward lean comes in. Short foot, bare foot training, single leg training. Get out of your shoes and socks.

Go on a whole body vibration platform. get on the Noboso Kinesis Board. Use the nobosofoot wedges. We're doing different things to make sure that we are doing focused strengthening of these foot muscles.

And then if you have hammer toes, we're going to be using the Noboso splay toe spacers. Ideally, those are used all day, every day. If your toes are actually contracted in, they can be used at the end of the day to create a reset if that's a little bit easier.

If you are having a lot of ball of foot pain because of the hammer toes and the dropped arch, then I recommend looking out what's called a metatarsal pad.

And I have videos on this on YouTube. You can search Metatorsal Pad Dr. Emily and you will see videos of me

explaining how to put this in your foot. and which brands I like, how to put it on your insoles, etc.

One of my favorite foot pads is a metatarsal pad. It's going to lift you off of the ball of a foot and it's essentially activating the transverse arch, which I love.

Now, just a few other ones is you may need to use some sort of memory foam insole. I liked plastazote. Plastazot is actually a trademarked material that is it a peach color.

You can find those online. Go to Amazon. And then you might need a little bit more cushion in your shoes. So again, if that is going back into a shoe like a Hoka, then I do recommend using the Noboso Insoles to still get that stimulation of your foot.

Fascia, Collagen, and Tissue Elasticity

Okay, but again you can highly anticipate the atrophy of the intrinsic muscles of you feet by training them now. Train them in you 20s, 30s 40s 50s as you lead up into your 60s 70s 80s.

We are creating the habits now! Okay, let's go to our third change. This is going to be our fascia and our collagen. So what is happening to the connective tissue of your foot and how is that going affect movement?

It's a big one. Your fascia and your connective tissue is very much connected to how we move, how release energy. It is like the rubber band of our body.

We load it and we release it. And we load and release. Think of it like a slingshot. You're pulling the sling shot back, you release, your body swings forward.

Okay, so that energy transfer is critical to dynamic movement. So we always need to be thinking about our fasci. That is why I've had a lot of guests on, speaking about fascia, bodywork, fascial hydration, facial elasticity, very important to access this tissue.

Now with age, what starts to happen to our fasci… it gets a little bit dehydrated. This is inevitable in activity, immobilization, injury, all of that can lead to a dehydration of our connective tissue.

Dehydrated fascia is a crinkly and kind of like a dried out rubber band. Okay. And if you've ever seen the dried-out rubber bands, you pull it, and it oftentimes snaps.

That is not what we want to experience in our connective tissue. Now, another big one that contributes to age-related changes in your fascia has to do with diet.

specifically this glucose secondary, not always to diabetes, but this is where it's most researched, a chronic elevation of glucose leading to the formation of free radicals.

Free radical are these oxidized bodies. It happens to be called an advanced glycation end body. This is the one specifically formed from elevated glucose.

What it does is it goes to your fascia and it creates a kink. it's actually called a cross-link, but it creates a kink. And the kinks in the fascia makes it no longer move like this healthy rubber band.

It's like a knot in a rope, and you're trying to pull it, But it can only pull so much because there's that knot In the rope. Okay, so we start to get that dehydration, it gets sticky, inflammation causes stickiness, elevated glucose, you got these knots in the rope, and that's going to start limit our mobility.

It limits our ability to transfer energy. Just those two things alone are going to affect your movement longevity, right? If you cannot transfer energy, it's gonna take a lot more work to walk.

And when it takes work, to work people do not walk, we don't want to create this additional energy through muscular contractions. It's a lotta effort.

So therefore we see activity overall go down, increase body weight, increased comorbidity, and you can assume the rest. Right? Now as far as also the range of motion or the mobility, if I have, as an example, this stickiness in the fascia of my pec muscle, and maybe it is a little bit dehydrated, sticky, it's inflamed, there's kinks in it, the cross-links, I'm not going to be able to open my shoulder as much, so I start to lock my shoulders forward, which means now I can't swing my arms and rotate my T-spine as well.

