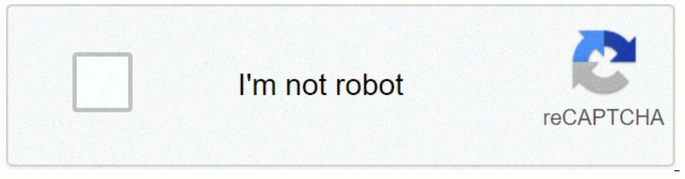

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How many feet is one fathom

Years ago, no one thought walking was a real exercise. Now we know that it's not just a good workout, it's one of the best fitness activities for your feet and for the whole body, and it's a good way to protect your feet from injuries that can occur with a more strenuous workout. a number of national health organisations, including the President's Physical Fitness and Sport Council; disease control centres; American Academy of Sports Medicine; National Institute of Heart, Blood and Lungs; and the U.S. Department of Agriculture have issued fitness guidelines that praise the benefits of moderate exercise and specifically recommend walking. But first, it's important to say a few words about running -- which most people used to think of as a real workout -- and feet. If you're a runner, with every step you take, you're pressing on the joints of your foot equal to three to four times the normal body weight. It's quite a shock even for healthy feet. For people who already have bone problems or joints, running is even more harmful. And the impact of your feet pounding on bruising is further ample for the pressure your shoes apply to foot problems such as bunions, hammers, corns, damaged toes or bruised heels. The benefits of walking helps weight loss. The average weight of a person burns close to 100 calories per kilometre while walking, about the same amount per mile that would burn running. Your metabolism, or calorie burning, doesn't just speed up at the time you're actually walking, your body continues to burn fat at a higher than normal speed of up to six hours after completing your workout. But walking improves your overall health in an even more important way: If you do it brisno (at speeds between 3 and 5 miles per hour) and continuously for at least 20 to 30 minutes, it becomes an aerobic exercise. Exercise is aerobic if you can do it rhythmically and continuously and with a strong enough rhythm to force your heart and lungs to work harder to supply your larger muscles with oxygen. By forcing your cardiovascular system to constantly pump blood and oxygen around your body, aerobic exercise stimulates and strengthens the heart, lungs and muscles. It also stimulates circulation and, when regular, helps control cholesterol levels in your blood, which in turn can help keep your arteries clear and healthy. The result is that with a regular aerobic exercise program, you will be less likely to suffer from high blood pressure, heart disease, or heart attack. Numerous studies have shown that people who walk strongly for 30 minutes or more days a week significantly reduce their risk of heart attack. What's more, a walking routine can help you quit smoking. It reduces nicotine cravings and helps to prevent the slow feeling that many people have when they first give Cigarettes. It can improve your lung capacity, which is especially important for asthmatics, and can even help relieve constipation. (Asthmatics and other individuals with significant health problems should be sure to talk to your doctor before starting any exercise programme.) Some studies have even shown that a fitness walking program can play a role in preventing certain types of cancer. But in addition to all these excellent incentives, walking regularly is good for your feet. It strengthens the foot muscles and conditions them that if you subject them to unusual loads, it is less damaged or then they will hurt. Because walking constantly moves joints without putting them under a lot of pressure, it is often recommended as a good way for people with foot joint problems -- including arthritis, gout and bunions -- to get some exercise. Also, because walking is what's called exercise for carrying weight - the requirements of exercise are magnification with gravity because you're toting around your own weight - it strengthens the bones in your legs, reducing the chances of breaking and helping prevent severe bone problems such as osteoporosis. A study at Washington University in St. Louis found that postmenopausal women actually increased bone mass through regular walking. Getting Started A walking program or any other fitness program should start gradually, especially if you've never been very active. Paming your head first - or legs first - into a long, chunky walk after months or years of inactivity won't cause fitness or weight loss, but pain. Start walking routines very modestly and, in weeks and months, slowly increase your intensity. You can start by walking 20 minutes a day, three days a week, and gradually add both the length and frequency of your walks, so that, after the first three or four months, you walk for 45 minutes a day, five days a week. The latter schedule -- if you walk at a step of at least three miles per hour -- should generate all the aerobic benefits listed in the first part of this page. But even if you can never walk that far or so quickly, you will still improve the strength of the foot muscles and bones (and your overall health) by walking. To prevent injury, be sure to do stretched and other light exercises (such as those recommended on the side for stretching feet) before and after the walk. There are three main styles of walking: slow (nonaerobic) walking, fitness (aerobic) walking and something called racing walking, which is the ridiculous style you saw at the Olympics. Racing walking is really a sport and they are characterized by straight legs (no bending at the knees), rotating hips, pumping hands bent at the elbows and speeds of as much as 7 or 8 miles per hour. This should only be tried by people who already in very good physical condition. However, you don't need to become a race walker to achieve fitness through walking. And if you're an average fitness walker, you don't need to use wrist and ankle weights while you walk to increase your workout problems. They are not necessary for aerobic fitness, and if your bones and muscles cannot hold you under the added strain, you can create new injuries and other ongoing problems for yourself. Even veterans can sometimes overdo it. When you walk, pay attention to the signals your body sends you. You can never be so smaned you can't hold a conversation. If you feel pain in any part of your foot or leg, stop -- you may