

ACQUIRED ADULT FLAT FOOT



FOOT SMART FOCUS
PATIENT INFORMATION SHEET

What is Acquired Adult Flat Foot?

Flat feet are not usually painful, especially in children. This condition describes a painful, progressive flatfoot deformity in adults. It is due to a gradual stretching of the main ligaments that support the arch of the foot, as well a slowly worsening stretching (or attenuation) of the posterior tibial tendon.



Who gets this condition?

Adults! Women are four times as likely to get it as men. The most common age group is between 45-65. Usually, people who get this condition have had non-painful flat feet for most of their adult life. Factors such as diabetes, hypertension (high blood pressure) and obesity tend to increase the risk of getting this condition.

What are the signs and symptoms?

Most patients notice gradual worsening pain in one foot, and a gradual flattening of the arch in the affected foot. Pain is usually on the inside, due to pain in the stretching tendons and ligaments, but it is often accompanied by pain on the outside of the ankle, due to compression of the joints on this side. If the posterior tibial tendon ruptures, deformity can progress quickly, until the foot literally dislocates outward from under the ankle joint. This is not good. Really not good.

How is this condition treated?

Early treatment gives the best outcomes. Your podiatrist will take xrays and other tests to see how far this condition has progressed. A combination of orthotics, manual therapies and rehabilitation exercises, and footwear modifications, can usually give good results in stage I and II. Some people may need surgery, which may include moving tendons or joint fusions. In most people, this can be prevented with early non-surgical treatment.

More questions? Call us or check out our website.

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FOR THE DOCTOR CLINICAL PRACTICE GUIDELINE

What are the signs & symptoms of Acquired Adult Flat Foot (AAFF)?

- Pain in the medial arch, and pain and swelling behind the inside of medial malleolus. Pain and trigger points will also be felt in the muscle belly of the posterior tibialis.
- Burning, shooting, tingling pain may be described along the course and distribution of the posterior tibialis nerve from inflammation inside the tarsal tunnel (known as tarsal tunnel syndrome).
- Pain may also develop on outside of ankle, especially as the deformity progresses, due to compression of the sinus tarsi.
- Pain and swelling is worse with walking and exercise, and usually gets worse as the day progresses.
- Patient will be unable to perform single leg heel raise on affected side (indicating dysfunction of posterior tibialis tendon).
- A characteristic development of a flat foot (arch collapse) on affected side.
- Usually occurs in 1 foot, however can be bilateral.

What are the treatment goals of AAFF?

- Eliminate pain (Compression/ NSAIDS/ Aircast)
- Restore mobility (Rehab, Orthotics, manual therapies)
- Prevent progression of deformity (AFO bracing, footwear)

What tests and studies should be performed?

- Functional and biomechanical assessments for grading of deformity (send patient to us for this).
- Weightbearing xrays to assess midfoot and rearfoot joint positions (we can also refer for these studies)
- Early referral to podiatrist for prompt assessment and intervention will prevent worsening deformity and surgical intervention in most cases.



Calcaneal Valgus with heel bisection



Failed single heel raise with posterior tibial tendon dysfunction

	STAGE I	STAGE II LIG INTACT	STAGE II LIG DISRUPT	STAGE III RIGID DEFORMITY	STAGE IV
Pain, Swelling Medial Ankle	✓	✓	✓	LATERAL FOOT PAIN	LATERAL FOOT PAIN
Visible Valgus progression L v. R		✓	✓	✓	✓
Unable to Independent Heel Rise			✓	✓	✓
Loss Grade of Inversion Strength			✓	✓	✓
First Metatarsal Rise – Positive			✓	✓	✓
Hubscher Maneuver Pos. for lig Disrupt			✓	✓	✓
Supination Lag Positive			✓	✓	✓
Rigid Hindfoot				✓	✓
Valgus Talo-Crural Joint					✓

Grading system for AAFF

We have comprehensive Clinical Practice Guidelines on our website for this condition, including videos, more details, and literature references.