

## **Treatment options for children with flat feet**

**Question:** Is it normal for my children, 8- and 6-years-old, to have flat feet and how will this affect their spines?

**Answer:** Flat feet (also known as pes planus) is a condition defined as the lack of a medial longitudinal arch in the foot. Although very common in children, the exact cause is unknown. Almost all children start out with no arch until the age of 10. As maturity occurs a medial arch develops. A 1988 study confirmed that 28- to 35-percent of schoolchildren have a flatfoot deformity, 80-percent of which were classified as “mild”. Without treatment 90-percent of these children would be expected to have normal arches by the age of 10. The vast majority of children with a flatfoot should, therefore, eventually develop normal longitudinal arches.

The determining factor is differentiating a flexible flatfoot from a congenital, rigid flatfoot. A rigid flatfoot is usually due to an osseous deformity, such as a tarsal tunnel condition (abnormal bony or fibrous fusion of one or more of the tarsal bones). One test to determine the existence of a rigid flatfoot easily can be performed in the chiropractor’s office. If an arch is present when the child is sitting with the foot dangling, or when standing up on their toes, then the flatfoot is “supple and is correctable with an arch support.” If the foot remains flat and rigid, any attempt to support or lift up the arch may be painful and unsuccessful. A referral to a specialist may be required.

Preschool children with flexible feet, compared with children without, performed physical tasks poorly and walked slowly, as determined by gait

parameters. When a parent brings in a child with flat feet who is between the ages of 6 and 10, and the in-office tests mentioned above confirm a flexible flatfoot, immediate intervention is necessary to encourage normal development of the longitudinal arch, and prevent pelvic and spinal postural deformities. This is especially true when one foot is flatter than the other one. The resulting asymmetrical forces imposed during locomotion activities eventually can result in significant trauma to the foot/ankle complex, knees, hips and low back. If the child is 10-years-of-age or older, the flexible flatfoot can be considered permanent, and he or she will require long-term use of orthotics to prevent future problems in the foot, lower extremities and spine. This is especially true for overweight or athletically active youngsters.

A complete chiropractic evaluation can determine if your children have a foot/ankle, hip, leg, or low-back condition that should be corrected. Chiropractic treatment is gentle and may include specific spinal adjustments supported by specific foot exercises to strengthen the arch and ankles, as well as making foot orthotics to maintain the arch.

**Quote of the week:** *“Stand by your convictions, strong people don’t need strong leaders.”* – Ella Baker