

Do you have flat feet?

The term flat foot is not as simple as it seems. There are many types of flat feet. There's an easy way to tell if you have flat feet.

Home test to determine flat feet

Simply wet your feet, then stand on a flat, dry surface that will leave an imprint of your foot. A normal footprint has a wide band connecting the ball of the foot to the heel, with an indentation on the inner side of the foot. A foot with a high arch has a large indentation and a very narrow connecting band. Flat feet leave a nearly complete imprint, with almost no inward curve where the arch should be.

Most people have "flexible flatfoot" as children; an arch is visible when the child rises up on the toes, but not when the child is standing. As you age, the tendons that attach to the bones of the foot grow stronger and tighten, forming the arch. But if injury or illness damages the tendons, the arch can "fall," creating a flatfoot.

In many adults, a low arch or a flatfoot is painless and causes no problems. However, a painful flatfoot can be a sign of a congenital abnormality or an injury to the muscles and tendons of the foot. Flat feet can even contribute to low back pain. If the condition progresses, you may experience problems with walking, climbing stairs and wearing shoes. See your doctor if:

- Your feet tire easily or become painful with prolonged standing.
- It's difficult to move your heel or midfoot around, or to stand on your toes.
- Your foot aches, particularly in the heel or arch area, with swelling along the inner side.
- Pain in your feet reduces your ability to participate in sports.
- You've been diagnosed with rheumatoid arthritis; about half of all people with rheumatoid arthritis will develop a progressive flatfoot deformity.

Diagnosing Flatfoot

Although you can do the "wet test" at home, a thorough examination by a doctor will be needed to identify why the flatfoot developed. Possible causes include a congenital abnormality, a bone fracture or dislocation, a torn or stretched tendon, arthritis or neurologic weakness. For example, an inability to rise up on your toes while standing on the affected foot may indicate damage to the posterior tibial tendon (PTT), which supports the heel and forms the arch. If "too many toes" show on the outside of your foot when the doctor views you from the rear, your shinbone (tibia) may be sliding off the anklebone (talus), another indicator of damage to the PTT.

Be sure to wear your regular shoes to the examination. An irregular wear pattern on the bottom of the shoe is another indicator of acquired adult flatfoot. Your physician may

request X-rays to see how the bones of your feet are aligned. Muscle and tendon strength are tested by asking you to move the foot while the doctor holds it.

Treatment Options A painless flatfoot that does not hinder your ability to walk or wear shoes requires no special treatment or orthotic device. Other treatment options depend on the cause and progression of the flatfoot. Conservative treatment options include:

- Making shoe modifications
- Using orthotic devices such as arch supports and custom-made orthoses

Flexible Flatfoot in Children



In this child with a flexible flatfoot, the longitudinal arch that is normally seen is absent.

treatment.

Description

Do your child's feet look flat when he or she is standing? Does an arch appear in the foot when your child sits or stands on tiptoes? Children are born with flexible flatfoot, a condition in which the arch of the foot shrinks or disappears when they stand on it. Parents and other family members often worry needlessly that an abnormally low or absent arch in a child's foot will lead to permanent deformities or disabilities. Most children eventually outgrow flexible flatfoot without any problems. The condition usually:

- Is painless.
- Does not interfere with walking or sports participation.
- Corrects itself over time without surgery or other

To make the diagnosis, the doctor will physically examine your child to rule out other types of flatfoot that may require treatment. These could include flexible flatfoot with a tight heel cord, or rigid flatfoot, a more serious condition. Make sure your child wears his or her regular shoes so the doctor can see the pattern of wear. Tell the doctor if anyone else in the family is flatfooted or if your child has a known neurological or muscular disease. The doctor may ask your child to sit, stand, raise the toes while standing and stand on tiptoe. He or she will probably examine your child's heelcord (Achilles tendon) for tightness and may check the bottom of the foot for calluses.

Symptoms

A flexible flatfoot has normal muscle function and good joint mobility and is considered normal. The shape of bones and lax ligaments in the foot prevent a strong arch between the toes and heel (longitudinal arch) on weight-bearing. As the child grows and walks on it, the foot's soft tissues tighten, shaping its arch gradually. Flexible flatfoot often continues until your child is at least age 10 or older. If flexible flatfoot continues into adolescence, your child may experience aching pain along the bottom of the foot. See your doctor if your child's flatfeet cause pain.

Treatment Options

Treatment for flexible flatfoot is required only if your child is experiencing symptoms from the condition. If your child has activity-related pain or tiredness in the foot/ankle or leg, the doctor may recommend stretching exercises to lengthen the heelcord. If discomfort continues, your doctor may recommend shoe inserts. Soft-, firm- and hard-molded arch supports may relieve your child's foot pain and fatigue in many cases. They can also extend the life of his or her shoes, which may otherwise wear unevenly. Sometimes a doctor may prescribe physical therapy or casting if your child has flexible flatfoot with tight heel cords.

Treatment Options: Surgical

Occasionally, surgical treatment can help an adolescent with persistent pain. A small number of flexible flatfeet become rigid instead of correcting with growth. These cases may need further medical evaluation.

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