Flexible Flat Feet Clinic Guidelines - Orthopaedic Practice

Definition
a. Foot with low or absent longitudinal arch in weight-bearing conditions
b. Anatomic characteristics: Excessive eversion of the subtalar complex during weightbearing with plantarflexion of the talus, plantarflexion of the calcaneus in relation to the tibia, a dorsiflexed and abducted navicular, and a supinated forefoot

Pathogenesis/Natural History
a. Infants are born with flexible flatfeet, and the normal arch develops in the first decade of life
b. Flat feet are normal and usual in infants, common in children, and are often present in adults with a decreasing prevalence with increasing age.

Clinical Presentation
a. Can present at any age
b. Equally prevalent in males vs. females

Evaluation
a. Neuromuscular exam
   Strength & evaluate for contractures (peroneals, Achilles, posterior tibial tendon
   Evaluate for asymmetry in foot size
   Evaluate for clawing of toes and/or muscle wasting
   DTRs, Clonus

b. Foot evaluation
   Foot & ankle motion including:
   Subtalar motion
   Dorsiflexion, Planterflexion, Inversion, Eversion
   Assess anatomic landmarks for pain
   Evaluate arch (sitting and standing)
   Evaluate heel position with feet plantigrade and on toes
   Gait evaluation

Differential Diagnosis
a. Vertical/oblique talus
b. Tarsal coalition
c. Accessory navicular
d. Posterior tibial tendonitis
e. Overcorrected clubfoot
f. Tight Achilles
g. Calcaneovalgus
h. Peroneal spasms

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**Diagnostic Tests**

a. Radiographs
   i. If rigid, painful, or asymmetrical
   ii. AP foot, lateral plantar flexion/dorsi flexion

**Treatment Options**

a. Flexible/Non-painful
   * Developmental variant
     * Provide parental education: most flexible flat feet resolve spontaneously and do not cause disability in adults, observation and time are the only treatments necessary (1,2,3)
   b. Flexible/painful
     * PT for 6-8 weeks
     * Orthotics
     * Referral to MD if fail PT and +/- previous MRI

**Follow up Recommendations**

a. If flexible/non-painful
   1. F/u prn with NP/PA
b. If flexible/painful
   1. 6-8 weeks with NP/PA
   2. Then PRN
c. Follow-up with surgeon
   1. Over age
   2. Rigid/painful/severe
   3. Flexible/painful who have failed PT and orthotics
   4. Congenital anomaly

**Evidenced Based Literature Review**


