

Children’s Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

<h2 style="text-align: center;">Flexible Flat Feet</h2> <p style="text-align: center;">Foot with low or absent longitudinal arch in weight-bearing conditions</p>				
Diagnosis	Referring provider’s initial evaluation and management:	When to initiate referral to Orthopedic Clinic or Primary Care Sports Medicine Clinic:	What can referring provider send to Orthopedic Clinic?	Specialist’s workup will likely include:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> Anatomic characteristics: Excessive eversion of the subtalar complex during weight bearing with plantarflexion of the talus, plantarflexion of the calcaneus in relation to the tibia, a dorsiflexed and abducted navicular, and a supinated forefoot Can present at any age-most common first decade in life Equally prevalent in males vs. females <p>Causes</p> <ul style="list-style-type: none"> Infants are born with flexible flatfeet, and the normal arch 	<p>Physical exam:</p> <ul style="list-style-type: none"> Determination if feet are flexible or rigid. Inspection when weightbearing with feet flat & with weightbearing on toes. <ul style="list-style-type: none"> Flexible flat feet-arch disappears when weightbearing and reappears when seated or standing on toes. Flexible subtalar motion Rigid flat feet-arch is not present when weightbearing and does not reappear when standing on toes 	<p>Flexible/Non-painful – refer only if family requests</p> <ul style="list-style-type: none"> PCP can provide parental education: <ul style="list-style-type: none"> Common developmental variation Most flexible flat feet resolve spontaneously Most flexible flat feet do not lead to pain or disability in adults Observation & time are only treatments needed 	<p>Please send</p> <ul style="list-style-type: none"> Pertinent images – either push to CHW PACS or send with family on disc Radiologist reports if imaging obtained – send with family or fax to (414) 604-7509 Clinic notes related to flat feet <p>Contact Information</p> <ul style="list-style-type: none"> Call Physician referral Line at (414) 266-2460 if you would like to speak directly to Pediatric orthopedic surgeon prior to referral Contact Orthopedic Nurseline at (414) 266-2411 for general concerns 	<ul style="list-style-type: none"> Birth & developmental milestone history Family history Physical exam including: <ul style="list-style-type: none"> * gait analysis * rotational profile * musculoskeletal Exam Images: <ul style="list-style-type: none"> * may consider x-ray, CT, or MRI * depending upon exam findings and previous work-up



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Updated: June 2023
 Valid through: June 2027
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<p>develops in the first decade of life</p> <ul style="list-style-type: none"> Flat feet are normal and usual in infants, common in children, and are often present in adults with a decreasing prevalence with increasing age. 	<p>or seated. Limited or no subtalar motion</p> <ul style="list-style-type: none"> Seated inspection of feet Palpation Strength Flexibility (Achilles tendon) <p>Flat feet Video Resource</p> <p>Diagnostic Tests</p> <ul style="list-style-type: none"> If foot/feet rigid, painful, asymmetric in appearance Radiographs foot AP/lateral/oblique rigid, painful, or asymmetric <ul style="list-style-type: none"> AP/Lat/oblique views of foot with patient weightbearing 	<p>Rigid or Painful despite conservative treatment:</p> <ul style="list-style-type: none"> General Orthopedic Clinic – Seen by Physician or APP Primary Care Sports Medicine – Seen by Pysician or APP Competitive athlete, pain triggered by sports 		
<p>Differential Diagnosis</p> <ul style="list-style-type: none"> Tarsal coalition Accessory navicular Posterior tibial tendonitis Tight Achilles Calcaneovalgus Peroneal spasms Vertical Talus 	<p>Conservative Treatment for Painful flexible flat feet</p> <ul style="list-style-type: none"> PT for 6-8 weeks Orthotics (over the counter shoe inserts to aid with symptom management only) <ul style="list-style-type: none"> * Vasyli * SuperFeet 			
<p>References</p> <ul style="list-style-type: none"> American Academy of Orthopedic Surgeons. (2022). Flexible Flat Feet. https://orthoinfo.aaos.org/en/diseases--conditions/flexible-flatfoot-in-children American Academy of Pediatrics. (2023). Flat Feet and Fallen Arches: When is Treatment Needed? Adapted from Adapted from Caring for Your Baby and Young Child: Birth to Age Five. (7th ed.). https://orthoinfo.aaos.org/en/diseases--conditions/flexible-flatfoot-in-children Pediatric Orthopedic Society of North America. (2024). Flexible Flat Feet. https://orthokids.org/conditions/flexible-flat-feet/. Staheli, L.T., Chew, D.E., & Corbett, M. (1987). The longitudinal arch. A survey of eight hundred and eighty-two feet in normal children and adults. Journal of Bone & Joint Surgery. 69, 426-428. 				

*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG CORE Team



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