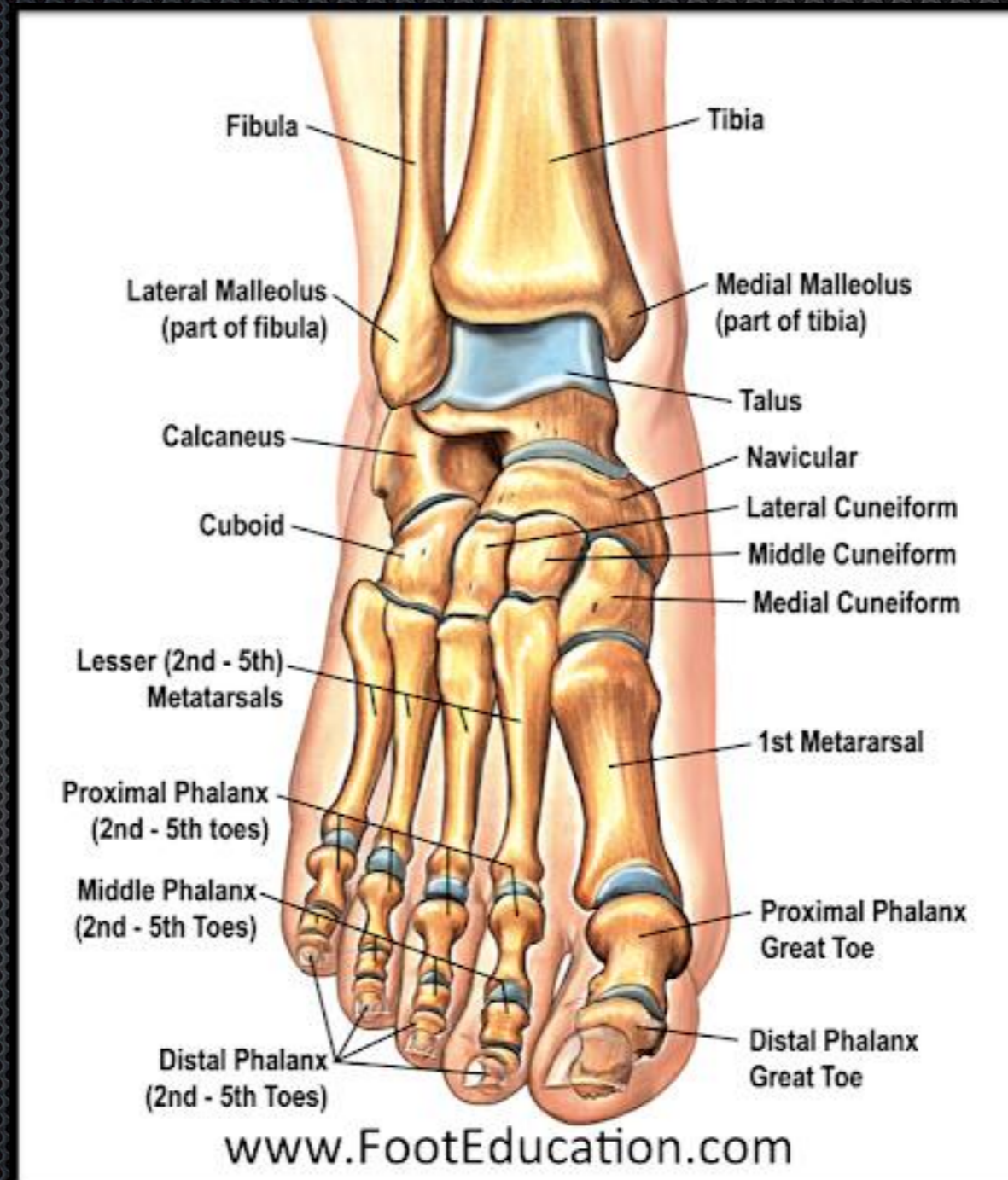


The Paediatric Foot

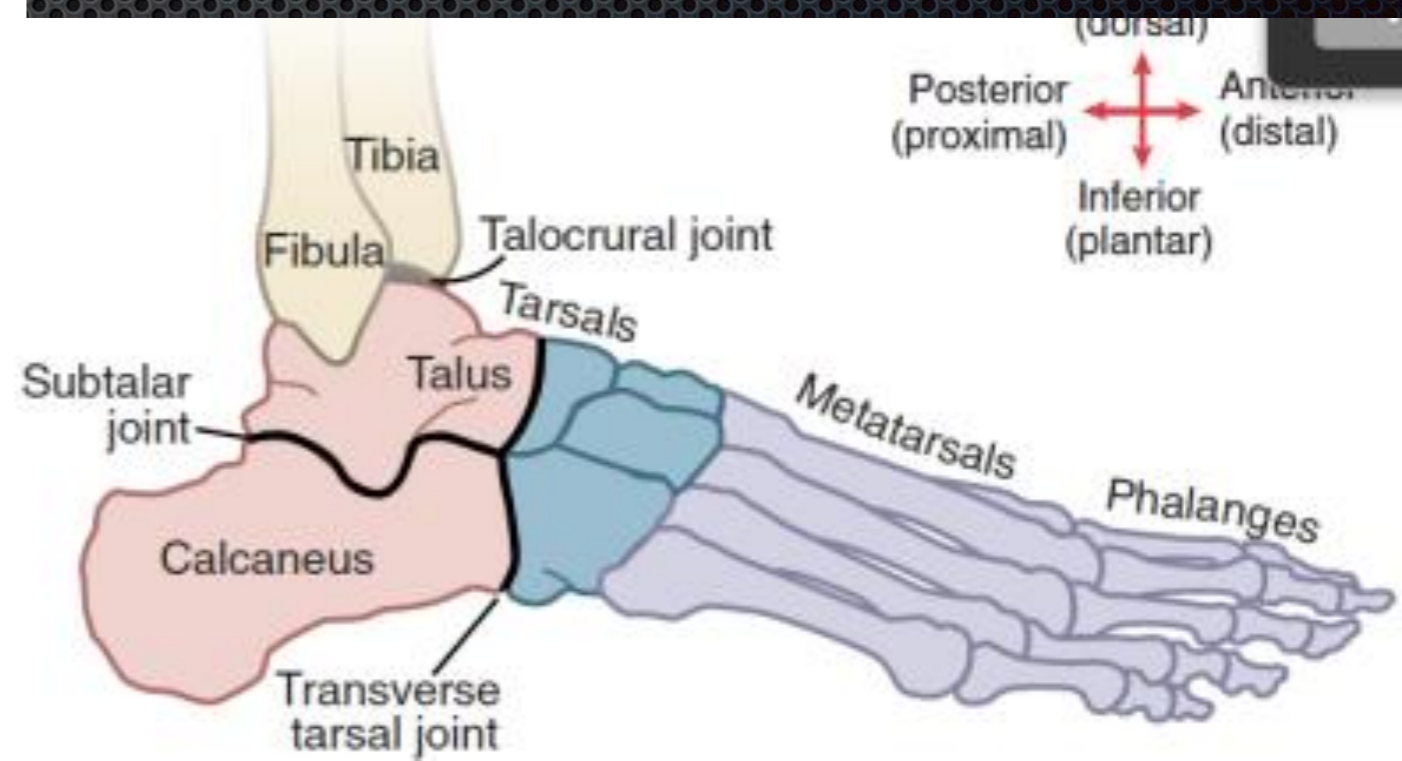
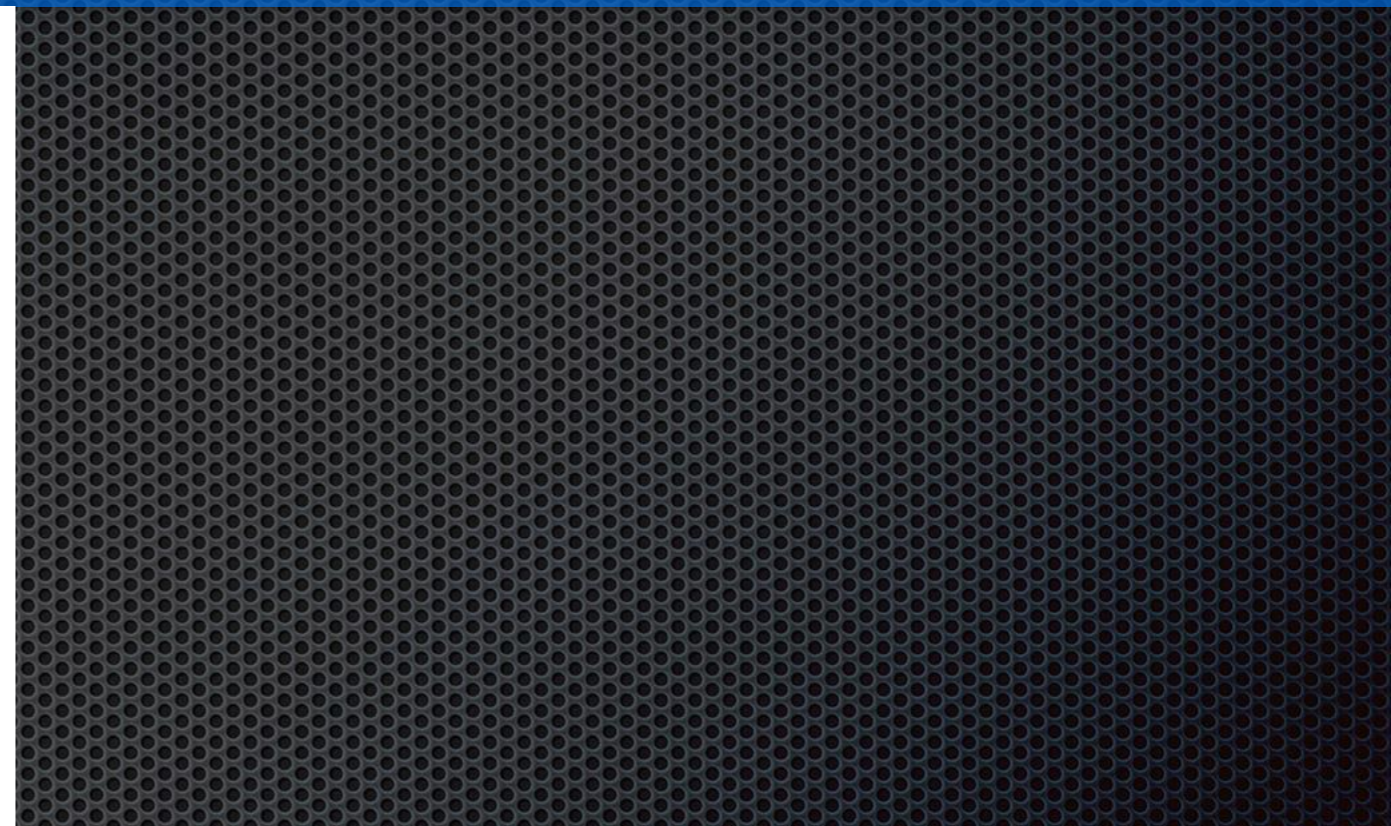
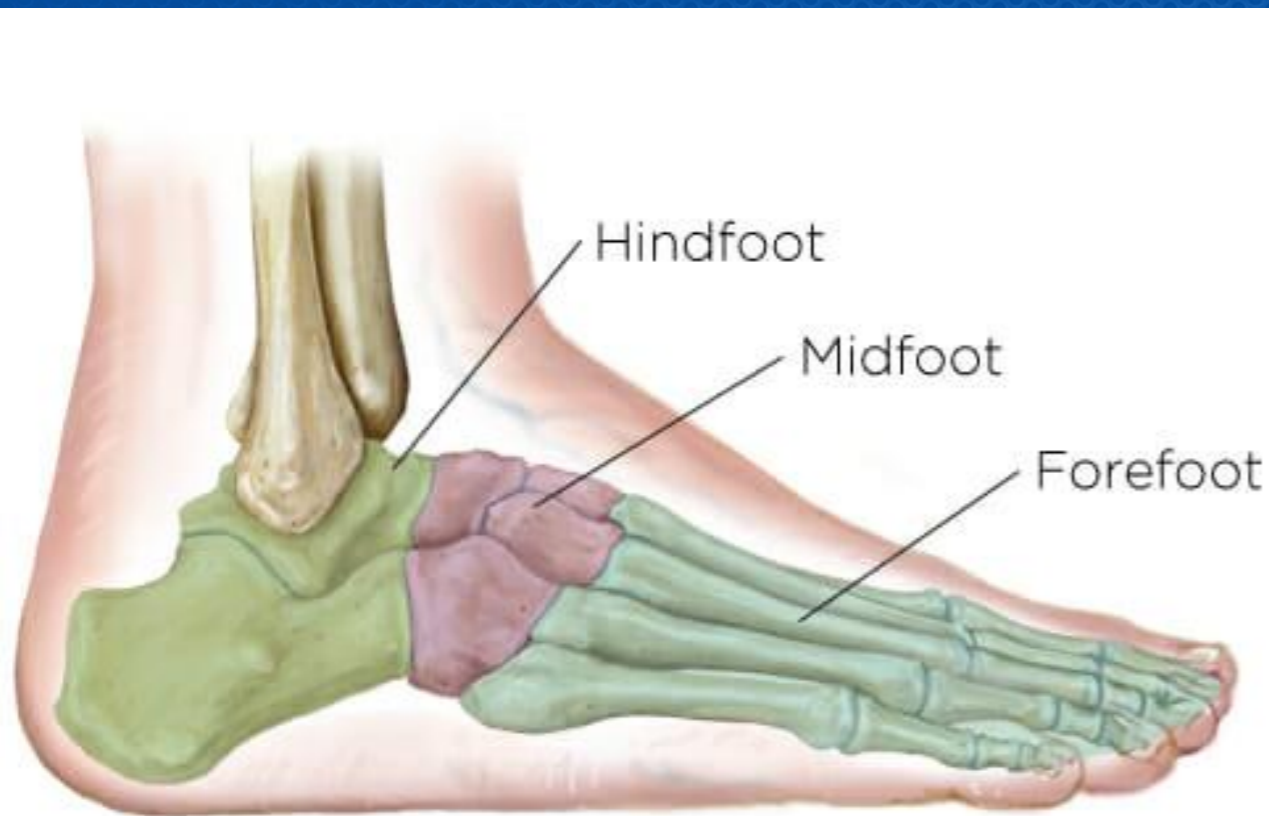