So there's this compounded effect of reduced fascial mobility, decreased range of motion, shortened the step length, and we're back to where we talk about walking speed.

So this is very, very important. When it comes to training your fascia for movement longevity, there are three things I want you to think about. First one, we have to keep our fascia hydrated.

This is literally drinking water, but this is also movement. Part of the most important thing is never ever stop moving. As soon as you stop movement, then everything essentially tacks down.

So movement is hydrating to your fascial system. Use whole body vibration platforms. Vibration in general is incredible for bringing hydration to you connective tissue.

Using something like the Neboso NeuroStik, is going to bring hydration to your tissue. Dry brushing, doing other myofascial release tools, if you want to do a little bit of Graston, there's a lot of great modalities that are based around fascial hydration.

Second characteristic that I want you to train for your fascia is gonna be tension. Tension is how your fascial system creates stability. This is built through isometrics.

So when we contract our foot, maybe we do what's called short foot and you push your toes into the ground, that is creating a fascia tension or tensegrity through your foot structure, which runs up your lower leg into your pelvic floor, into transverse abdominals, and into deep hip.

Now you are stable. Stability and strength lies within fascial tension and we have to train our fascia to be a tensile structure. And what controls and dictates and feeds into that fascial tensegrity is your muscles.

So we need to understand how to contract those muscles And then finally, the third characteristic is going to be elasticity. I've mentioned this one already.

This is that elasticity, that rubber band effect. this is the energy transfer. This is what makes our movements look graceful and effortless and kind of cat-like or child- like, and that's what we want.

To do that, you want to do repetitive movements, rhythmic movements. Something with a little bit of a bounce to it is very hydrating and elastic training for your fascia.

This is a course where I highly, highly recommend doing the five-point neural ball release.

Peripheral Nerve Changes and Neuropathy

And when I teach people the neural-ball release, this is where you get one of the greatest returns. So of any of techniques that I've teached for the foot or any other products that i recommend from Noboso, By far, the neuroball and releasing your feet just two minutes is going to give you one of the greatest returns to your facial hydration, facial releasing, waking up the nerves and the muscles and circulation.

It just feeds into everything. So it is, for movement longevity, one the easiest things that you could be doing. And please, I do hope that your doing that every morning, every evening, when you brush your teeth, release your feets

on the Neuroball.

Okay, continuing on, we have our nerve changes. And we know that this one is going to be inevitable. Of course, this one with the nerve changes, peripheral nerve, changes.

This is where I'm sure many of you are thinking about peripheral neuropathy, that you're starting to get this lack of sensation and awareness of your feet.

But that's not exactly everything that I am including under this. I want you to also just realize that there is an age-related slowing of the awareness and the perception and activation of these nerves, and it may be so low grade that no doctor would actually give it the diagnosis of peripheral neuropathy.

I still consider this an age-related decline in peripheral nerve function, which contributes to balance, movement longevity, walking speed, foot strength, circulation, etc.

If we are going to be thinking about this from a direct peripheral neuropathy perspective, which is on the rise, there are 34 million Americans who are living with diabetes and 50% of those 34 millions.

So what is that? 17 million people are living in the United States with a diabetic related peripheral neuropathy. You add in, the cancer and the chemo related neurophathies, where cancer is very sadly on the rise, but 68% of those undergoing chemotherapy will experience neuopathy, so you have a large number of people who are living with chemo-related neuropathy.

And then you have one million people in the United States living multiple sclerosis, and one in four individuals with MS have neuopathy This is just a few of the different types of neuropathy.

You can have idiopathic, you can small nerve, autoimmune, nutrition deficiency, alcohol related, HIV related. All these other types. So we are talking millions of people who are living with decreased awareness and sensation to their feet.

