



Grant Gonzalez, DPM

# Caring for Your Child's Flat Feet

By Grant Gonzalez, DPM, Foot & Ankle Center of Illinois



We treat a lot of children in our practice. Every parent wants their children to be as fit as possible, and this includes optimizing their foot and ankle health. Many parents are concerned that their kids have flat feet, and they don't want them to fall behind their peers or develop inappropriately. A painful arch can cause a child to avoid sports and instead stay inside or stick to other, lower-impact activities. Some children don't even know why they prefer not to run or play outside as much as their friends, which makes accurately getting to the root of the problem a challenge. This article will touch briefly on the normal development of a child's feet and signs that are outside of the norm.

Most children are born with varying degrees of a flat foot. Because the bones are not fully developed, they are very flexible at this period, their feet have not strengthened enough to support weight bearing. As they begin crawling, standing, and walking, their ligaments and bones strengthen, and they gradually develop a normal arch height over their first decade of life.

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While most infants begin flat-footed, their flatfoot remains flexible. This means that during non-weightbearing, an arch is able to be manually created. An inflexible foot normally has an underlying cause that will prevent a child from “growing out” of their flatfoot. Two such conditions are when a **vertical talus** is present, or when a **tarsal coalition** develops.

According to the Center for Foot Disorders, one in ten thousand babies are born with vertical talus foot deformity. The talus is the bone that sits on top of your heel bone and along with your tibia and fibula makes up your ankle joint. In the case of a vertical talus, the bone is dislocated from its normal joint with the foot and is rotated almost 90 degrees with the head pointed downward. This malalignment of normal joint architecture creates a rigid “rocker bottom” type flatfoot that is not reducible. This creates a very obvious deformity that is normally diagnosed soon after birth. This condition will not resolve itself. Casting is mostly successful very soon following birth. However, due to the inflexibility, this condition does not respond well to conservative means, and surgical intervention is often necessary. Vertical talus often relapses. Parents are required to adhere to stringent care guidelines for stretching and bracing to avoid subsequent surgeries.

A tarsal coalition is a connection or fusion of two bones in the rear-foot that does not normally occur. This condition is observed when the involved bones in the coalition fully begin to ossify (become bone) and the condition becomes painful, which typically occurs between ages 8 to 14 depending on the location of the fusion. There may be a constant painful spasm of the tendons on the outside of the ankle to brace the coalition. Surgery can be necessary if bracing or orthotics do not control symptoms.

Some children never develop a normal arch and continue to have a flexible collapsing foot. As the foot collapses, the heel also tilts outward and the forefoot also rotate outward which give the appearance of walking like a “duck.” The best indication that something is wrong can be a hesitation or resistance to participation in strenuous activities. Orthotics, stretching, and bracing can often do wonders to help the foot function optimally and reduce pain. When indicated, surgical inter-



vention can also help to restore a more stable foot that can withstand the rigors of sport and extended weight bearing.

If your child has flat feet, contact a podiatrist for an evaluation. If left unattended, flat feet may hamper your child’s mobility and development. It may also lead to surgery, and cause problems in the knees and hips.

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