Mohamad Samih Yasin, FRCS
5th-year seminars

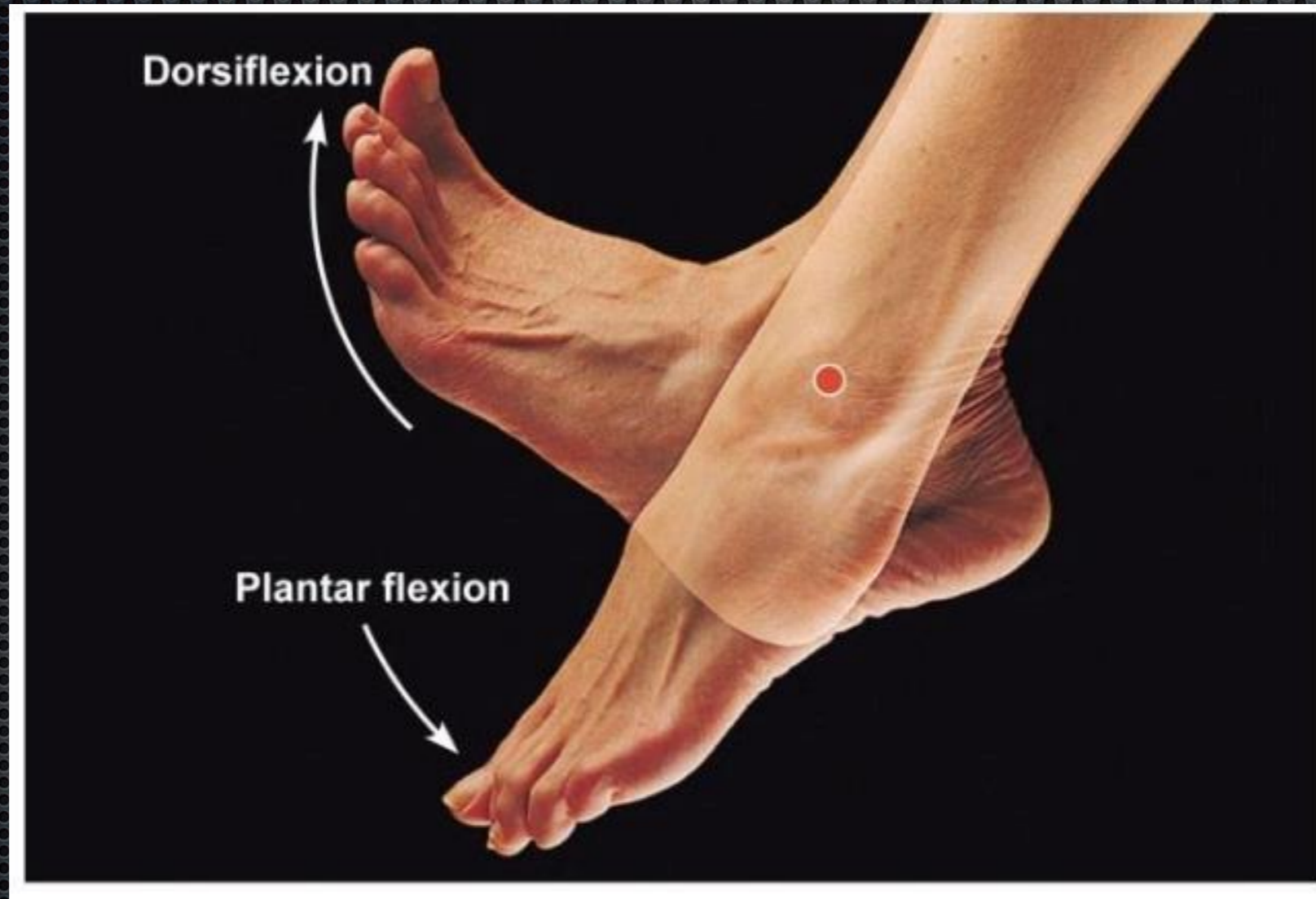
Anatomy



Anatomy



Movement



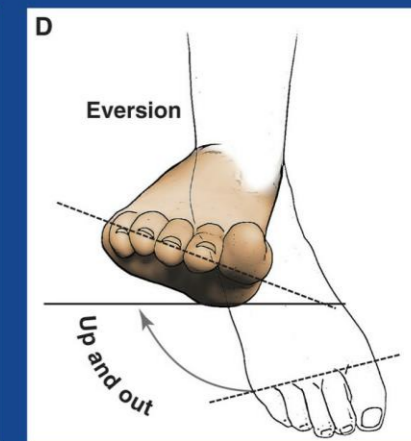
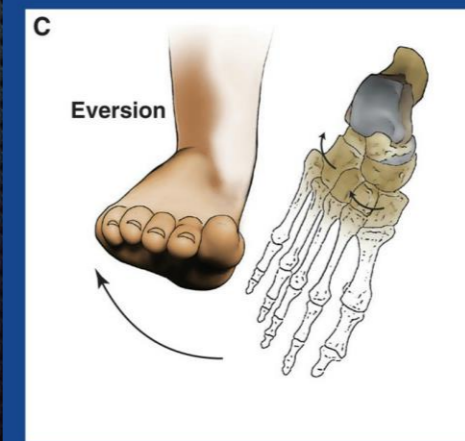
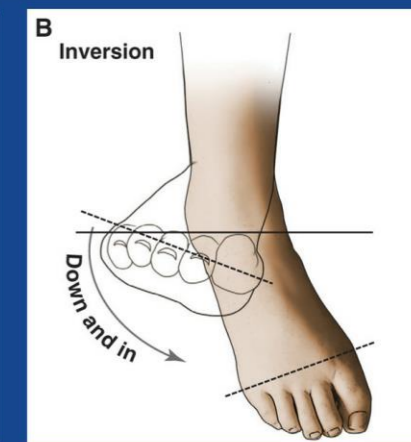
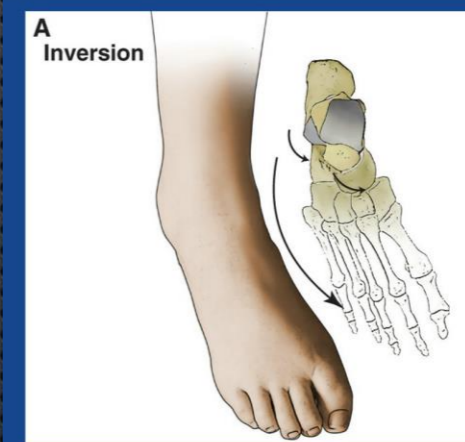
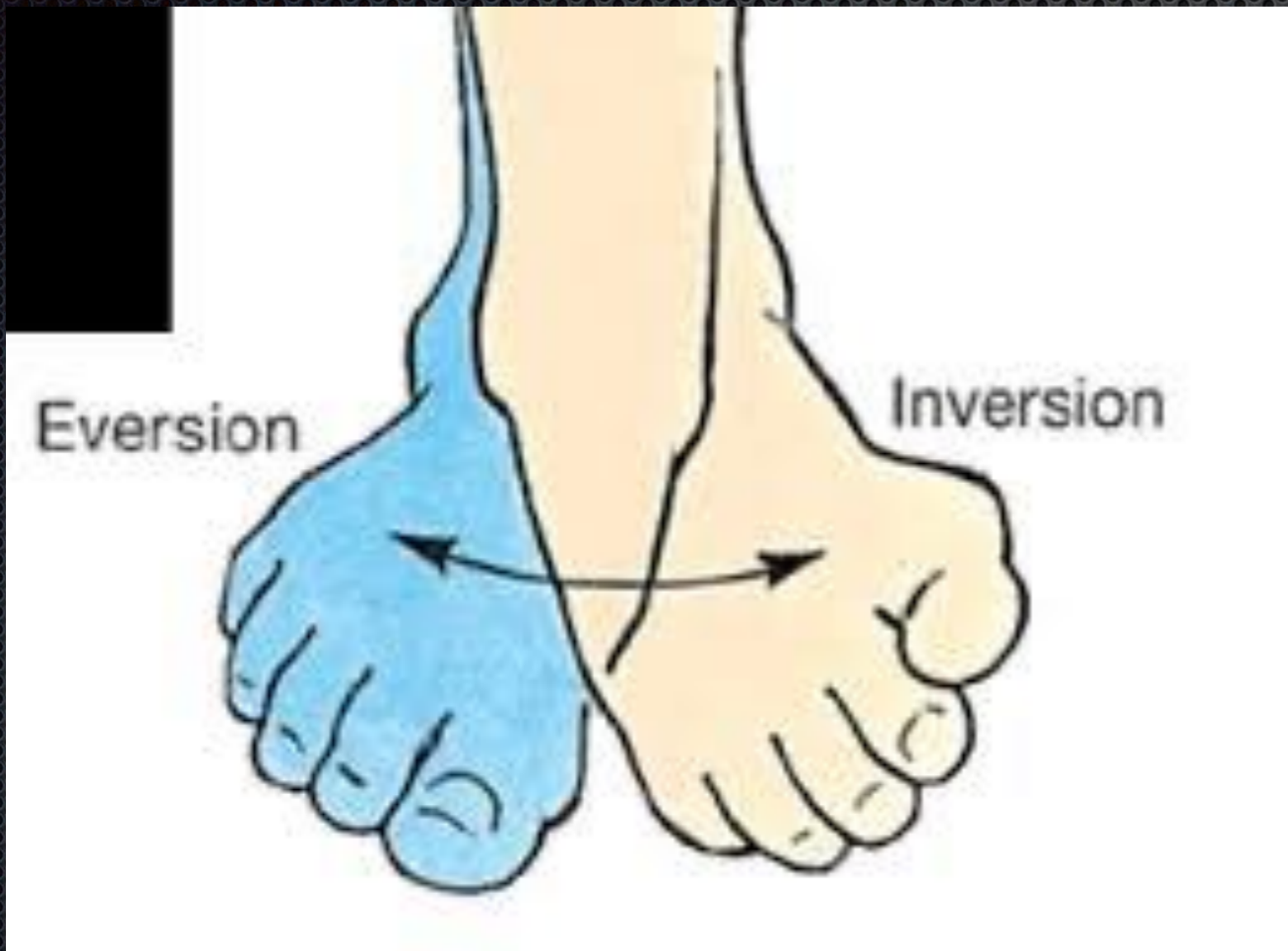


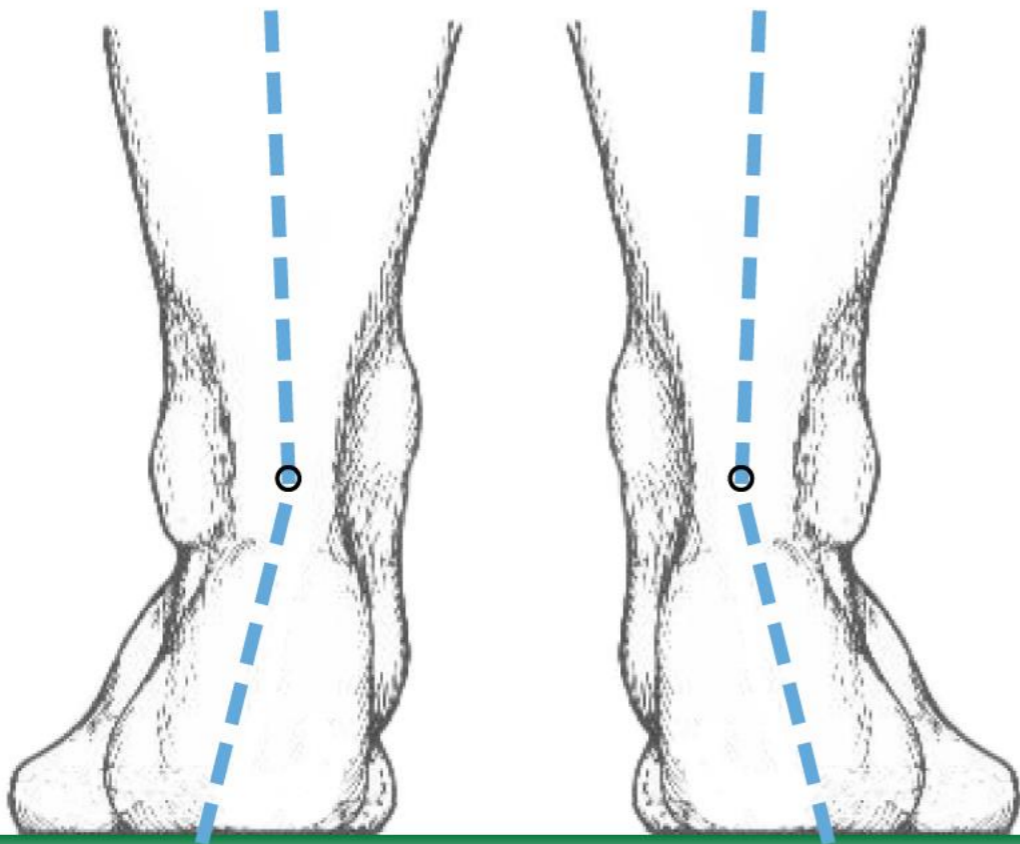
Equinus



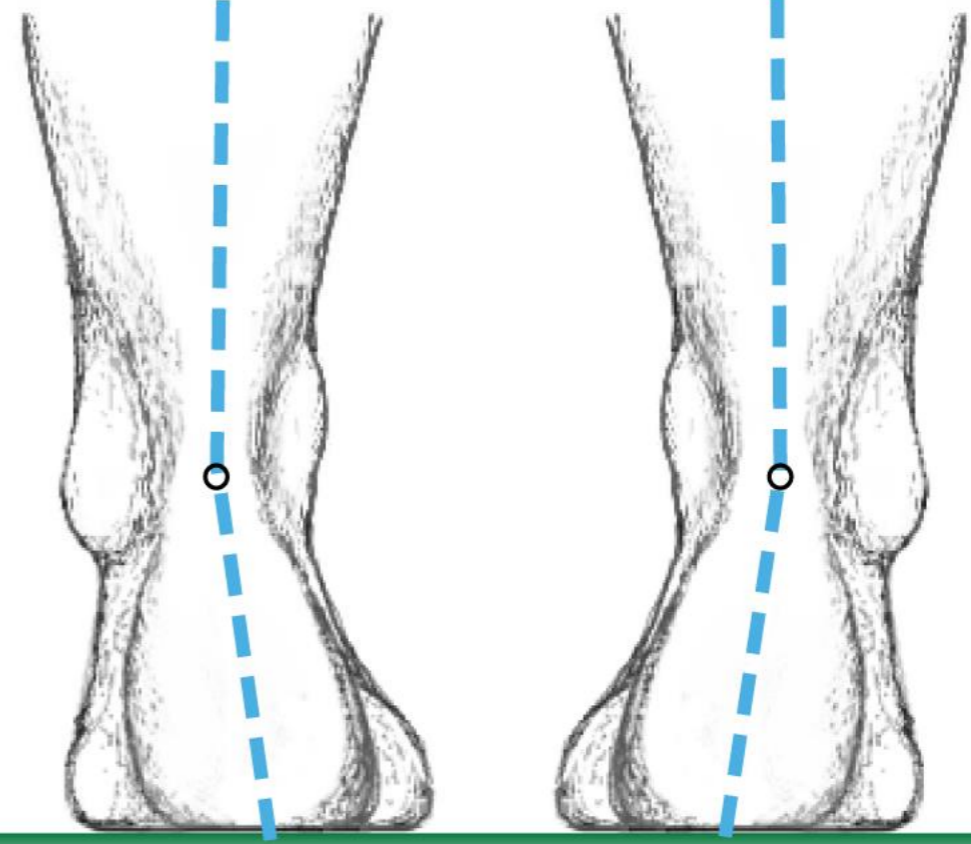
Calcaneus

Movement





Valgus Heel (everted)



