



Adult Flatfoot (PreOp)



Calcaneal Osteotomy, Subtalar Implant and Midfoot Fusion (PostOp)



Adult Flatfoot (PreOp)



Triple Arthrodesis (PostOp)



Adult Flatfoot (PreOp)



Double Calcaneal Osteotomy and Cotton Osteotomy (PostOp)



Carlo A. Messina, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



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- Fellow: American College of Foot and Ankle Surgeons
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- Board Certified: American Board of Foot and Ankle Surgery
- Board Certified: American Board of Podiatric Medicine
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Complex Limb Salvage; Foot, Ankle and Leg Fracture Surgery
- Specializing in Total Ankle Replacements and Running Injuries



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- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma



Warren Windram, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults

FLAT FEET IN ADULTS



Messina • Goodner • Cohen • Windram
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Foot, Ankle & Leg Specialists of South Florida

INSURANCE

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LOCATIONS

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17842 NW 2nd St. • 954-430-9901

PLANTATION

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

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FLAT FEET IN ADULTS

By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

The arch of a person's foot is the main supporting structure of the body. It is composed of bones that are connected by ligaments. If the ligaments are strong, the integrity of the arch remains intact. Ligaments that are loose or weak allow the arch to flatten. When this occurs, muscles try ineffectively to hold up the arch. Pain in the foot, legs, ankle and back often develops.

CAUSES:

- Loose or weak ligaments of the arch are the most common reason.
- Bone abnormalities that may be hereditary or acquired from injury (tarsal coalitions or fractures).
- Trauma to tendons and ligaments on the inside of the arch and ankle may cause the arch to slowly or acutely collapse (posterior tibial tendon dysfunction).
- Flatfoot adults were usually flatfoot children that may not have had proper care.

SYMPTOMS:

- Pain in the arch, feet, ankles and legs aggravated by standing, walking and running.
- Leg cramps and pain at times during the night.
- Premature fatigue during activity or simple walking.
- Weakness in the legs during running.
- Stiffness and pain in the lower back, especially in the morning.
- Lack of interest in participating in sports or activities that require running.
- Poor cardiovascular fitness.

SIGNS:

- Flat arch when standing is most common. The arch may look normal off weightbearing.
- Many arches appear normal when standing but the front part of the foot points out compared to the rearfoot. This is a foot that functions like a flat foot and may be a problem.
- When looking at the feet from behind, the heel bone appears to turn out.
- Knock-knees.
- Feet and ankles look abnormal. Bulging of the bone on the inside of the ankle and foot.
- Abnormal gait with the feet excessively turned out (out toe)
- Abnormal shoe wear.
- People often are overweight due to lack of exercise.
- Poor "push off" when running.

RELATED PROBLEMS:

- Development of bunions, hammertoes, heel spurs, neuromas and sagging joints.
- Knee and leg problems.
- Severe collapse of the foot necessitating reconstructive bone surgery.
- Limited activity causing weight gain and poor cardiovascular fitness.
- Muscular tightness in the foot, legs and back.
- Osteoarthritis in the foot, ankle, knees, hips and back.
- Back pain, especially in men over 30.

TREATMENT:

- History and physical examination to identify areas of pain and underlying causes.
- Proper shoe gear to support the foot.
- **Orthotics** (insoles) custom molded to the foot to support the foot and entire extremity.
- **Physical therapy** to strengthen weak muscles and stretch tight muscles.
- Short period of **cast immobilization** to stretch excessively tight muscles that may be aggravating the condition. This may be indispensable in long term care.
- **Surgery** if all efforts at conservative care have failed to alleviate a person's problem. Failure to consider a surgical alternative may condemn an adult with severe deformity to continued pain, suffering and poor health.
- Many types of surgical procedures are available to permanently correct an adult flatfoot. A combination of muscle, tendon, ligament and bone procedures are performed depending on the problem.

PROGNOSIS:

There are many procedures that can be performed to permanently realign a foot when conservative care fails. These procedures will provide an EXCELLENT long term outcome, allowing in most cases a return to activity with little, or in most cases, no pain.



Flatfoot (PreOp)



STJ Implant (PostOp)



Flatfoot (PreOp)



STJ Implant (PostOp)



Flatfoot (PreOp)



TAL, STJ Implant and Midfoot Fusion (PostOp)



Flatfoot (PreOp)



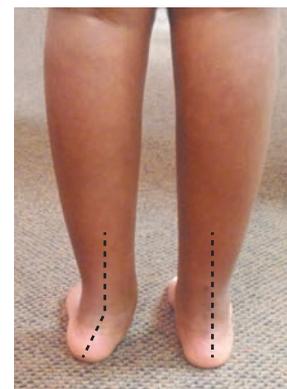
TAL, STJ Implant and Midfoot Fusion (PostOp)



Flatfoot (PreOp)



Flatfoot PostOp (Evans Calcaneal Osteotomy)



Flatfoot Reconstruction (Left Foot: PreOp - Right Foot: PostOp) with TAL, STJ Implant and Midfoot Fusion

