

# Montefiore Pediatric Orthopedic and Scoliosis Center

Children's Hospital at Montefiore

Norman Otsuka MD – Eric Fornari MD

Jacob Schulz MD – Jaime Gomez MD – Christine Moloney PA

3400 Bainbridge Avenue, 6<sup>th</sup> Fl, Bronx, NY 10467 phone 718 920 2060 / fax 718 920 7799

1250 Waters Place, 11<sup>th</sup> Fl, Bronx, NY 10461

## Flatfoot in Children

### Introduction:

Children usually have low arches because they are loose-jointed and the arch flattens when they stand. When the child is otherwise normal, the condition is known as flexible flatfoot, which is thought to be a common normal variation in childhood. The natural history of most flexible flatfoot conditions is to slowly improve over time.

Parents worry about flatfoot, but some degree of flatfoot is normal in infants and early childhood.



Some people with flatfeet are often loose-jointed in other parts of their body



1yr



5yrs.



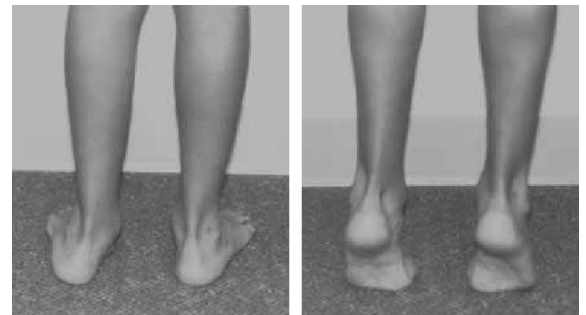
10yrs.



20yrs.

### Examination:

The doctor will want to be certain that your child has the typical form of flexible flatfoot that will improve over time without treatment. The exam will assess generalized ligamentous laxity, limb alignment, and a generalized neurologic examination. Often a tip toe test is performed. Children with typical flexible flatfoot will correct their flatfoot when standing on their tiptoes. This exam will confirm that the child does not have a rare type of flatfoot that is stiff and will not follow the normal course of slow self-correction.



Flexible flatfoot Correction of flatfoot with tiptoe test

### Imaging:

X-rays are sometimes ordered to assess flatfoot severity. In mild cases, they may not be required.



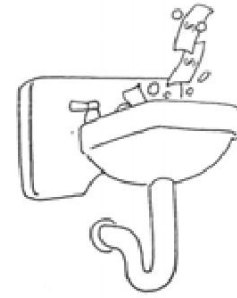
Normal foot



Flatfoot

### Treatment of Flatfoot.

Careful, modern research studies have confirmed that children with **typical flexible flatfoot do not benefit by wearing corrective shoes or arch supports**. In this research, children with similarly severe flatfoot were either treated with vigorous arch supports or with no treatment whatsoever. After several years of follow-up, the outcome was the same. Thus in most cases flexible flatfoot is not treated.



In many cases special shoes and arch supports are a waste of money

If a child has significant calf or foot pain, the doctor may suggest a lightweight tennis shoe that has a good arch support built into it. In many cases a formal insert or orthotic can be considered to make the child more comfortable.

A few cases of flexible flatfoot will be extremely severe and may require surgical correction. Usually this decision is not made until about eight years of age. The need for surgical treatment is very rare indeed.



Severe

### Summary:

Flatfoot in children are a normal variation related to slight laxity of ligaments. The condition improves over time and research has shown that corrective shoes and inserts do not help to correct flatfoot (see reference below). The condition slowly improves over time, whether or not it is treated. Accordingly, the scientific approach to flatfoot treatment is to not use expensive shoes or inserts. Instead comfortable normal shoes or going barefooted is appropriate, with the child being followed to monitor correction over time.

D. Wenger, D. Mauldin, G. Speck, D. Morgan, R. Lieber. Corrective Shoes and Inserts as Treatment for Flexible Flatfoot in Infants and Children. JBJS Vol.71-A, No. 6 July 89.