Varus Heel (inverted)



Rearfoot Valgus



Rearfoot Varus



A



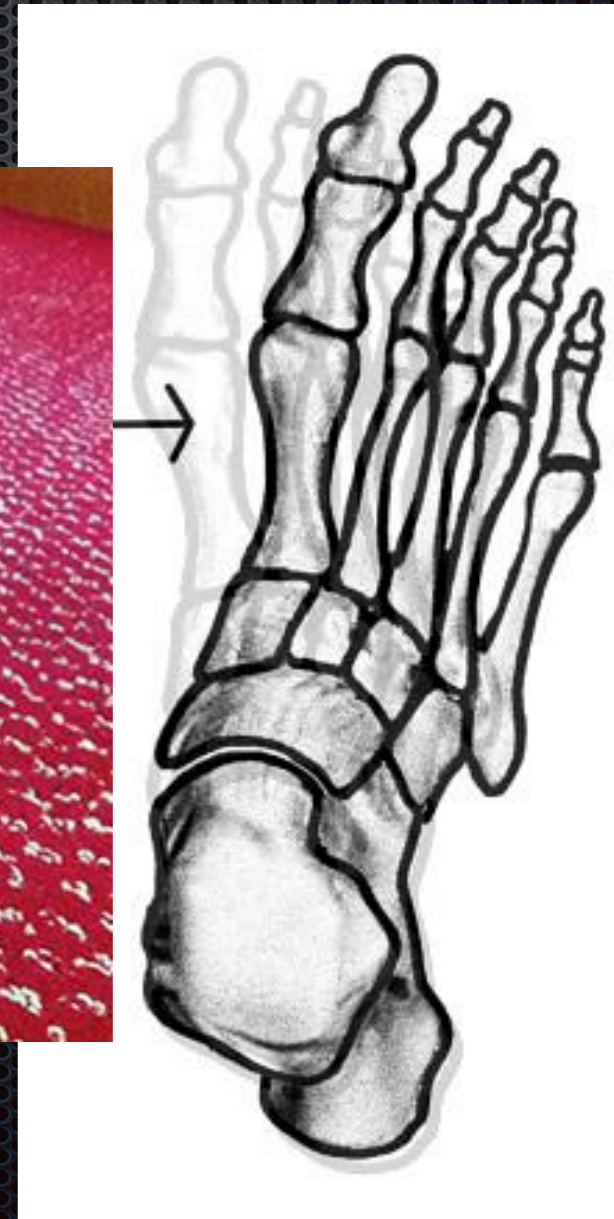
B

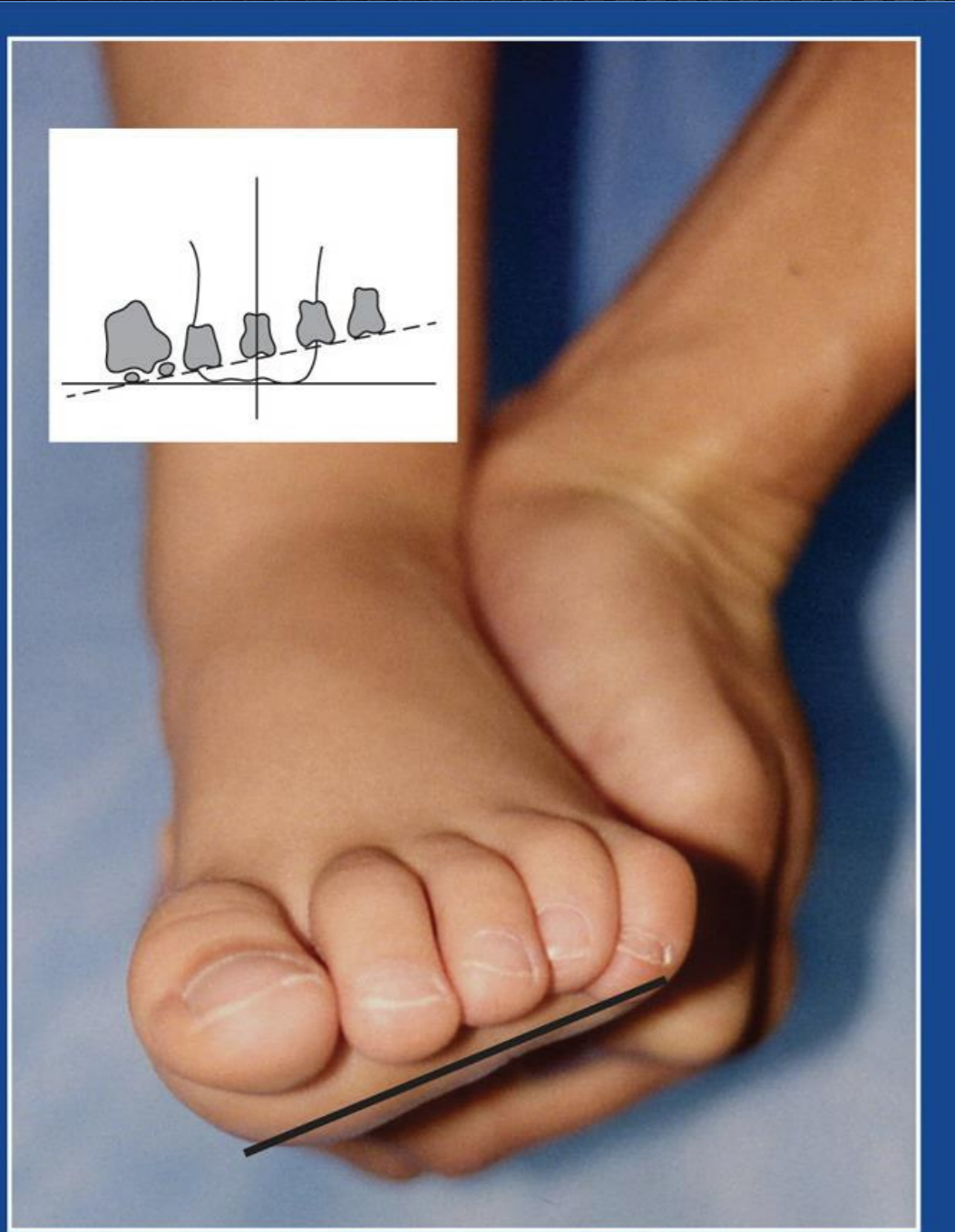


Adductus

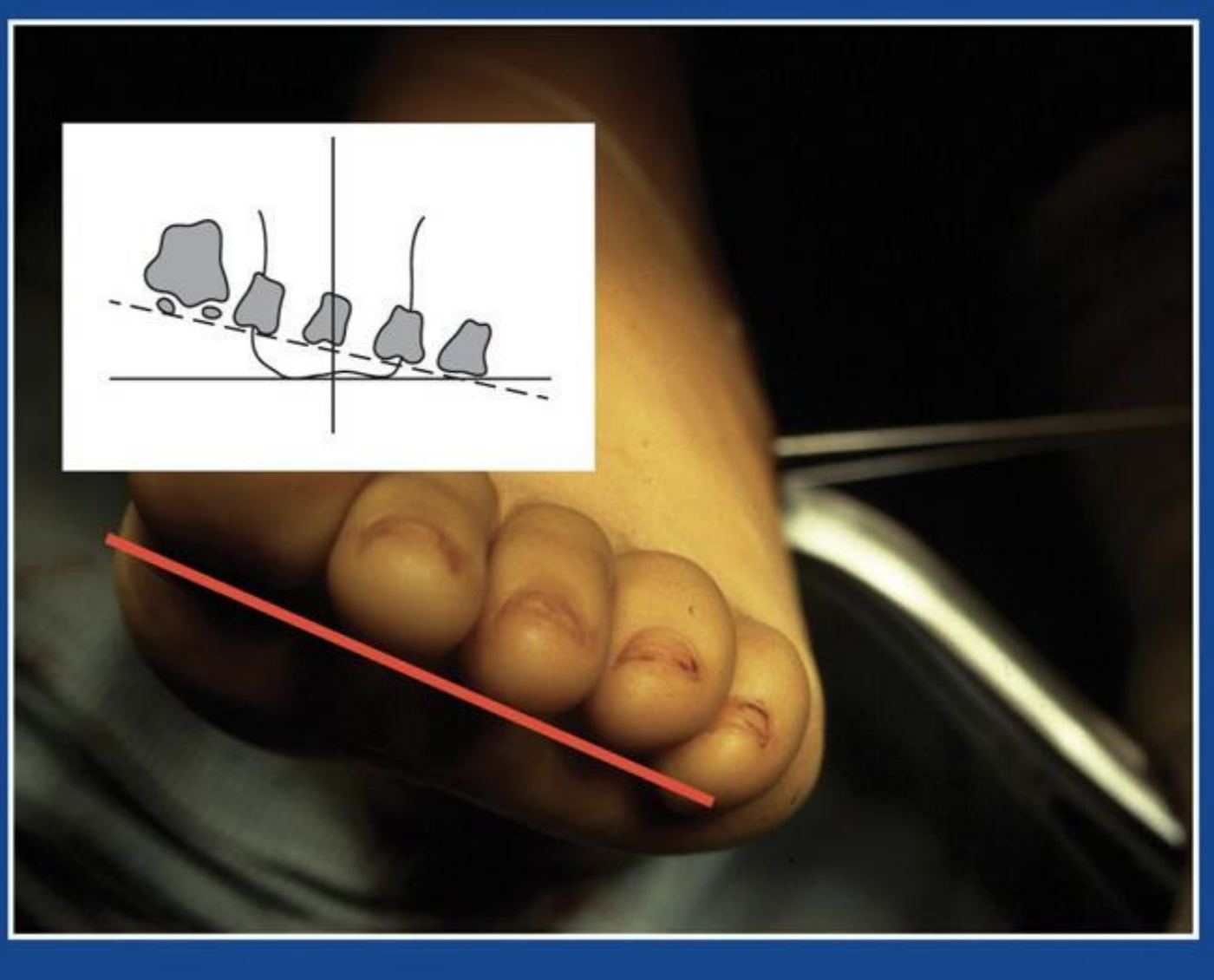


Abductus





Pronation

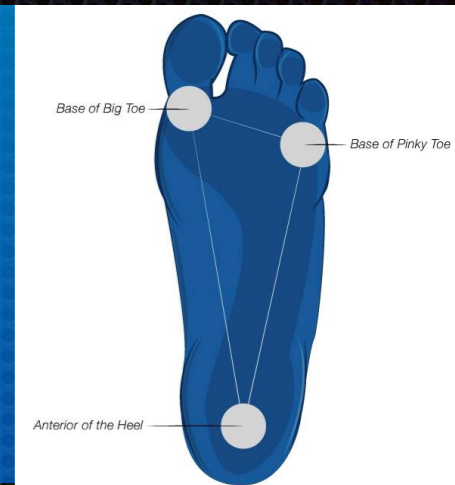


Supination

Pronation forefoot = Valgus hindfoot
Supination forefoot = Varus hindfoot

Pronation forefoot = Cavus = High arch =
plantarflexion first ray

Tripod



**A STABLE FOOT
POSITION
REQUIRES A
MINIMUM OF 3
POINTS OF
CONTACT WITH THE
GROUND.**



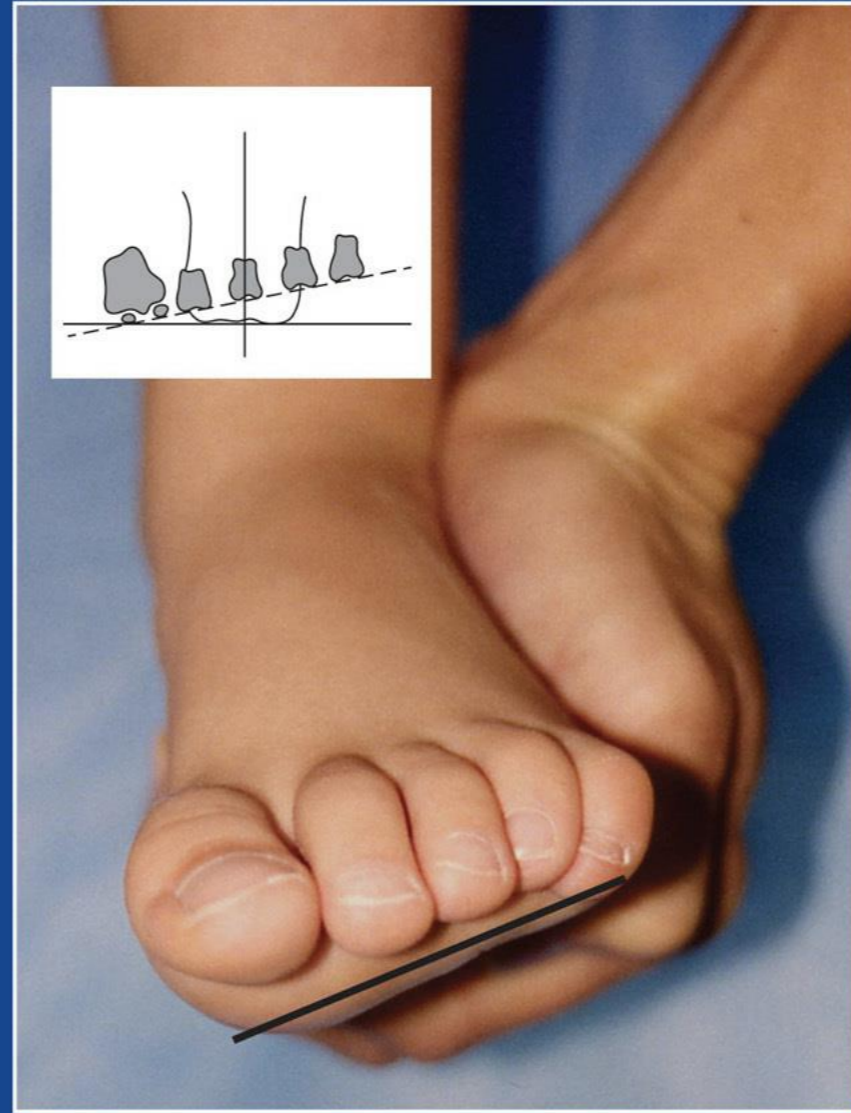
