Flexible Flatfoot in Children

When a child with flexible flatfoot stands, the arch of the foot disappears. Upon sitting or when the child is on tiptoes, the arch reappears. Although called "flexible flatfoot," this condition always affects both feet.

Flexible flatfoot is common in children. Parents and other family members often worry needlessly that an abnormally low or absent arch in a child's foot will lead to permanent deformities or disabilities. Flexible flatfoot is usually painless and does not interfere with walking or sports participation. Most children eventually outgrow it without any problems.

Flexible flatfoot, showing the absence of an arch when standing.

Description

A flexible flatfoot is considered to be a variation of a normal foot. The muscles and joints of a flexible flatfoot function normally.

Most children are born with very little arch in the feet. As they grow and walk, the soft tissues along the bottom of the feet tighten, which gradually shapes the arches of the feet.

Children with flexible flatfoot often do not begin to develop an arch until the age of 5 years or older. Some children never develop an arch.

If flexible flatfoot continues into adolescence, a child may experience aching pain along the bottom of the foot. A doctor should be consulted if a child's flatfeet cause pain.

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Doctor Examination

To make the diagnosis, your doctor will examine your child to rule out other types of flatfeet that may require treatment. These include flexible flatfoot with a tight heel cord (Achilles tendon), or rigid flatfoot, which is a more serious condition.

Tell your doctor if anyone else in the family is flatfooted, as this may be an inherited condition. Your doctor will need to know about any known neurological or muscular disease in your child.

Your doctor will look for patterns of wear on your child's everyday shoes. He or she may ask your child to sit, stand, raise the toes while standing, and stand on tiptoe.

In addition, your doctor will probably examine your child's heel cord (Achilles tendon) for tightness and may check the bottom of your child's foot for calluses.

The arch disappears when standing (left) and reappears when the child is on tiptoes (right).

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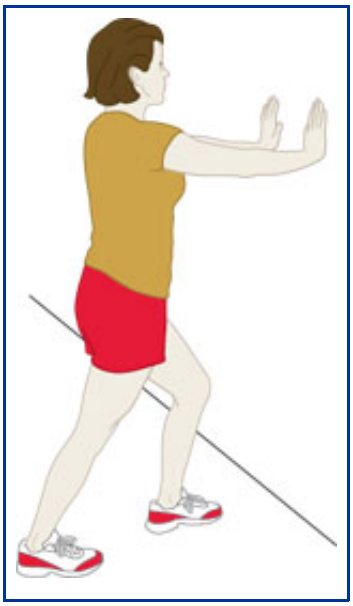
Treatment

Nonsurgical Treatment

Treatment for flexible flatfoot is required only if the child is experiencing discomfort from the condition.

Stretching exercises. If your child has activity-related pain or tiredness in the foot, ankle, or leg, your doctor may recommend stretching exercises for the heel cord.



- **Heel Cord Stretch**
  Lean forward against a wall with one leg in front of the other. Straighten your back leg and press your heel into the floor. Your front knee is bent. Hold for 15 to 30 seconds. Keep both heels flat on the floor. Point the toes of your back foot toward the heel of your front foot.

Shoe inserts. If discomfort continues, your doctor may recommend shoe inserts. Soft-, firm-, and hard-molded arch supports may relieve your child's foot pain and fatigue. They can also extend the life of your child's shoes, which may otherwise wear unevenly.

Additional treatment. Your doctor may prescribe physical therapy or casting if your child has flexible flatfoot with tight heel cords.

A child at age 3 years (left) with flexible flatfoot. The same child at age 15 years (right) has a normal arch despite having received no treatment.

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Surgical Treatment

Occasionally, surgical treatment will be necessary for an adolescent with persistent pain. In a small number of children, flexible flatfeet become rigid instead of correcting with growth. These cases may need further medical evaluation.

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