

SPECIALISTS' CORNER



**Flexible Flat Feet:  
Who and How Should I Treat Them?**

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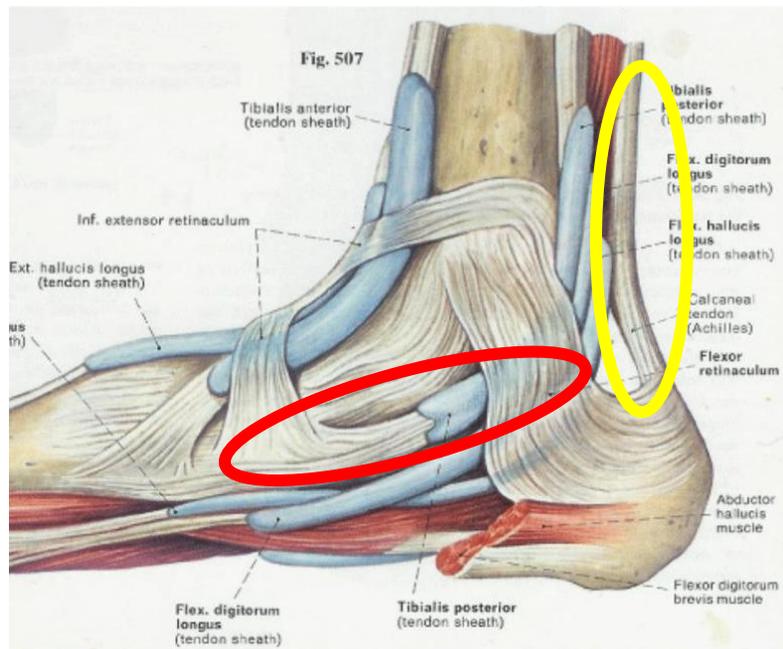
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Lower extremity and foot “deformities” are a common cause for evaluation by pediatricians and pediatric orthopedic surgeons. Often, it is the grandparents who feel that this grandchild’s legs or feet look different than their other grandchildren that causes the visit to be scheduled. In our previous article on flexible flat feet, clinical exam maneuvers of standing heel rise, seated foot position, and subtalar motion were discussed assisting in the diagnosis of flexible flat foot. But, what do you do now that you’ve made the diagnosis?

The first step is talking with the child and their caregiver about any associated symptoms. Most often the caregiver will say the child runs and plays with friends without hesitation, they never see them limp, and the child has never taken themselves out of activities due to pain or symptoms. Yes, even children can have occasional foot pain from prolonged walking (I use the example of a day at Disneyland where everyone is tired and sore at the end of a long, exciting day) but that does not mean they need treatment. The complaint is usually just about the look of the feet. Parents and grandparents need to be reassured that flexible flatfoot is a completely benign condition, and that the cosmetic look of their foot will remain the same no matter the use of inserts or orthotics. No special braces or shoes will change the look of their feet. Most importantly, most children and adults with flexible flat feet will be painfree, active, athletes who may notice that they wear out one side of their shoes more than others, nothing more.

A very small minority of patients presenting with flexible flat feet will have symptoms and only these patients should have any consideration for treatment. Concerning symptoms include consistent foot or ankle pain, recurrent limp, or the child taking themselves out of favorite activities and sports. Unlike rigid flatfeet, skin irritation such as calluses and blisters are rare with flexible flatfeet. By far, the most common complaint is foot or ankle pain. Routine xrays are not required for asymptomatic flat feet, but in the setting of recurrent pain an xray is warranted to rule out bone pathology (tumor, infection, etc.).

Flexible flatfoot pain is different than growing pains, which happen at night, before bedtime during rest and resolve with massage, because it is activity and weight bearing related and relieved with rest. Pain can be in two main locations: Posterior ankle over the Achilles Tendon (Figure 1: Yellow Circle) or plantar-medial foot over the medial arch or Posterior Tibialis Tendon (Figure 1: Red Circle).



**Figure 1. Medial Ankle Anatomy Yellow Circle: Achilles Tendon - Red Circle: Posterior Tibialis Tendon**

Achilles Tendon pain comes from Achilles contractures that are often associated with flexible flat foot while Posterior Tibialis Tendon pain comes from weakness due to over stretch and over use of the tendon. Both types of pain can be treated successfully.

Treatment for symptomatic flexible flatfoot consists of two methods: repositioning the foot through the use of orthosis/inserts and improving the function of muscles and tendons around the foot and ankle. I recommend the use of over the counter, soft arch support orthosis if patients have pain with weight bearing. They should use them in both shoes, even if one foot is symptomatic. The role of the orthosis is to improve the position of the foot and ankle bones to relieve strain on the surrounding tendons and muscles. Admittedly, some children find orthosis very uncomfortable and painful so it can take trialing a few pairs before they find ones that help. As mentioned before, tendon contractures and muscle weakness can develop in flexible flat foot. Often a home exercise program including Achilles and plantar fascia stretching with posterior tibialis and peroneal strengthening will improve their pain. Very rarely is physical therapy required.

To summarize, asymptomatic flexible flat feet do not need treatment beyond education on the benign nature of the condition. Patients with pain or other symptoms should have xrays to rule out bone pathology and treatment with soft arch support orthosis and an exercise program.

**Information sheets for patients and parents can be found at:**

<http://ortho-institute.org/education/patient-library/flexible-flatfeet>

**Home Exercises can be found at:**

<http://ortho-institute.org/education/patient-library/plantar-fasciitis>

<http://ortho-institute.org/education/patient-library/ankle-sprains>