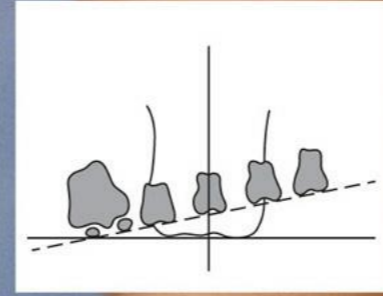
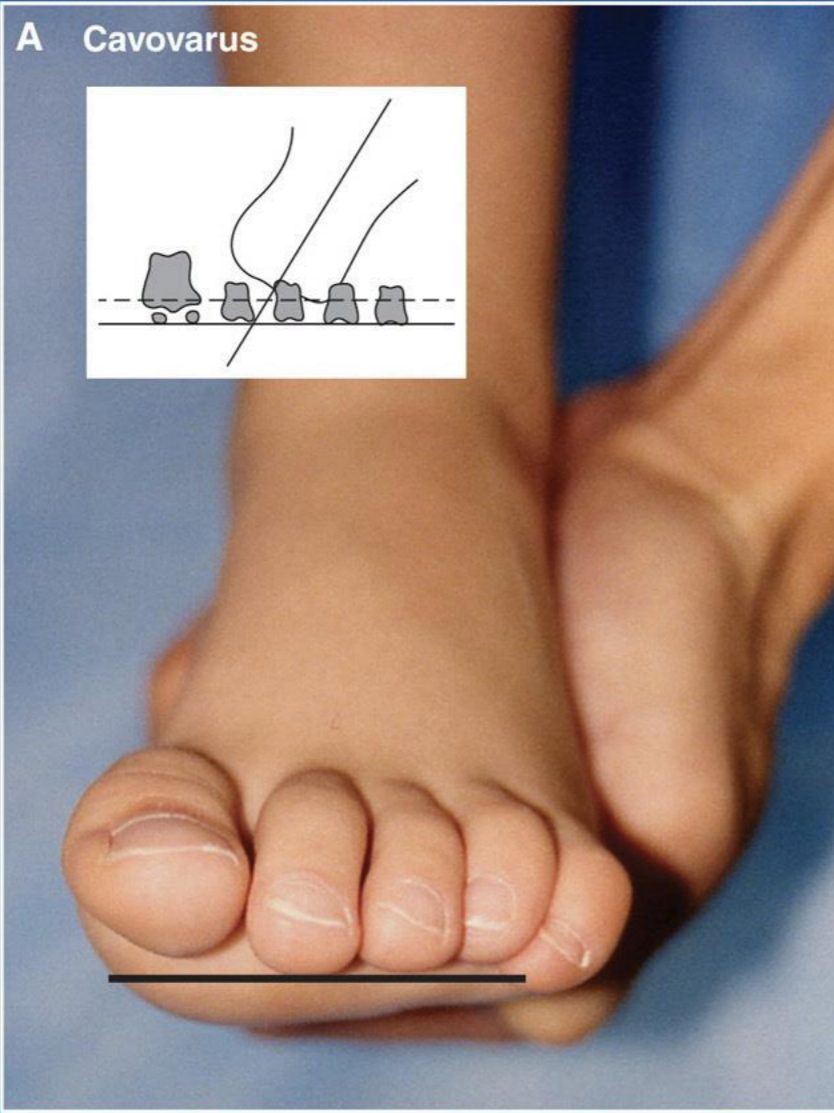
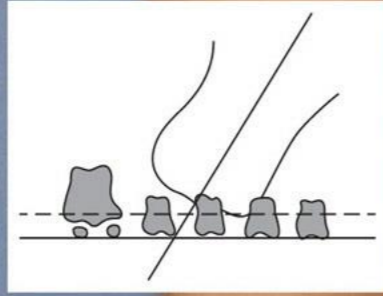
FOOT TRIPOD

POINTS OF CONTACT

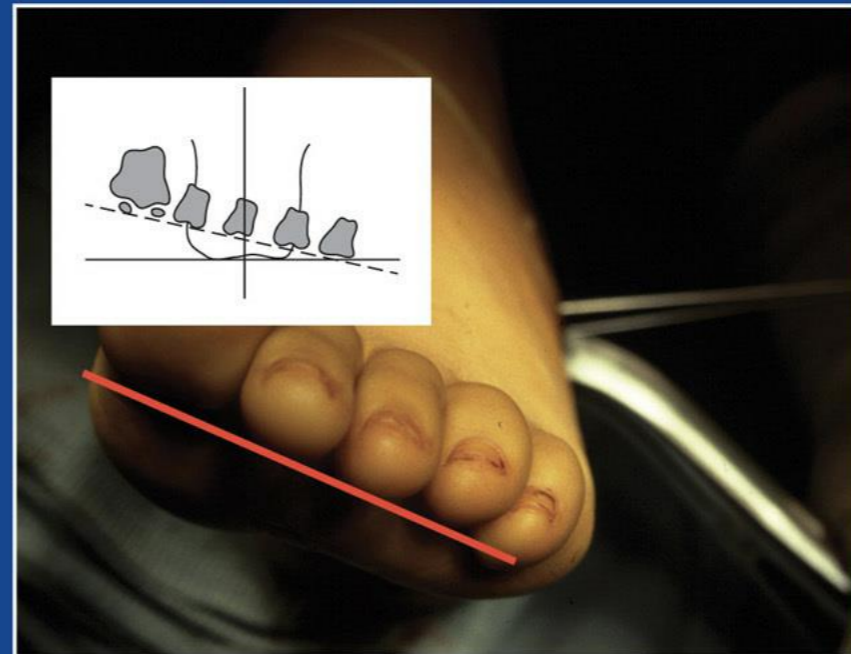
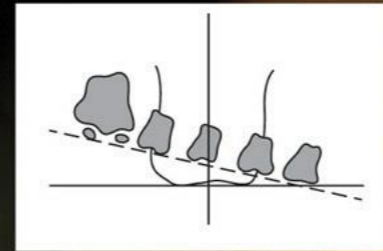
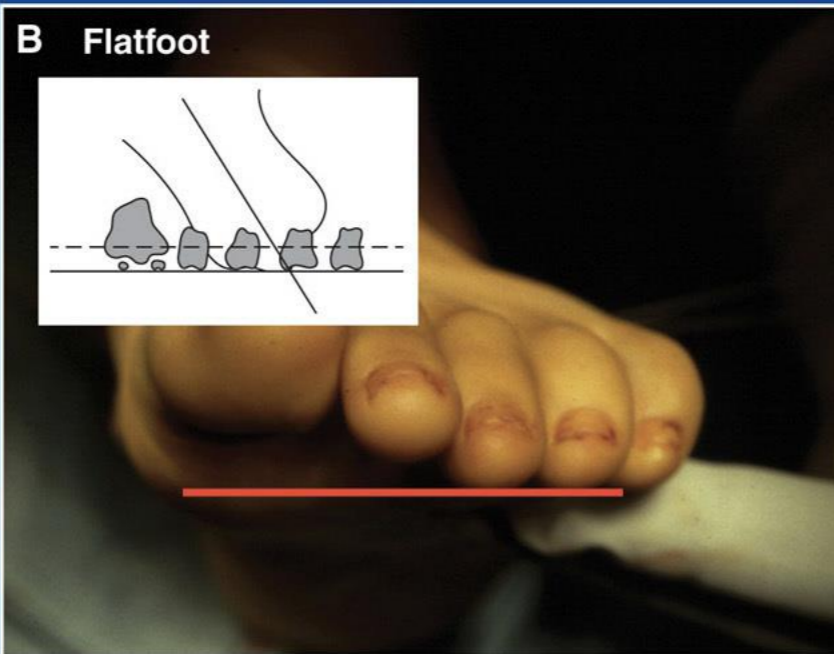
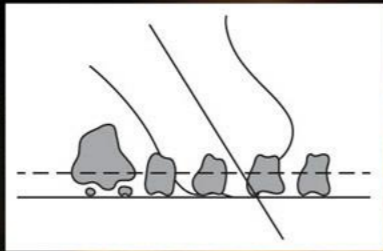
- 1. BIG TOE JOINT**
- 2. LITTLE TOE JOINT**
- 3. HEEL**

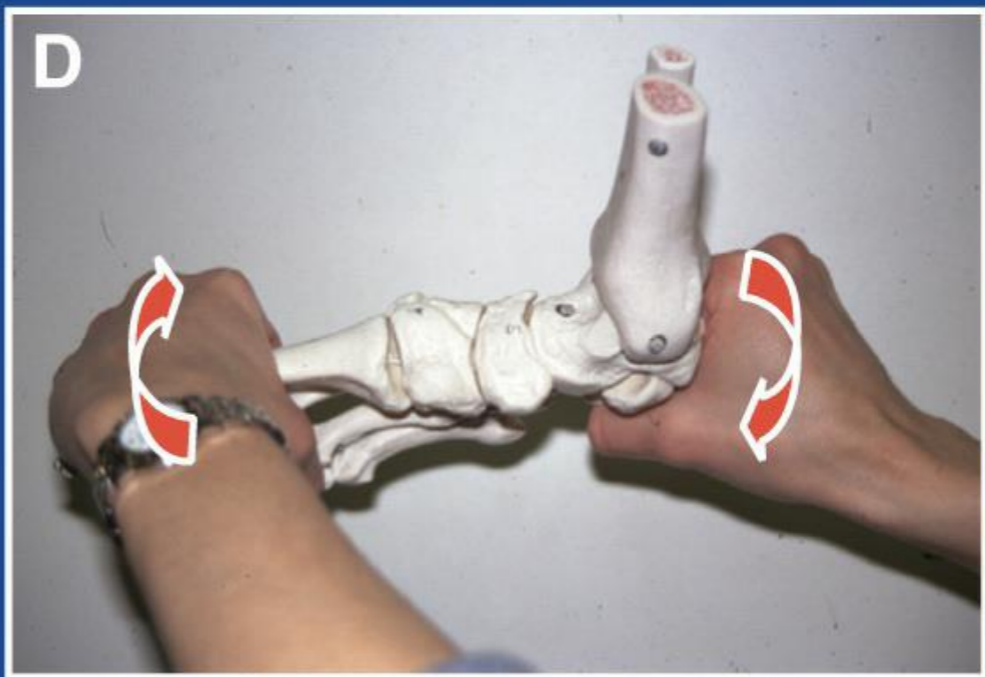
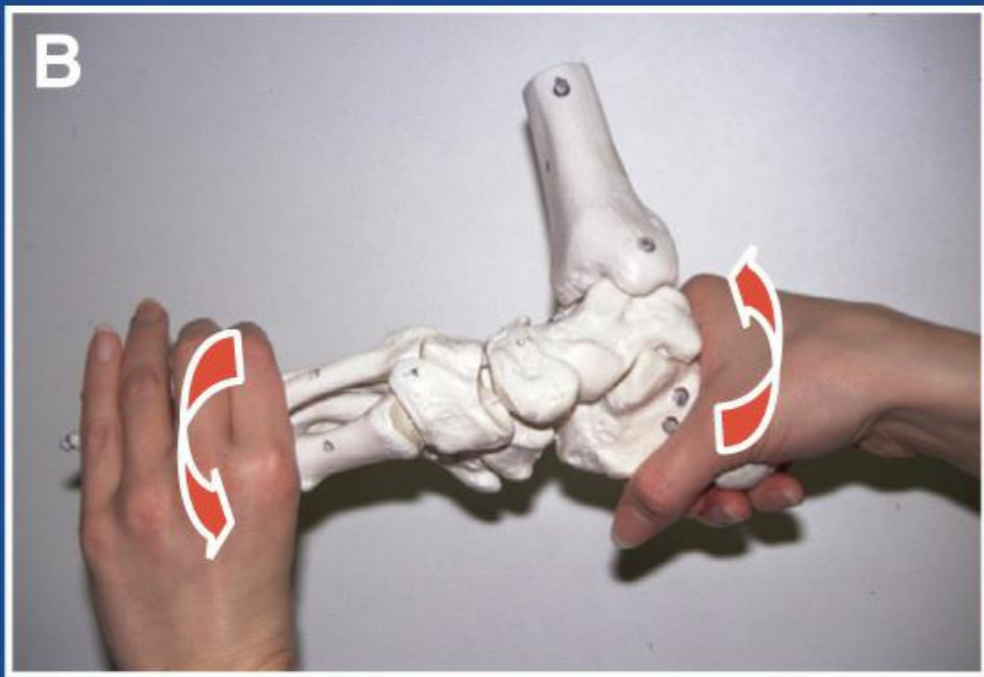


A Cavovarus



B Flatfoot





CTEV (Club Foot)

- **C**ongenital **T**alipes **E**quinovarus

- Clinical

- DDH ?!

