

Information brochure

FLATFEET

Children have flatfeet when the arch on the inside of the foot disappears while standing (collapsed or flattened arch), and the entire sole of the foot is in contact with ground. The arch reappears when the foot is off the ground or when the child stands on tiptoes, and this is referred to as **flexible flatfoot (pes planus)**. Flexible flatfoot is entirely painless and does not cause any functional problem or problems with footwear.

Occasionally, flatfeet maybe secondary to structural problems in the feet and this may require further evaluation and treatment.

A Paediatric Orthopaedic surgeon will be able to distinguish between flexible flatfeet and other structural anomalies.

Frequently asked questions

My 2 year child has flatfeet and his heels turn out as well. Do I need to do something now to prevent permanent disability ?

Flexible flatfoot is extremely common in children and parents unduly worry that this will lead to permanent disability. In addition to the flattened arch, it is also common to find that the heels turn out (evert) as well, due to the relative hyperlaxity of joints – and this is referred to as flexible planovalgus.

Arches do not develop in the feet until the age of 5 – 6 years, and until then it is not possible to conclude whether a child will have flatfeet persisting into adulthood.

The natural history of flexible feet (seen before the age of 5 / 6 years) is improvement over time without any formal treatment.

Will my child's flatfeet worsen over time ? Will it stop him or her from participating in sports ?

Flexible flatfeet do not progressively worsen over time and do not cause pain or functional limitation. The natural history of flexible feet is improvement over time without any formal treatment.

If there is a family history of flatfeet or if there is generalised hyperlaxity of joints, flatfeet may continue to persist. However this does not cause any pain or functional limitation.

Do we need to take xrays to check for any abnormality ?

If the clinical picture is consistent with a flexible flatfoot, xrays are not necessary.

If there is any concern that the flatfoot is structural or secondary to other problems or if the pattern of deformity is asymmetric or associated with pain, further investigations will be necessary.

Do I need to make my child wear inserts or special shoes for correcting the flatfeet ? Does the child need physiotherapy or stretching exercises ?

Inserts within shoes, splints, special shoes or massages have not been shown to make any difference in the outcome of flexible flatfeet. Inserts or special shoes may limit the natural mobility of the child by being uncomfortable.

Occasionally, there may be associated tightness of calf muscles and in this scenario, the child may benefit from stretching exercises or physiotherapy.

Is there any role for shoe inserts or arch supports so that the arch can reform over time ?

There is plenty of scientific evidence to show that shoe inserts and arch supports do not influence the natural history of flatfeet (do not recreate the arches) and are therefore, unnecessary. The natural history of flexible flatfeet is improvement over time without any formal treatment.

If there is pain or difficulty with footwear, inserts or arch supports may help to relieve these symptoms.

Is there any role for surgery for correction of flatfeet ?

Surgery is indicated in a small percentage of older children and adolescents, who have rigid flatfeet, which may be secondary to structural problems in the feet. These feet are usually stiffer and have pain localised to the feet along with significant problems with footwear.