

## Corner Clinic

By UC San Diego Health Experts | October 31, 2017

In this installment of “Corner Clinic,” UC San Diego Health experts discuss the best type of running shoes for the casual runner, common eye issues in children and the difference between food poisoning and the flu.

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### **As a casual runner, how do you recommend choosing a running shoe?**

**Sonya Ahmed, MD, orthopedic surgeon, UC San Diego Health**

Start by learning a bit about your feet. You can do this by standing on a piece of paper and carefully tracing each foot’s shape or get each foot wet and leave an imprint. The tracings and imprints can help you understand your arch, or lack thereof, as well as any tendency to “roll in” (pronate) or the opposite, supinate. Severe pronators (those whose arches fall or are really flat) should investigate a “motion control” or neutral shoe. These shoes have added stability in the inside edge of the heel counter (the part that cups the heel) and offer more stability. In contrast, runners with higher arches or more rigid feet may benefit from a more cushioned sole. These runners may be supinators and should have a shoe with a softer foam material, such as EVA in the arch and heel. Slight pronators or those who only experience arch collapse while running may benefit from a stability shoe that has multiple layers throughout the arch and heel for continued support.

Barefoot running or “minimalist” shoes have become very popular and basically do offer more of a forefoot or mid-foot strike run/walk compared to their more supportive counterparts. However, no

real data has been published showing that minimalist running is better or worse with respect to injuries than running with a more supportive shoe.

I also recommend shoes that are comfortable from the start and require no “breaking in.” Fit shoes toward the end of the day and make sure you have half an inch of space from the end of your big toe to the tip of the shoe. You should be able to wiggle all your toes without impediment, too.

If you run a lot, you should know that the average pair of running shoe lasts only about 400 miles.



**Why does my child’s eye wander in a different direction?**  
**David Granet, MD, ophthalmologist, Shiley Eye Institute at UC San Diego Health**

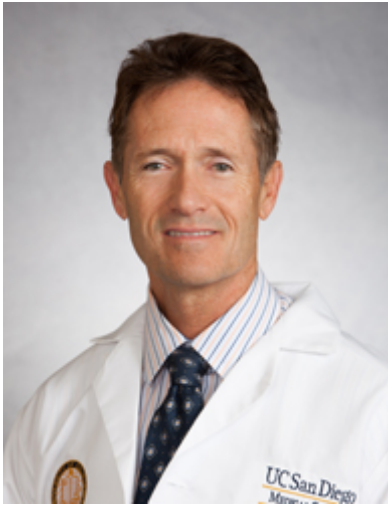
“Cross eye,” or the opposite “Wall-Eye” (one eye that strays outward) are both types of strabismus — a term used any time eyes misalign, and a fairly common condition. In kids, it’s usually congenital, meaning they are born with it rather than acquiring it as a result of say, a head trauma. Babies may have eyes that don’t move together at first but by three to four months that should mostly be gone. Some children develop this because of a need to wear glasses, which then usually makes the eye straight again. For others, a patch to help treat amblyopia (the decrease in vision from not using an eye) is needed. Depending upon the size and type of misalignment, there are times surgery is indicated.

Strabismus can also be caused by something called fourth nerve, or superior oblique, palsy. Basically, a child is born with a weak eye muscle or nerve so it can’t properly align with the other eye. This condition might cause double vision and some kids have learned to compensate by tilting their heads to bring their eyes into alignment. That’s why persistent head tilts in children should get checked by an ophthalmologist.

A newly acquired fourth nerve palsy may be the result of another cause, like head trauma. These can resolve on their own within about six months. During that time, we can help the child’s double vision with prism glasses or a patch over one eye. Acquired fourth nerve palsy that doesn’t go away on its own or a congenital fourth nerve palsy are usually treatable in an outpatient surgical procedure in which we shift the eye muscles to realign the eyes.

**What is the difference between food poisoning and the flu?**  
**Richard Clark, MD, emergency physician, UC San Diego Health**

Food poisoning can often present like a viral illness, such as the flu. Each can begin with nausea, vomiting, abdominal discomfort and diarrhea. A viral illness that affects the gastrointestinal



system is called gastroenteritis. Gastroenteritis is often accompanied by a fever, while food poisoning can also cause a low grade fever but is less common.

The most common type of food poisoning in the United States is caused by *Staphylococcus* bacteria, often called staph food poisoning. Staph food poisoning is caused by a toxin produced by the bacteria in food that has been contaminated by staph bacteria, often from unsanitary preparation and storage conditions of the food. Symptoms come on quickly, often less than two hours from eating the food and usually last from hours to a couple of days.

There is no treatment usually needed for staph food poisoning except to keep hydrated. A viral illness is also self-limited and will resolve without any specific treatment, other than hydration. Antibiotics are not needed in either of these common illnesses. Antiemetic and anti-diarrhea medications can help with symptoms and will not prolong the course of either illness.

Intravenous hydration may be needed in severe cases of these disorders. More severe types of food poisoning can occur in the U.S. but are much less common. These would include bacterial illnesses, such as *Campylobacter*, *e. coli* and *Salmonella*. These can result in higher fevers, a prolonged course and more severe dehydration. Antibiotics may be needed in some cases of these more severe types of food poisoning.

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