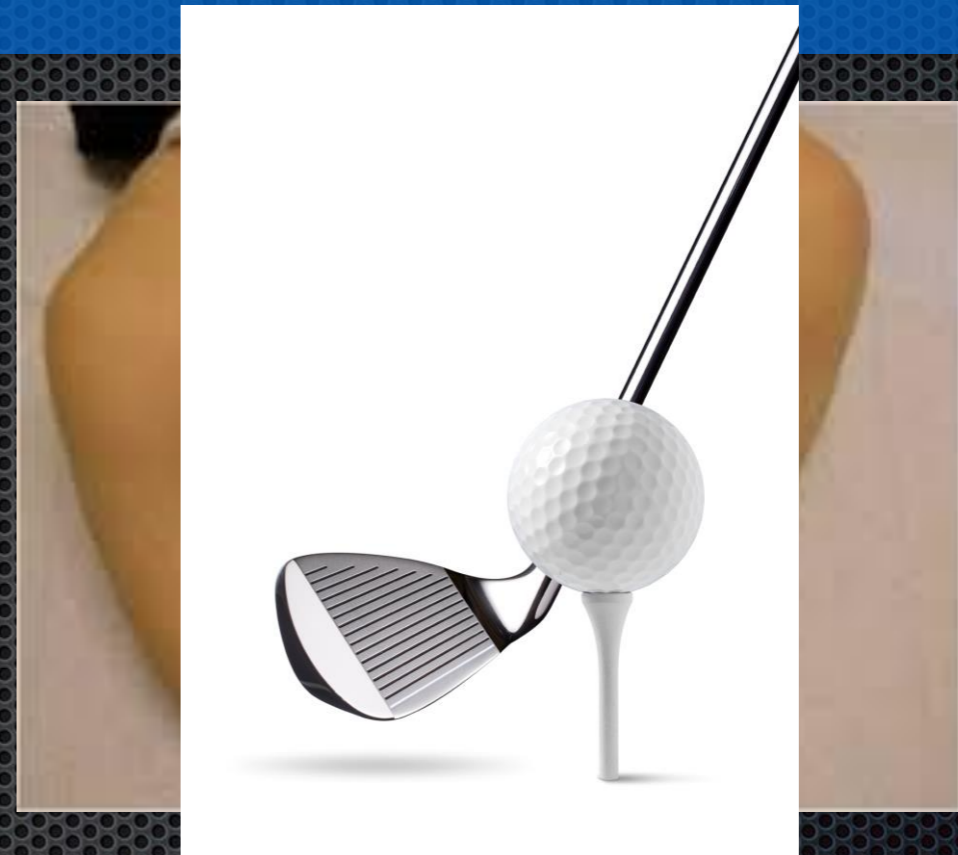
- CAVE

- Treatment : Pain!!



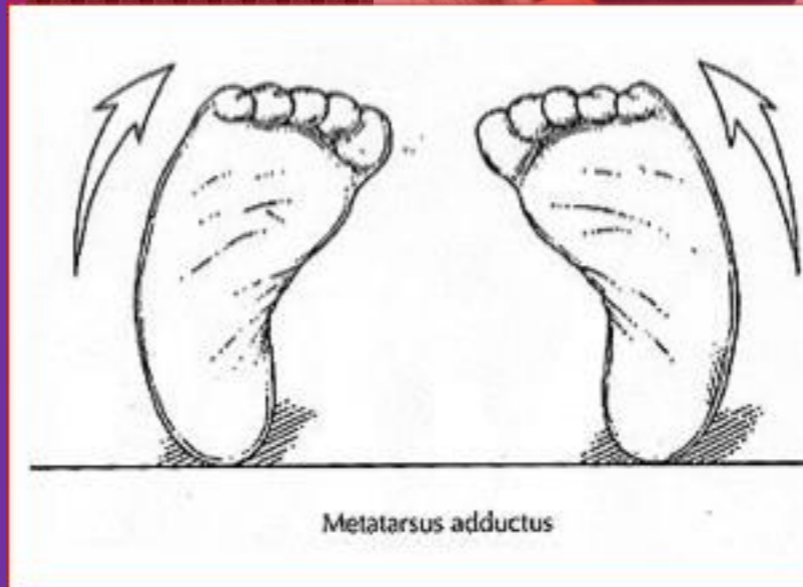
CTEV (Club Foot)

- **C**ongenital **T**alipes
Equino **V**arus
- Clinical
- DDH ?!
- CAVE
- Treatment : Pain!!



CTEV (Club Foot)

- Congenital Talipes Equino Varus
- Clinical
- DDH ?!
- CAVE
- Treatment : Pain!!



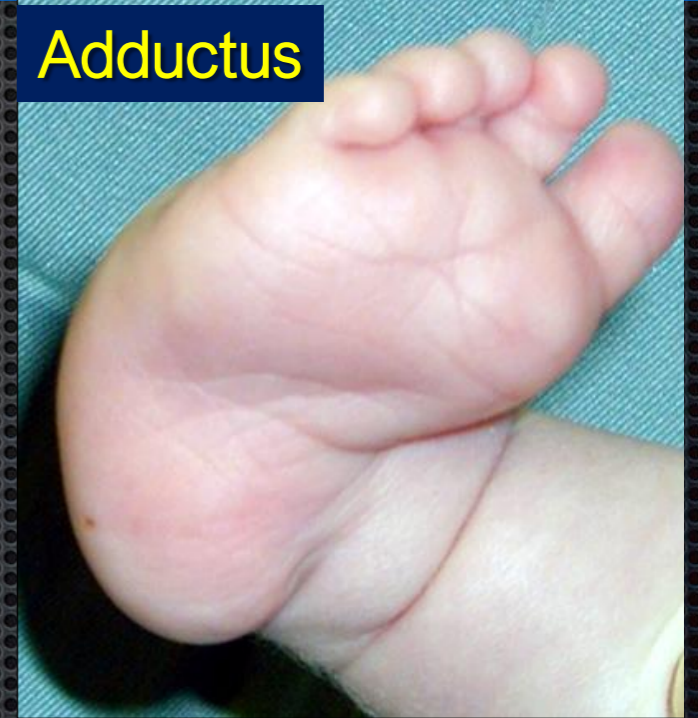
CTEV (Club Foot)

- Congenital Talipes Equino Varus
- Clinical
- DDH ?!
- CAVE
- Treatment : Pain!!

Cavus



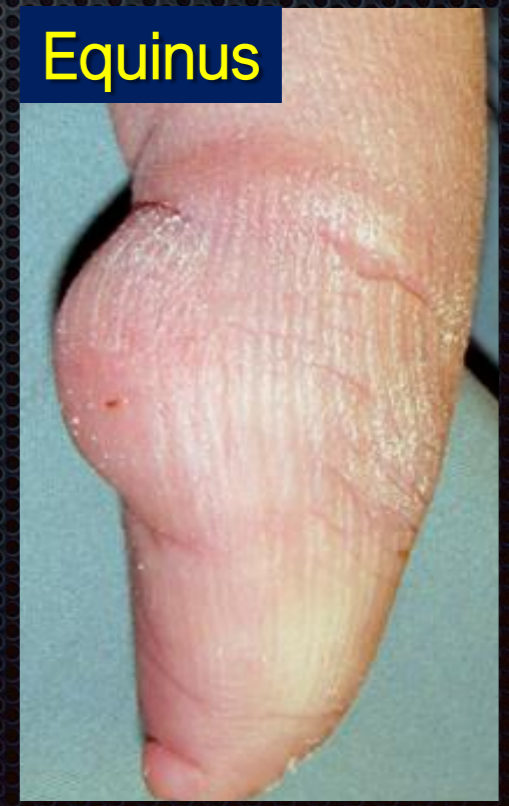
Adductus



Varus



Equinus

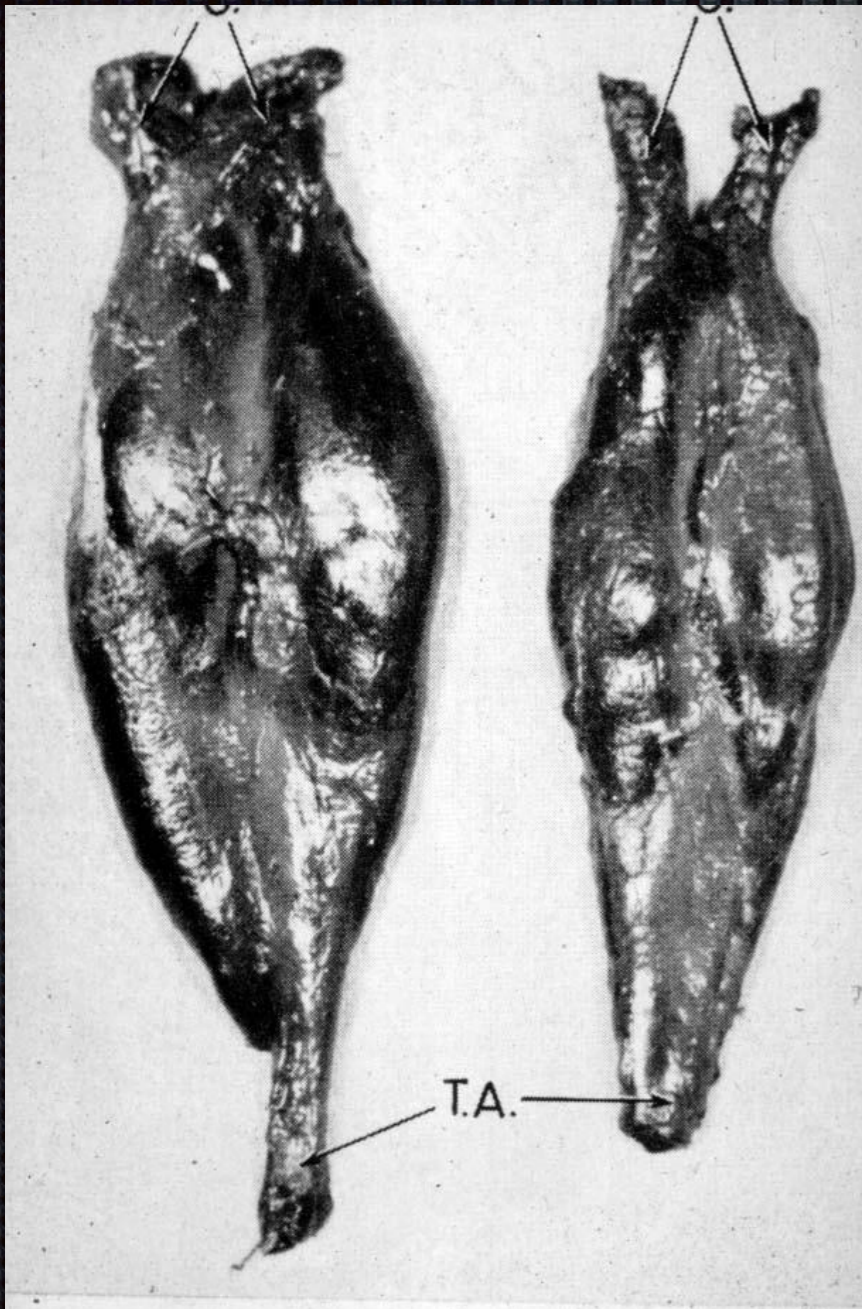


CTEV (Club Foot)

- Congenital Talipes Equino Varus
- Clinical
- DDH ?!
- CAVE
- Treatment : Pain!!



Structure



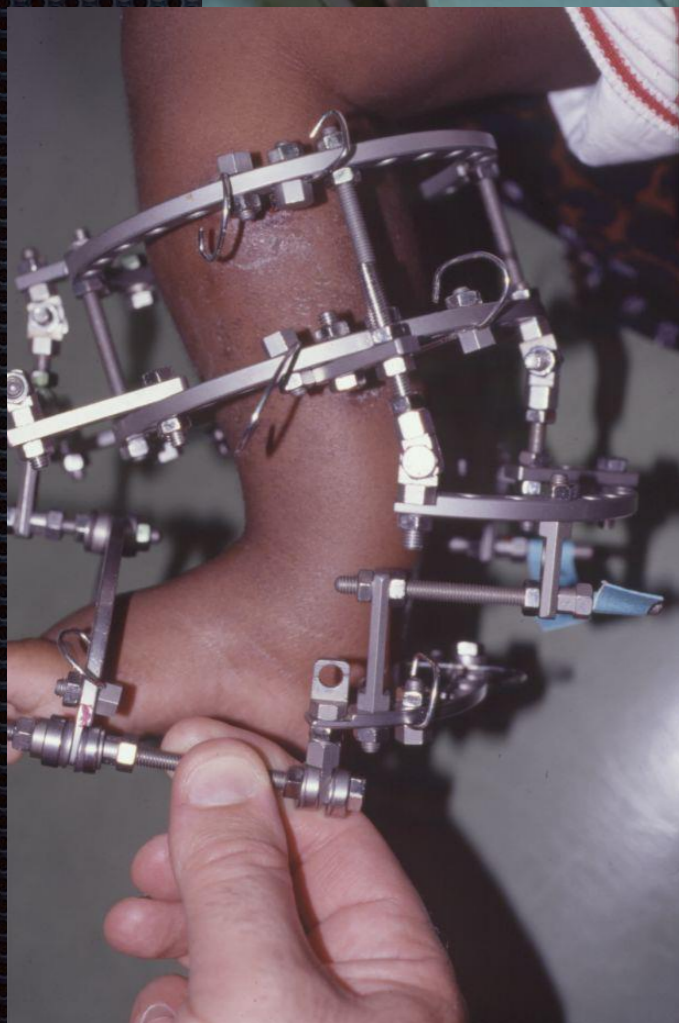
US: 16-24 weeks



What's the treatment?