Now, regardless of the type of neuropathy or decreased sensation of your feet, real quick, so you understand this, because this is important, cause I'm a huge advocate of strengthening the feet even if you have the symptoms of Neuropathie.

The muscles are still firing. So here it is. A majority, a far majority probably 90% of The Neuropathies out there are purely sensory. which means it is just the sensory nerves that are affected, not the motor nerves.

You may not feel your feet, but your feed are functioning. Those muscles are contracting. So I still need you to do your short foot and your foot to core.

And you're going on the different neboso products to stimulate those 26 muscles in the bottom of your fee. But if you happen to have symptoms with your neuropathy, there's two main categories that we want to think about.

You have what's called positive symptoms and what is called negative symptoms. Positive symptoms are an increased elevation of the symptoms, this is often referred to as alidinia.

What that means is that you have a sensation that is normally not painful, but it is painful. Burning, radiating, sharp, stabbing, hot, cold. This inconsistent sensitivity to shoes and socks and materials and textures, all of that is a positive symptom.

Whereas negative symptoms is the void of a sensation. Tingling and numbness are going to be the most common. Now why I mention that again is because when you work with people with neuropathy, I like to get really specific in it.

where just because someone says they have neuropathy doesn't mean they don't feel their feet. They could have

just burning in their feets, and that's what they're experiencing.

So they could still feel everything that is under their feat. Whereas others, you might be thinking it's really painful for them, I just don't feel my feet.

Right? So we want to get specific. Now, regardless of positive, negative, diabetic, chemo, idiopathic, whatever the cause is, it is important to understand some guidelines around working out the feet, training possibly without shoes on, and how do we keep pushing into these peripheral nerves to drive what's called neuroplasticity.

So as a podiatrist, I take a very strong stance that those who are living with neuropathy can effectively train barefoot. The way that you do this is that, you are going to be in a clean, controlled environment.

I am in this square of flooring right here, I'm not leaving it, i'm going to check my foot before, checking the floor, and checking my feet after. So we want to again push into the neuroplasticity of those peripheral nerves.

We do not have to believe that if we have a diagnosis of neuropathy that we can never, never go without our shoes on. That is fear-based medicine and that is not how I practice.

It is very important to make sure that we are still challenging those nerves. We're training the feet. Not all nerves are complete void of function and we need to push into those. We're doing it safely.

we're Doing it intelligently. Were bringing on vibration platforms and nebosomats and were using things that are very specific to Push into Those nerves so we want to Make sure that we are safely progressing them.

Okay, now if someone has a neuropathy or decreased sensation of their feet, of course this is going to affect movement. How is it going affect the movement and movement longevity?

Well, if you can't feel your feet you're going have a hard time balancing. It's going be hard to take a long step if cannot balance on one leg, which again affects walking speed.

So the greatest effect is going to be the lack of awareness, the hesitation around each step. You can't feel your feet, you can feel the ground. There's uncertainty, there's a subjective fear of falling.

All of those can contribute to fall risk. So what do we do? I know I might sound like a broken record here, but this is where you lean into products like Noboso.

The insoles and the socks were designed for individuals living with neuropathy. We are based off of neuopathy research, we've done IRB controlled research studies around different types of neuropathies, specifically diabetes, MS, and chemo related.

And you want to help that individual feel their feet so they feel confident with each step that they're taking. Now, if you do not have a diagnosis of neuropathy right now and you wanna prevent and avoid that from ever happening, well, what do you?

You push into the neuroplasticity of those nerves. I cannot emphasize enough how much I love vibration platforms. Go barefoot, go on different surfaces, train your intrinsics, focus on the circulation.

using a boso. We are doing things to support the longevity of our peripheral nervous system. Okay, we have one last section and this one we're going to cover three different topics under it very briefly.

Our skin, our fat, and circulatory changes. So skin fat and circulation changes these ones are important when it comes to training without shoes and socks on.

