

Do I Need To Treat My Child's Flat Feet?

So, are flat feet in children naturally corrected with age or does the condition require medical attention to prevent further foot problems? If you've asked yourself this question as parents recently, don't worry, you are not alone.

For the most part, the answer to this question really depends on two important questions.

- a. Is there pain or disability associated with the flat foot?
- b. Is the ankle and or the heel bone involved?

According to most experts, the bottom-line advice for parents is to observe your child's gait regularly, with and without shoes, for signs of flattened arches and seek medical attention if the child complains of foot or leg pain or shows a sudden lack of interest in physical activities.

Secondly, if the flat foot appears to not only involve the foot, but the ankle as well (the appearance of one walking on the inside of their ankle bone) then intervention may be needed as this condition (posterior tibial tendon dysfunction) can lead to further adult related problems.

Another way of assessing this condition is to look at the back of the heel bones (without shoes) when the child stands. If the heel bones are perpendicular to the ground (standing straight up) and if there is no pain, there is typically little to worry about.

But, if the heel bones appear to NOT be perpendicular to the ground and instead look like they are leaning inward, this is a sign of posterior tibial tendon dysfunction. A common condition among children that often can develop into adult related chronic tendonitis and ankle instability.

A flattened arch is common in young children and usually is an isolated condition known as flexible flatfoot, in which the foot is flat when standing and returns to a normal arch in non weight-bearing positions. Most children with flexible flatfoot have no clinical symptoms other than the flattened arch and the condition typically follows a natural history of improvement over time.

However, when the condition seems to involve the ankles, specialized insoles or orthotics are typically recommended to prevent structural and tendonous problems that can progress into adulthood. The goal of orthotic therapy in this foot type is to stop the over collapse of the foot and ankle, thereby allowing the tendonous and musculoskeletal structures of the foot to remain in a neutral position reducing stress on the structures of the foot and ankle.

Although treatment isn't required for every pediatric flatfoot unless the child has pain in the foot or leg, parents and their pediatricians should monitor children with flat feet for

signs of progression, such as the onset of pain, instability, frequent falls or signs of possible adjustments in gait to compensate.

Lastly, most experts agree that if a child's flatfoot condition doesn't improve by the age of 10 (the age the arch should be fully developed), a foot and ankle specialist should be consulted for exact diagnosis of the problem and appropriate treatment.

When medical treatment is required for flexible flatfoot, we typically start off with physical therapy, activity modifications or limitations, stretching exercises, orthotics and shoe changes.

If you still have questions about your child's feet, we at Cumberland Foot and Ankle love to see children. Let us know if we can help answer your questions.