Stiffness + 50 % will need
a second surgery



Ignacio V. Ponseti 1914-2009

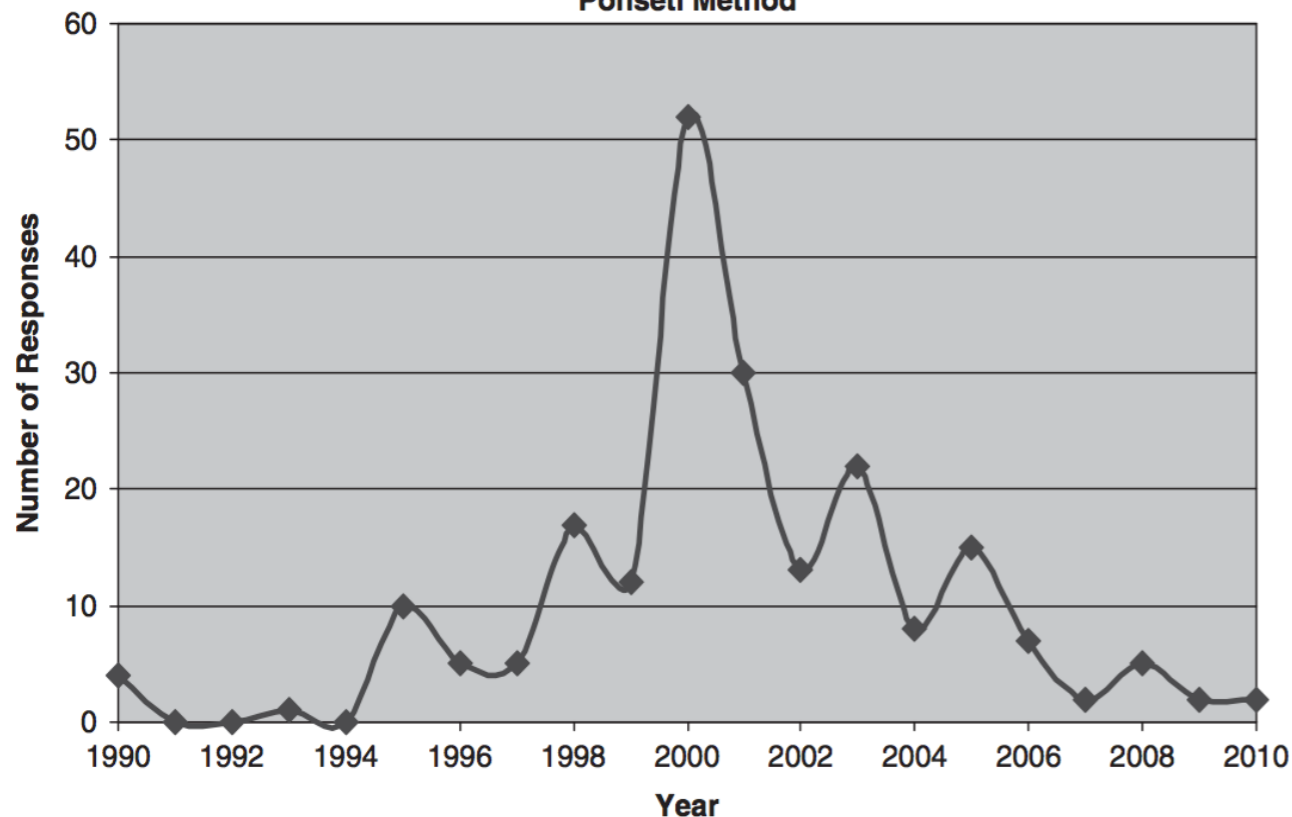
1948-1998 John Herzenberg

The Current Management of Idiopathic Clubfoot Revisited: Results of a Survey of the POSNA Membership

Lewis E. Zionts, MD,*† Sophia N. Sangiorgio, PhD,*† Edward Ebramzadeh, PhD,*†
and Jose A. Morcuende, MD‡

J Pediatr Orthop • Volume 32, Number 5, July/August 2012

Approximate Year Treatment of Clubfoot Changed to Ponseti Method





Relaxed patient, no pain



Clubfoot treatment over 4 – 6 weeks



Stage 1



Stage 2



Stage 3



Stage 4



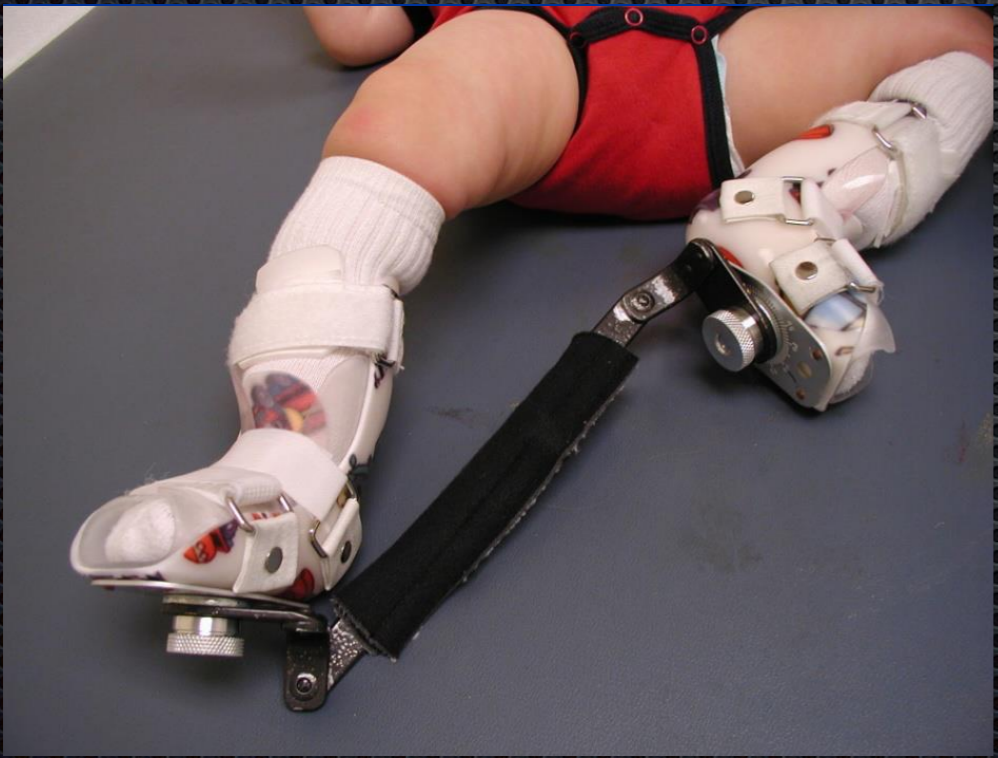
Stage 5





Bracing





Relapse

- Relapse is still Common
- 30 Percent
- 80-20 rule



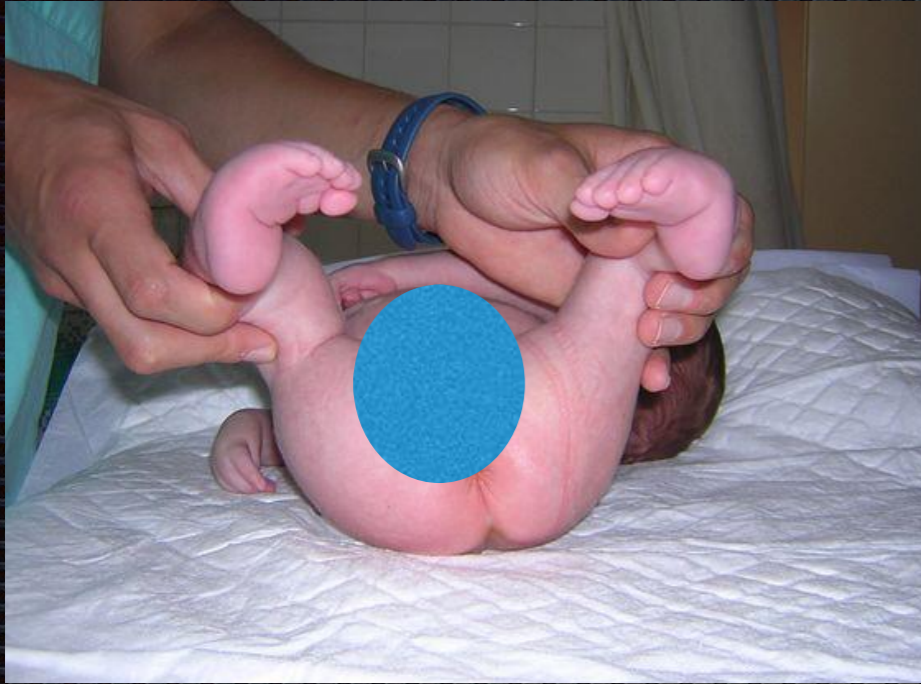
Older children



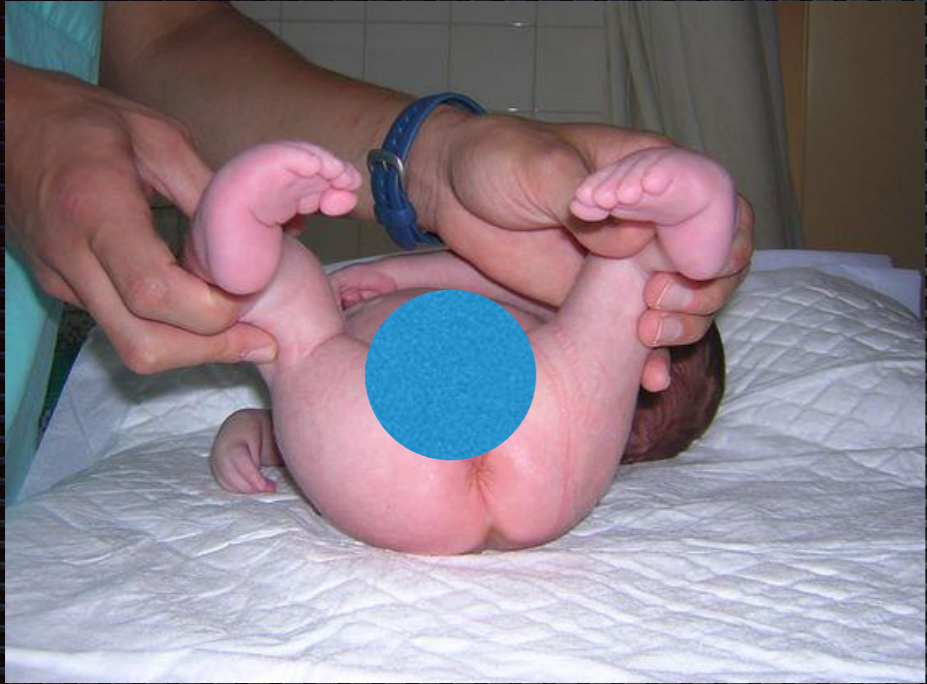
Relapsed



Syndromic



Syndromic







Metatarsus Adductus

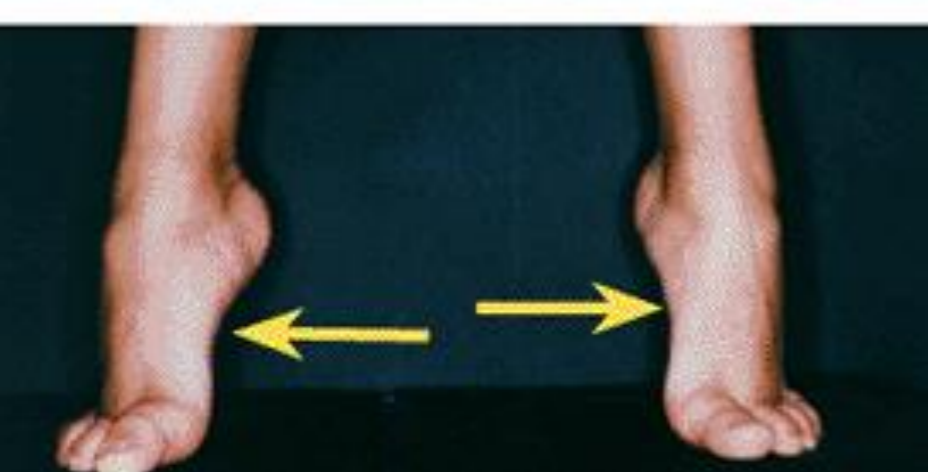


Pes Planus (Flat Foot)



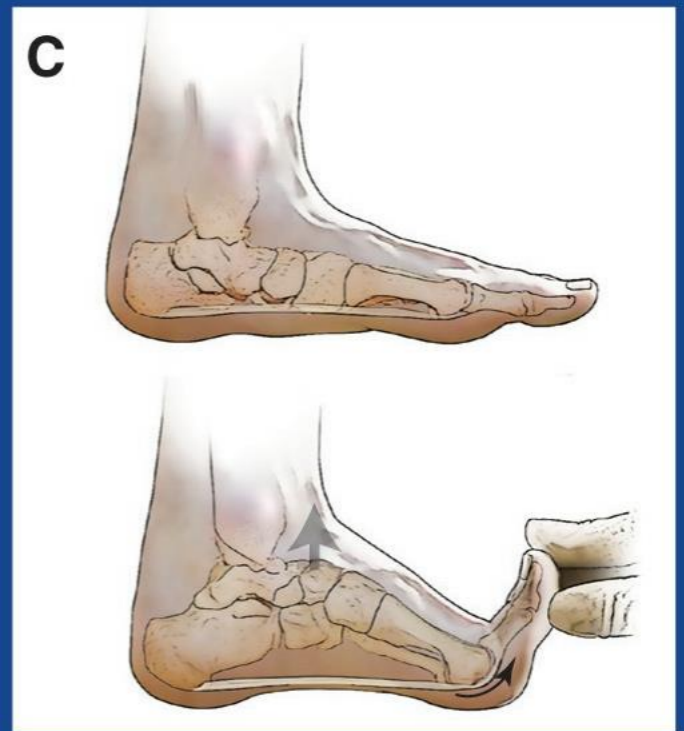
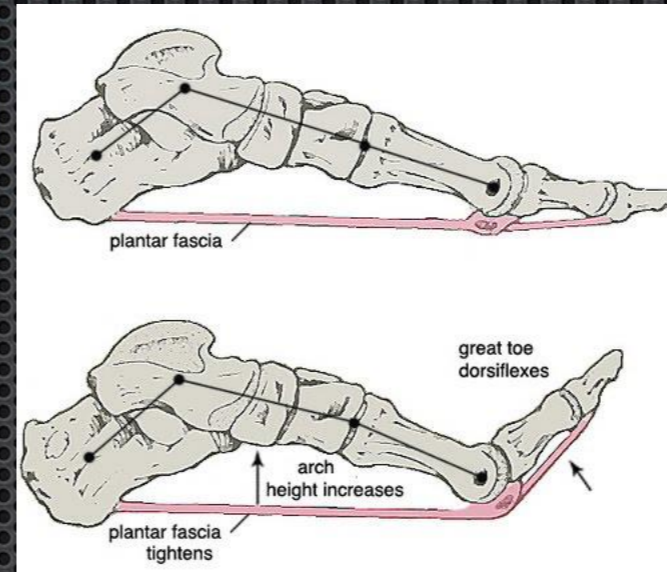
Pes Planus (Flat Foot)

