

## ❖ One-Handed Shoe Tying

Learning one-handed shoe tying gives patients the option of wearing any shoes with laces.

### Prepare the shoe for the patient:

1. Unlace the shoe completely.
2. Make a simple knot at one end and place it through the hole on the outside of the shoe (on the patient's strong side).
3. Bring the lace across the shoe down through the first hole.
4. Bring the lace up and under the second hole on the opposite side. Continue lacing in this pattern to the top of the shoe.
5. At the top, go through the last hole a second time to keep the shoe securely on the foot all day long.

### Now the shoe is ready to give the patient.

1. Teach the patient to make a simple loop (as in the letter "c") starting up toward the ankle and then down toward the toe of the shoe.
2. Tuck the shoe lace (toward the toe) under laces which span the last two holes at the top of the shoe.
3. Pull and cinch toward the strong side.
4. If the laces are too long, you can cut the laces. Be sure to cut the end of the shoe lace where the knot is, so the "working" end doesn't become frayed.

### About tennis shoes:

Patients with impaired ankle dorsiflexion often do much better with leather-soled shoes than with tennis shoes. The "stickiness" of rubber soles (especially on carpeting) can hinder swing phase and worsen abnormal gait patterns, causing exaggerated circumduction. Also, older patients who never wore tennis shoes prior to the stroke can find walking in them difficult. And, because tennis shoes are designed to absorb impact, if your patients have any sensory loss, they may have difficulty feeling when their foot hits the floor during heel strike.



⌘39 Pause and Practice