have stretched your muscles or injured yourself in some other way, or you may be dehydrated and need fluids. To reduce the likelihood that you'll overdo the walking routine on impulse -- and increase your chances of getting help for injury if you do - walk with a partner or join a walking club. To find out if there is a club in your area, call your local YMCA or YWCA, search for health clubs or find notifications available in schools, libraries and grocery stores. Many shopping malls also sponsor walking groups that walk in the mall before shops open or after they close. Some final caution for certain readers: Never start any fitness program without consulting your doctor if you are: they are over 50 and are not accustomed to regular vadbe.so significantly too much weight.have a history of heart problems or high blood pressure.have arthritis or other bone or joint problems.have a medical condition, For example, for diabetes, for this requires a prescription, but this would make sweating. Many of these people are actually among those who can benefit the most from walking, but their doctor should help them choose the length and intensity of their walking routines. Now you know how to protect your feet between your legs, but have you ever considered protecting them while you're just standing around? Continue to the next page to find out more. To learn more about treating and avoiding foot problems, visit: Everyday foot problems: Discover what causes some of the most common foot problems, as well as how to treat or avoid them. Foot injuries: This factsheet learns more about frequent foot injuries and first-aid techniques for feet -- from the shurings to broken bones. If you're taking care of your feet, you can improve your chances of staying on them. We can take most of our adult life for granted, so that when we're up and on our feet, that's how we're going to stay. But as we start with our mid-60s, staying rectangular isn't so certain. Every year, about one in three older Americans swings, and the chances of a fall increase in our 80s and 90s. most of these falls cause only minor scratches and bruises, if this. But they can be intimidating and even if there is little physical damage, people sometimes develop a strong fear of falling. In addition, a significant minority (between 5% and 10 %) between the elderly cause serious injury – broken bones, serious cuts, bad bangs to the head. Some of these injuries (hip fractures in particular) lead to disability – or worse. About 18,000 older Americans die each year from injuries they suffered during the fall. Everything from slippery throw mats to poor lighting to side effects from multiple medications has been implicated as a risk factor for the fall. Foot problems and pain are mentioned in search risk factors, but usually near the end and often as an in-work. Low legs must be able to handle a high pressure situation. When you stand still, the force of your body weight spreads fairly. But when you walk, the force is on the heel when it hits the ground, up to about 1 times your body weight. Walk fast, and the force of that impact is even greater. As the leg rolls forward, the pressure moves to the outer edge and then, when you start pushing, to the foot ball and to your feet. Young, spy feet can repeat this thousands of times a day and don't feel pain. Older legs may not be so lucky. Feet, like the rest of the body, feel the effects of age. Muscle tissue is thinning. The long nerves they supply don't send electrical messages as efficiently as they used to, so there may be a loss of feeling. Blood pours more into the veins, causing swelling of the legs and ankles. Research has framed the notion that fat pads under the heel and the ball of the foot are thinning over the years, but the tissue can be changed in other ways by providing fewer pads. Age also tinges structural changes. The arches are sheathing, so there's a tendency for the legs to flatten. Older swings have a tendency to curling into claws on swings due to muscle imbalance. And older people – especially older women – are submissing the development of bunions, missing the alignment of bones in the large thumb, causing the end of the metatarsal bone on the base of the thumb as an out. Bunions and claws on the leg can be thrown off the foot biomechanics, creating hot spots of extra pressure, which can be painful. Research shows that around 30% of older people experience leg pain as a result of these and other problems. But Marian T. Hannan, a fellow of musculoskeletal research at the Institute for Aging Research, says it's a little misleading to blame aging for the leg. She could be 100 years old and have problems. Instead, injuries and chronic diseases (especially diabetes) accumulate in old age so it can be a rough time for the legs (and other parts of the body, too). Connect may vary. Over the past few years there has been a lot of research linking falls to leg pain and possibly even frequent foot problems such as bunions and claws. Investigators from the Institute for Aging Research, a research group based at Harvard-linked Hebrew SeniorLife, long-term care in Boston, found that pain in the feet appears to be a major factor in indoor falls than in external falls. Other researchers have linked leg pain to slow step and poor balance, which may be exactly what you would expect. But until recently, according to Karen Mickle, one of a group of Australian researchers who have carried out much more important studies in the field, she investigated a more direct link between leg pain and falls. The studies that were conducted focused on high-risk groups, not the general population of older people living in the community. In 2010, Mickle and her colleagues began filling that gap with a study published in the Journal of the American Geriatrics Society. They recruited about 300 adults, ages 60 and older, from Sydney and a region south of the city, identified those with leg pain and those without, and followed them for a year. By a large margin, people who fell were more bothered by leg pain than people who didn't fall. In 2011, another Australian group reported findings in the medical journal BMJ from the first randomized clinical trial testing whether foot care would prevent falls. The study included hundreds of elderly people (average age, 74) with leg pain. The foot care program consisted of exercises (see below), cheap orthotics and footwear tips. The results showed that the program had reduced the number of drops by 36% in more than a year. 1. Place a large rubber or elastic band around the end of your large legs and gently rotate your feet from each other with your heels on the floor. This exercise is for people with mild bunions (hallux valgus). The aim is to increase the range of movement in the metatarsophalangeal joint affected by the bunion, rather than actually correcting the bunion. 