Polly Walker's true colors
A walking woman's guide to the concrete jungle
by Elizabeth O'Brien

In a country where nearly half of all health clubs offer walking programs, where suburbia is gripped by "mall walking" mania, and where walking shoes are a $1.85 billion business (and the fastest-growing segment of the ever-expanding athletic-shoe industry), the 70 million Americans who walk for fitness are well covered. But while special publications abound with advice on hiking, racewalking, and the latest treadmill workouts, those of us with more pedestrian concerns—getting from point A to point B—need to do a little legwork.

Walking erect was a triumph 3.5 million years ago; add evolutionary advances like high heels and Filofax-stuffed purses, and "survival of the fittest" takes on a new meaning. "People don't realize that everyday walking can cause foot, knee, and back problems," says Mary Lloyd Ireland, an orthopedic surgeon in Kentucky and a physician for the 1992 U.S. Olympic team. As much as we try to heed the popular advice to ambulate everywhere, walking's salubrious effects are negated when a ten-pound bag dangling from one shoulder torques our back out of whack and a lead-with-the-chin stride strains neck, back, and shoulder muscles.

In the '80s, working women made well-intentioned if sartorially inept attempts to stave off musculoskeletal calamities. But in trading their pumps for marshmallow-like sneakers and strapping on backpacks, they trod urban landscapes looking like bands of errant power-suited campers. Today, most find that image doesn't work for them, nor does the hobbled-hunchback look. News flash: Those aren't the only choices. You can have your T-straps and walk in them too.

What it takes is a few subtle techniques—some so subtle as to border on the barely tangible, such as the Zen-like approach used by self-styled walking experts like New York City's Deena and David Balboa, who help people "fine-tune" or "regain" their walk in classes they've been teaching in Central Park for nearly ten years. The Balboas are easy to find: They're the ones walking backward.

"Retrowalking" is a little trick the Balboas use to "remind" the foot of its ability to move through its entire range of motion, from toe to heel—important >
Beyond the BACKPACK

Luggage that weighs more than 10 percent of your body weight could be causing you problems, according to orthopedist Carol Frey (who means that here at Mirabella, where a surprise inspection turned up staff tote bags weighing between three and fifteen pounds, a few of us are in trouble). Hang that weight from one shoulder and “you give yourself a leg-length discrepancy, a pelvic obliquity, functional scoliosis,” says physical therapist John-Claude Saltheil. All of which has a nasty habit of manifesting itself as knee, hip, back, neck and shoulder pain.

The solution: “Keep any extra weight centered and balanced on your lower torso, where your body was designed to carry it,” Frey says. While a backpack may seem the obvious solution, it’s not the only one. Any bag with a strap long enough to wear across the chest (like these from Lana Marks, Picasso, below right) will position the weight in front of the pelvis (the body’s center of gravity), distribute the weight evenly, and minimize torque. Belt packs (like this one from Ralph Lauren, bottom) and funny packs do the same job. —E.O’B.

The way you walk

Gait analysis has become the latest perk offered to health-club members (either free or for a nominal fee). A method of detecting irregularities in a person’s walk that may cause pain or discomfort, gait analysis was originally performed in a lab and involved attaching electrodes to specific muscles and videotaping (from three angles) the subject walking on a treadmill. The analysis done at health clubs is more likely to range from simple observation to videotaping and observation.

Since there is no professional certification for gait analysis, its value depends on the expertise of the observer, which can range from a personal trainer to an on-staff podiatrist, who “may be just to promote his or her own business,” orthopedist Carol Frey warns.

“This is not science,” she adds. Beware of anyone who automatically suggests orthotics (shoe inserts that provide cushioning or corrective support) or calls them a “cure” (like eyeglasses, orthotics are a crutch, not a cure, says orthopedist Phillip Kwong); doesn’t examine shoe wear or callus buildup (obvious indicators of walking patterns); or blames your walk for all your maladies (“from headaches to infertility,” Frey says).

If you’re not in pain, the professional consensus is to skip gait analysis. Instead, self-evaluation can help. “Look at the shoes you wear a lot,” Frey says. “If there’s too much wear on the inside, you overpronate.” A shoe with a higher arch can stabilize the foot. Corns are usually a sign of too-tight shoes; try a half-size or a size larger. A wet footprint can also indicate walking patterns: If it shows a full, flat foot you may need a shoe with more midfoot support.—E.O’B.