

Ballerina Feet or Fred Flintstone Feet?

By Melisa Chang, P.T.

Foot Problems in Children

From the moment our children are born, we expect them to be perfect and beautiful. We count their toes, fingers and love all over them. As most of us realize, though, perfection is not always the case. Some children, have problems with their feet from birth, while others may develop problems in the early years.

Flat Feet

Another foot problem is flat feet (pes planus) or "Fred Flintstone feet". This is something that can be and is often normal for young children. Arches develop over time. The foot muscles actually exercise and get stronger best when walking barefoot. Flat feet can be considered a problem when the child complains of pain in the feet or lower legs after walking. Children may not always give you a clear picture of what they are feeling. So as a parent, one must be observant as to the way a child's shoes wear down over time; paying special attention to the heel position. If the wearing of the shoe is more on the inside edge and it looks like the heel is positioned more to the outside, then you may have a child that has flat feet. Another basic test is to see what a wet footprint looks like. If you think Fred Flintstone, then you may have a child that has flat feet!

The most important thing is to pay attention to their complaints of pain after walking. Flat feet without pain do not necessarily indicate a need for treatment. Just like toe walking, there can be many reasons for flat feet other than an arch not developing normally, such as Down's syndrome, hypo tonicity (low tone) or developmental delay. If your child has any of these diagnoses, you may also need to discuss it with your physician and decide if orthotics are necessary as an adjunct treatment.

Orthotics for flat feet are used to support the arches and provide a better mechanical advantage for the foot to be able to walk correctly. The feet are the structural foundation of the body, therefore, supporting the feet in their optimal alignment allows for the muscles in the legs to activate at their best.

If you have questions about orthotics, please consult your physician and then seek out a Certified Orthotist who specializes in children.



Toe Walking

"Ballerina feet" or toe walking is one such problem. Causes of toe walking include tightness in the heel cords at birth, habitual toe walking or neurological conditions such as Cerebral Palsy or Duchenne's Muscular Dystrophy. Although many children learning to walk tend to go up on their toes, should this continue past the age of 18 months, a physician consultation is necessary to determine causes and treatment options. You may think the child looks cute walking on his/her toes, but that ballerina look will be the focus of teasing when that child becomes school age.

Treatment options can be as simple as stretching the tight calf muscles. Other options include serial casting, orthotics, or surgery. If a child just has the habit of walking on their toes but can change this behavior on command, it may still be necessary to intervene with serial casting or orthotics. The child may change this habit when told repetitively, "Don't walk on your toes...don't walk on your toes," but before long both the parent and the child will tire of this necessary nagging. Although serial casting or bracing may seem extreme, don't let the title scare you; it is just a short term treatment to provide a slow sustained stretch to the tight muscles.

Serial casting is applying a cast on the lower leg to allow a prolonged stretch on the tight calf and Achilles tendon. The cast is removed weekly and reapplied in a more optimal stretched position until it is adequate for the child to walk with heel strike at initial contact during the walking phase. After the casts are removed, it may be necessary to put some type of orthotics in the shoes to reinforce the heel strike and continue the child's progress.

Other orthotic choices can be discussed with a certified orthotist. Some could include orthotic inserts which go inside the shoes. These can help to support the arch and also provide some rigidity to hinder the toe walking or plantar flexion/equinus and ensure correct foot position. For a more supportive option, a brace called an AFO (ankle foot orthosis) can be custom made and utilized as long as needed to prevent the reoccurrence of toe walking. If no neurological conditions are present this time period is approximately 3 to 6 months.

Melisa Chang, P.T. is Vice President of Dynamic Orthopedics, Inc., a prosthetic and orthotic company that specializes in pediatrics. She can be reached at 866-424-1168 or www.dynamicorthopedics.com