

Weekend Doctor

By **DR. THOMAS F. VAIL**

Treatment and prevention of adult flatfoot can reduce the incidence of additional foot problems such as bunions, hammer-toes, arthritis and calluses. And, it can improve a person's overall health.

To tell if you have flat feet, wet your feet and 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.

Although you can do the "wet test" at home, a thorough examination by a doctor will be needed to identify why the flatfoot developed.

Causes include a congenital abnormality, a bone fracture or dislocation, a torn or stretched tendon, arthritis or neurologic weakness.

An inability to rise up on your toes while standing on the affected foot may indicate damage to the posterior tibial tendon, 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 posterior tibial tendon.

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.

Overweight males in white-collar jobs are most apt to suffer from adult flatfoot disorder, a progressive condition characterized by partial or total collapse of the arch, according to research.

Symptoms of adult flatfoot include pain, swelling, flattening of the arch and an inward rolling of the ankle. Because flatfoot is a progressive disorder by nature, neglecting treatment or preventive care can lead to arthritis, loss of function of the foot and other painful foot disorders.

In many cases, flatfoot can be treated with non-surgical approaches.

A painless flatfoot that does not hinder your ability to walk or wear shoes requires no special treatment. 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,
- Taking non-steroidal anti-inflammatory drugs, such as ibuprofen, to relieve pain.
- Using a short-leg walking cast or wearing a brace.
- Injecting a corticosteroid into the joint to relieve pain.
- Rest and ice.
- Physical therapy.

Flatfoot disorder may gradually worsen to the point that many of the tendons and ligaments in the foot and ankle are simply overworking, often to the point where they tear and/or rupture.

In some patients whose pain is not adequately relieved by conservative treatments, there are surgical techniques available to correct flatfoot and improve foot function, which can help reduce pain and improve bone alignment.

As in most progressive foot disorders, early treatment for flatfoot disorder is also the patient's best route for optimal success in controlling symptoms and additional damage to the feet. The goal is to keep patients active, healthy and as pain free as possible.



Vail