Flexible



Pes Planus (Flat Foot)

Flexible

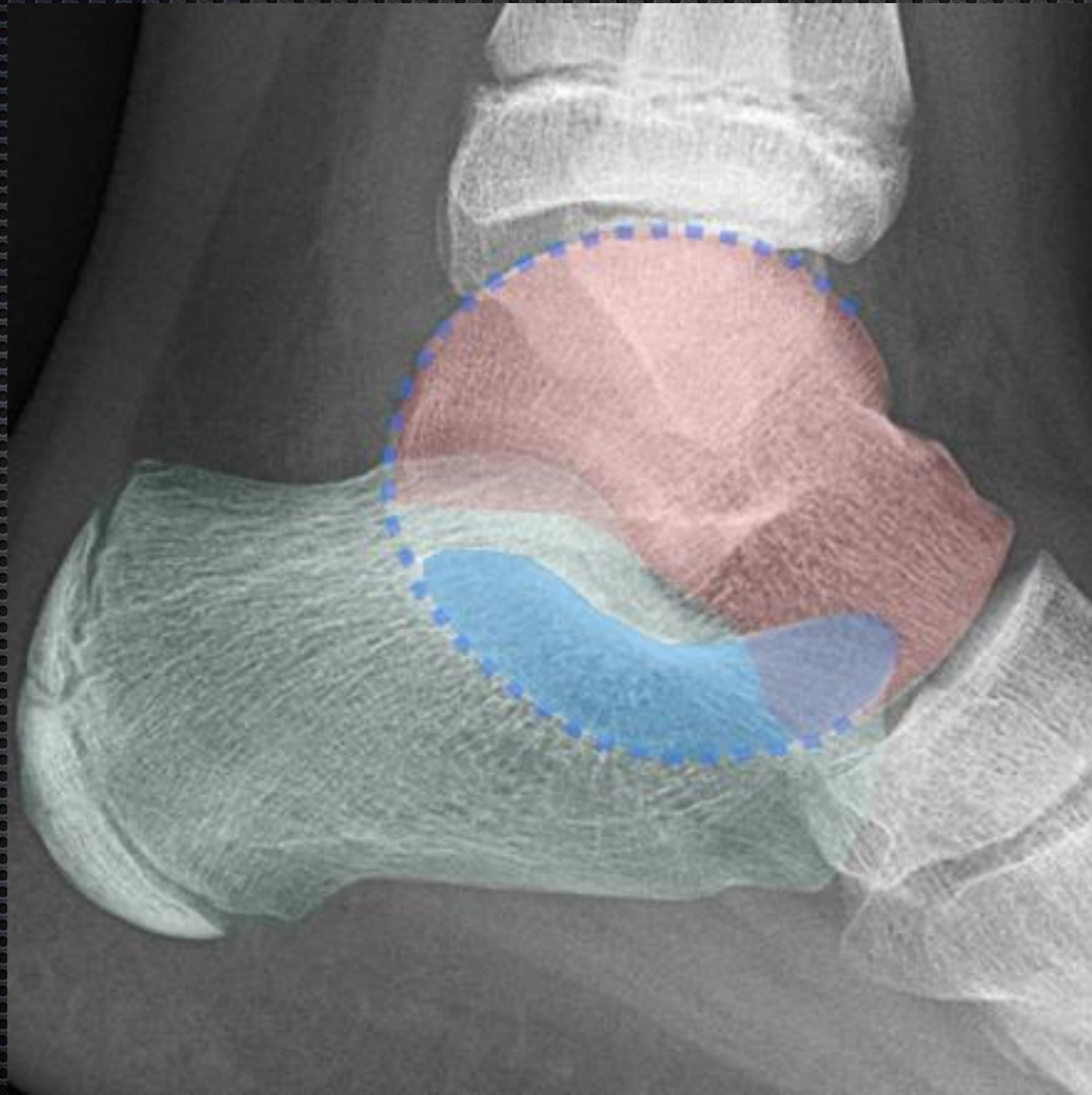


Pes Planus (Flat Foot)