2. Place the resistance belt – a large stretch belt used for exercises – around the leg of the table. Rotate your ankle to stretch the strap away from the table leg. This workout strengthens the ankle muscles, especially the tibialis posterior muscles. 3. Pick up small stones or marble with sticks. This exercise strengthens the muscles, which contribute to the tendency to swing curly in old age. Be careful about what works, but there's a reason to be a little cautious these days about pronunciation about what actually works to prevent falls. In 2010, a major review of research into the prevention of fall surprised quite a few doctors and researchers, noting that it was unclear whether the type of risk of falling and management programs that are sympathetic to groups such as the American Geriatric Society are actually working to prevent falls. Examiners identified vitamin D pills (another surprise) and exercise programs as the only interventions supported by clinical trial results. These types of checks have their limitations. Some interventions, like vitamin D pills, are much easier to test in a clinical trial than others. And there is certainly enough experience, evidence and common sense to offer some suggestions about footy and preventing a fall. Choose your shoes wisely – and wear them. People assume they know their proper shoe size, but a 2011 study published by doctors at The New York University Hospital for Joint Diseases found that 35% of people were away by at least half the size. The percentage was even higher among people with diabetes. More people are buying shoes online, so going into the shoe store and getting measured legs is becoming a thing of the past. But there are standard conversion charts available online that convert the length and width of the foot in centimeters (or centimeters) into shoe sizes. In the search engine, type the shoe size conversion and you will find them. Older people may want to be particularly careful about width. Even if you don't have a full bunion, the base of the big stick can be slightly bulging with age, so the front of the foot needs more space than it used to be. If you have claws on the fluctuates, or start them, you should also make sure that the front of the shoe (box on the fluctuates) is deep enough; Otherwise, you'll risk developing mehurice on the knuckles of your fingers. And the comfortable shoe is enjoying the heyday. Each number of running and walking shoes is wide, roomy and stretchable to make older feet comfortable, stable and supported. People with serious foot problems can also wear an attractive pair of running or hiking boots instead of anuous orthopedic shoes. But here's a twist: Researchers from Harvard conducted a study that showed that choosing footwear really didn't have much of an impact on falls - so there was no difference between athletic shoes and other types. However, they found that people who wore shoes indoors were less likely to suffer serious injury from the fall than those who padded in slippers or socks or went bosi. So the shoes help with balance and support, and you'll wear them more if they're comfortable. Lose weight. Larger people tend to have larger legs, so the extra force from the extra size is distributed over a larger area. But if gaining weight pushes your BMI into high 20 or 30s, that put more force on your feet. Studies have linked being overweight or obese to leg pain and other foot problems. No doubt losing weight is heavy, and that's off even more. But You're heavy, if you drop a few pounds, you could literally take the burden off your feet, save you the pain, and maybe (it hasn't been proven) reduced your chances of falling. First, try prefabricated orthotics. Hylton Menz, lead author on a number of Australian foot and down studies and a podiatrist, says that orthotics seem to prevent some falls by stabilising the feet, redistributing pressure, and providing an additional tactile input so there is some additional information about where the feet are. There is much debate about which type of orthote is best - and not just to prevent falling, but to many foot and foot problems. Custom orthotics made from a foot impression stood at least a few hundred dollars. The prefabricated row cost about $50. The orthotics used in the study, which showed that a foot care program can prevent falls, are prefabricated, not custom. And prefabricated and custom-made orthotics have produced similar results when they were tested in several clinical trials than the treatment of plantar fasciitis and foot pain due to rheumatoid arthritis. Based on these data and the differences in costs, Menz, a Fulbright visiting scholar in 2011 at the Institute for Aging Research, says it makes sense to try prefabricated orthodoxy first before investing in expensive custom plants, unless you have a large foot deformity that apparently needs a custom treatment. Give your feet some practice. Exercises for feet and ankles can help repel muscle loss and tightening, which naturally stands in with age. Menz and his colleagues say that domestic exercises were probably the main reason that the multi-layered foot care program they tested was successful in preventing a fall. The three exercises used in the study are shown above. Some exercises may seem a little stupid, but they serve a purpose. For example, picking marble or small stones with swings helps strengthen muscles that can destroy the tendency of the swings to curl. But foot exercises are not the only type of activity that benefits the feet. Menz has given yoga as an example of exercise that can prevent foot problems. Refusing to Act: As a service to our readers, Harvard Health Publishing provides access to our library of archived content. Follow the date of the last review or update of all articles. 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