Skin, Fat Pad, and Circulation Changes

Now a reality is that as we age, our skin gets thinner. Skin on the top of the hands, top the feet, really all over the body, it starts to get thin. As your skin get thinner, the chance to tear it is higher.

I remember having patients where even the tape, if you had a little tape on the skin and you took the tap off, you could actually take the whole skin off.

It seems crazy, but that's how fragile some individual's skin is as they age. So understanding that and respecting that, that it may be painful for them to train without shoes and socks on.

And we understand that. Could we get them stay in their cushioned shoes, protecting the skin, but then again, using the Noboso products in the shoes? That's how I would weave that in there.

could you do something that is static and not doing a lot of dynamic movements? You're prepping the foot and the nervous system, and then we put the shoe back on.

Do the neural ball release and go back into the shoot so they feel comfortable. So we kind of find that balance to still stimulate but be very respectful that the skin can be quite thin and sensitive for some individuals.

Very closely related to that is going to be fat pad atrophy. Now, it might seem surprising, but we lose fat in certain places in the body, in our face, our hands, and the bottom of our feet.

And when we loose it in bottom our of feet it can very very painful. The location where we typically lose our fat pads are the ball of the foot and the heel.

That's where you have very important fatpads that when you're younger they are very hydrated. You have good orientation of that adipose tissue and it is allowing you to move on those bones and bear all your body weight and you run and jump and have hundreds and hundreds of pounds of force going through your feet.

and you're able to tolerate it, your fat pad is very important to that. As we atrophy that fatpad, what happens is you start to shift directly onto the bone.

Very, very painful. In that case, you may need to use things like toe spacers, metatarsal pads that I mentioned earlier, plastazote insoles, or maybe even a cushion shoe like a hulka.

We wanna just manage that and offset the best that we can. Now, one thing that I will mention is if you are still trying to get someone barefoot, you want to stimulate their feet, they have fat pediatrophy, is to look at something like the Noboso Mind Body Mat.

It's actually a thicker, softer mat that still has the texture. So it's a way that you're intentionally finding that balance for them, appreciating and knowing that they could be quite sensitive in certain areas.

Actually, I would just train people barefoot, no shoes and socks on the mind body mat with a metatarsal pad on their foot and the toe spacers on there toes.

That's how I'd set them up. So you are thinking about pressure distribution and balancing it in a way to reduce their symptoms but still allowing you to stimulate the peripheral nerves.

Alright, and then the final one that I want to mention has to do with circulation. As we get older, circulation slows. We have a lot of narrowing of blood vessels.

Maybe some of the smaller capillaries have narrowed even more, especially in women as we have hormone changes and the collagen changes, the blood vessel integrity changes.

So it could be that we're starting to see some our clients or individuals complaining of cold toes, almost like a rain nod. It gets really, really cold, their toes turn white in different colors.

Well, texture and stimulation and movement actually support circulation. So we want to make sure that we are encouraging them as much as we can to move, stimulate vibration, Texture, contract the muscles, spread the toes so that you are supporting healthy circulation and it might be a little bit of a balance if that individual says that they have very, very cold toes and they don't want take their shoes and socks off.

So three of my favorite ways to support circulation in the feet is movement. After just 50 steps, you will get an immediate increase in microcirculation.

Whole body vibration platforms, 10 minutes a day, You'll get in increase micro circulation. And then of course, texture like the Navoso socks. You will in an increase of micro-circulation.

Alright, so as we pull this all together again, all of these changes aren't necessarily inevitable. All of us are going to face these change in our feet.

However, if you are on a mission to focus on that movement longevity, I know I am for myself and of course for my patients and through Naboso and different content that I create, and want you to understand how to anticipate these chances that we may experience in your feet, already noticing some of these changes and experiencing it and seeing how it changes the way that you move and walk, I hope that I was able to provide a few tips and tricks to help you optimize the ways that move.

I thank you so much, hope you enjoyed and I will see you on another episode.