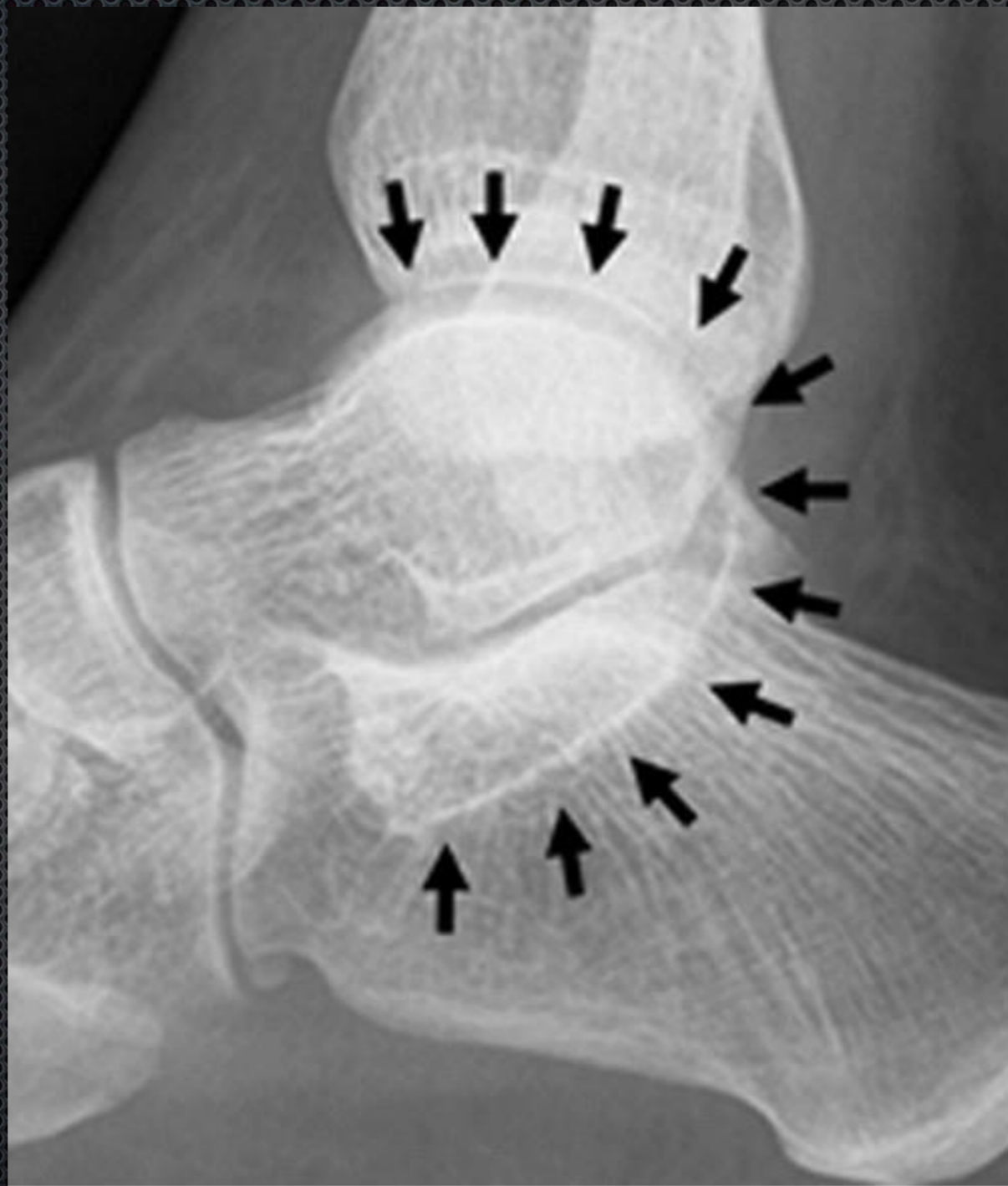
Rigid



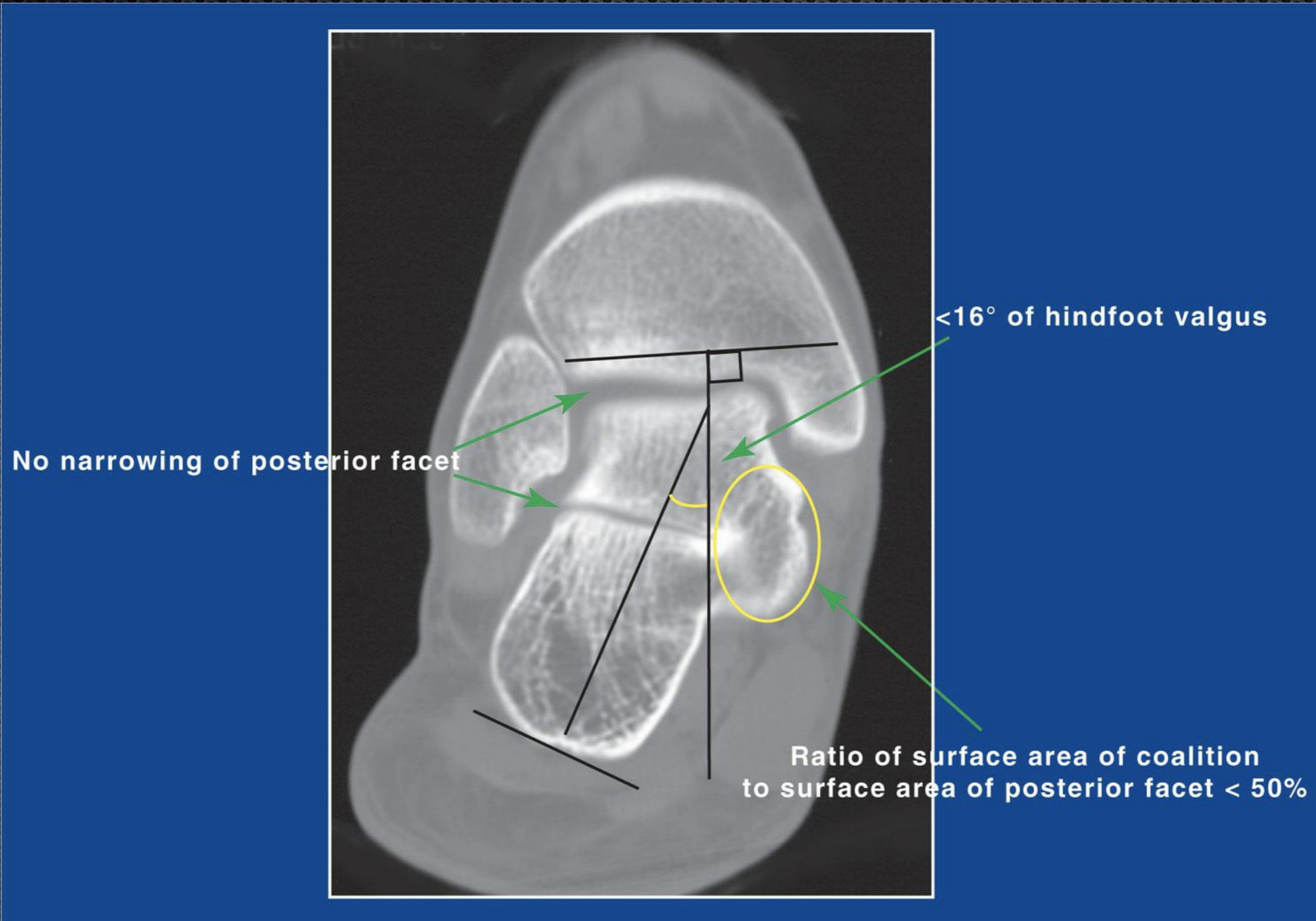
Tarsal Coalition



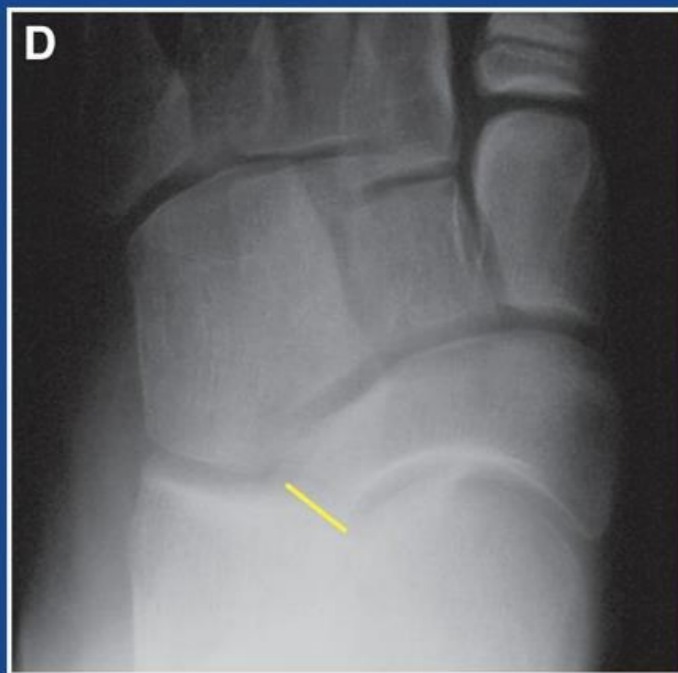
Tarsal Coalition



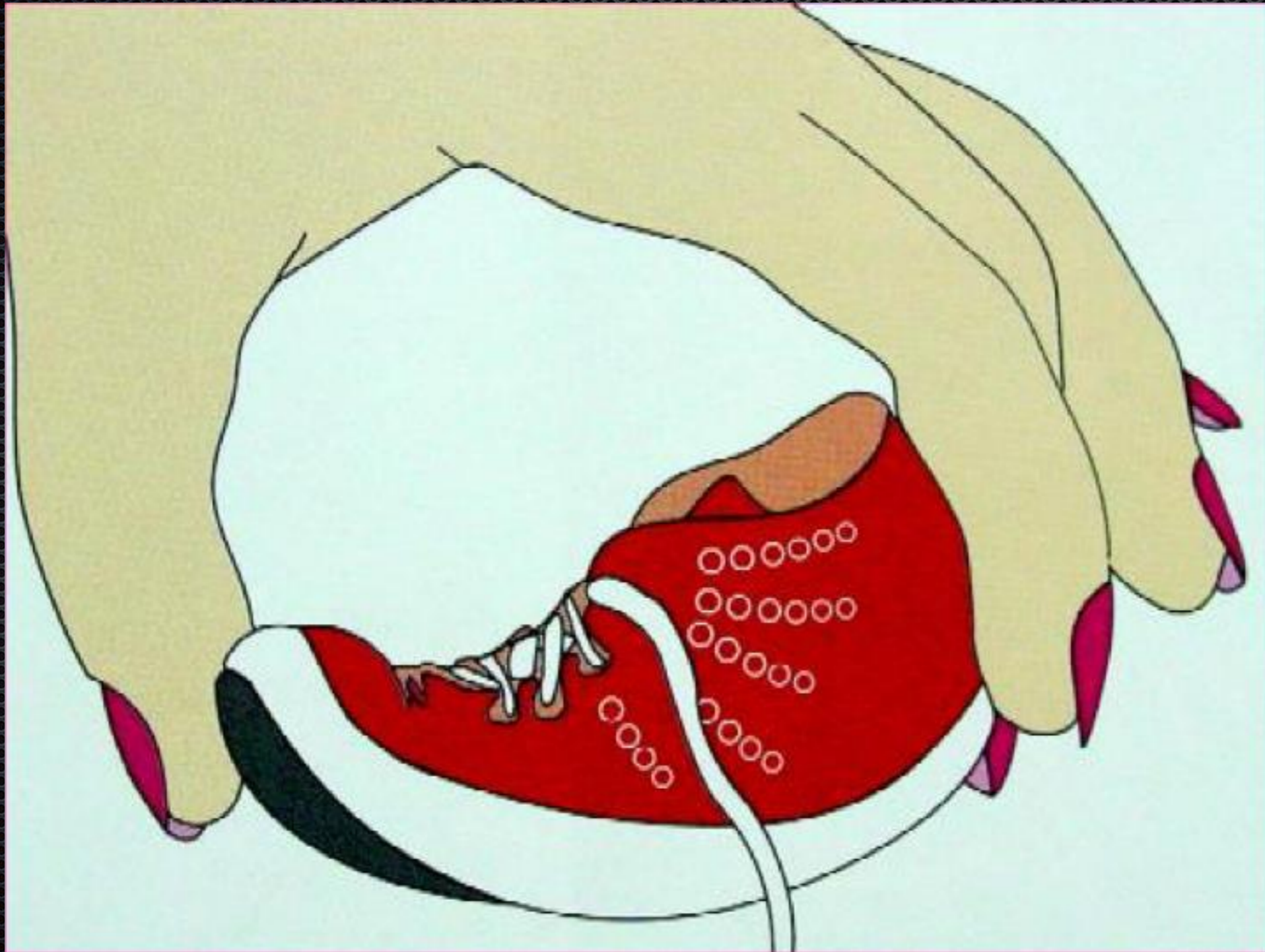
Tarsal Coalition

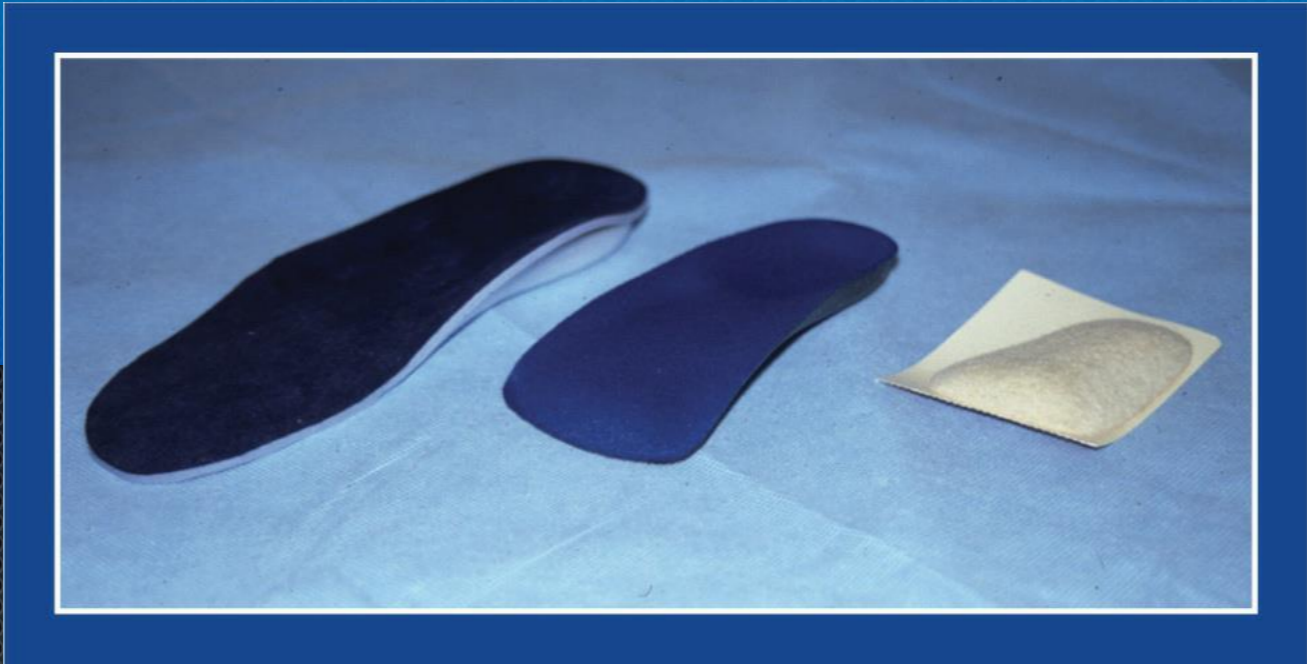


Tarsal Coalition



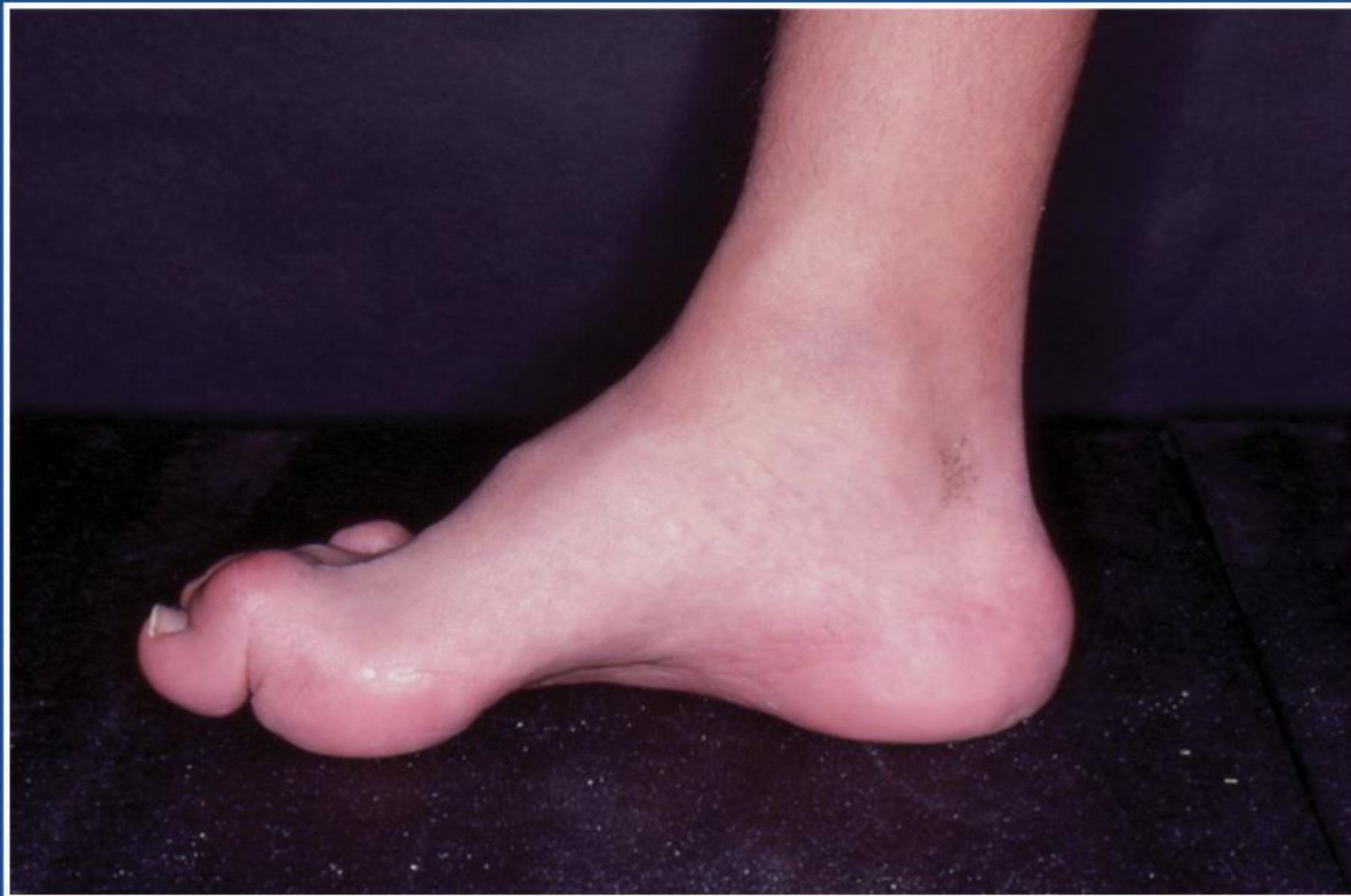
Normal children need normal shoes







Pes Cavus



- Remember:

Two deformities in an opposite direction

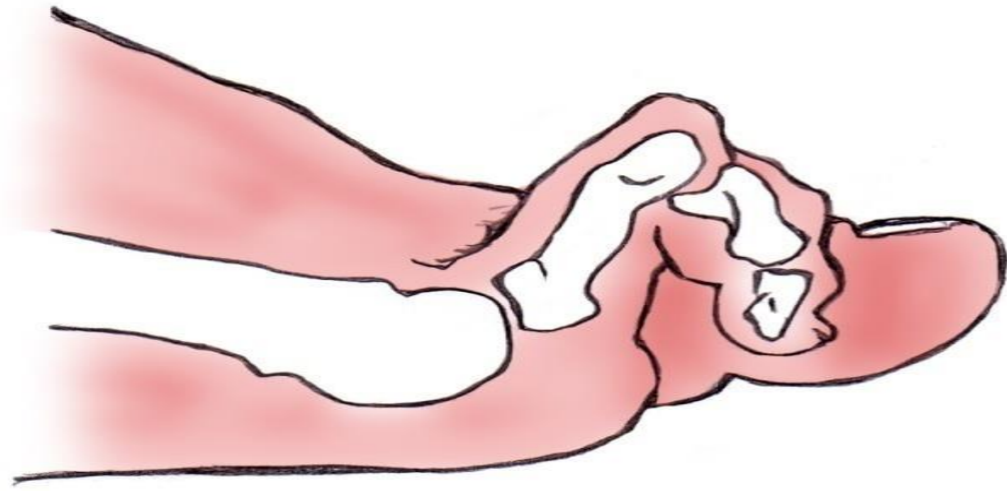
Forefoot Pronation ♥ Hindfoot Varus

Pronation = Cavus

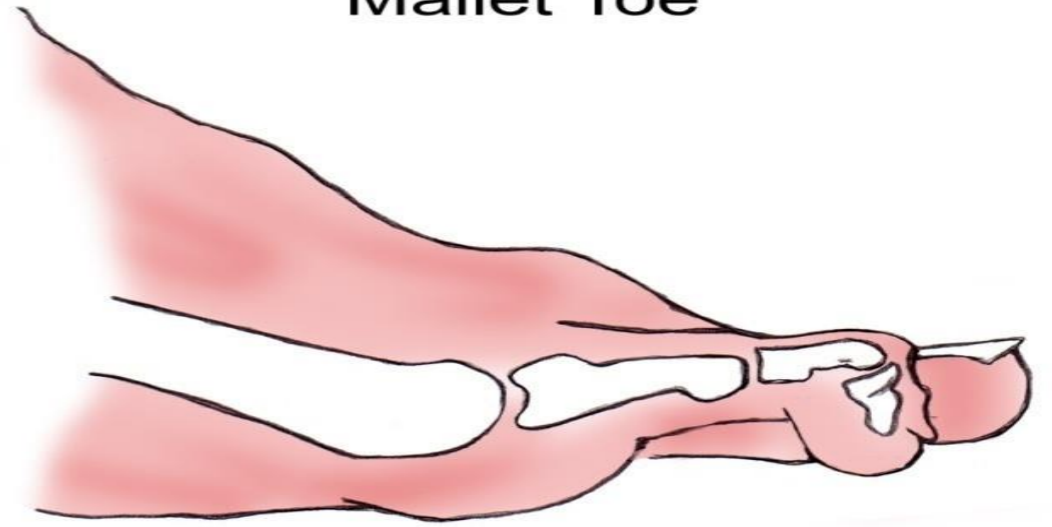


Toe Deformity

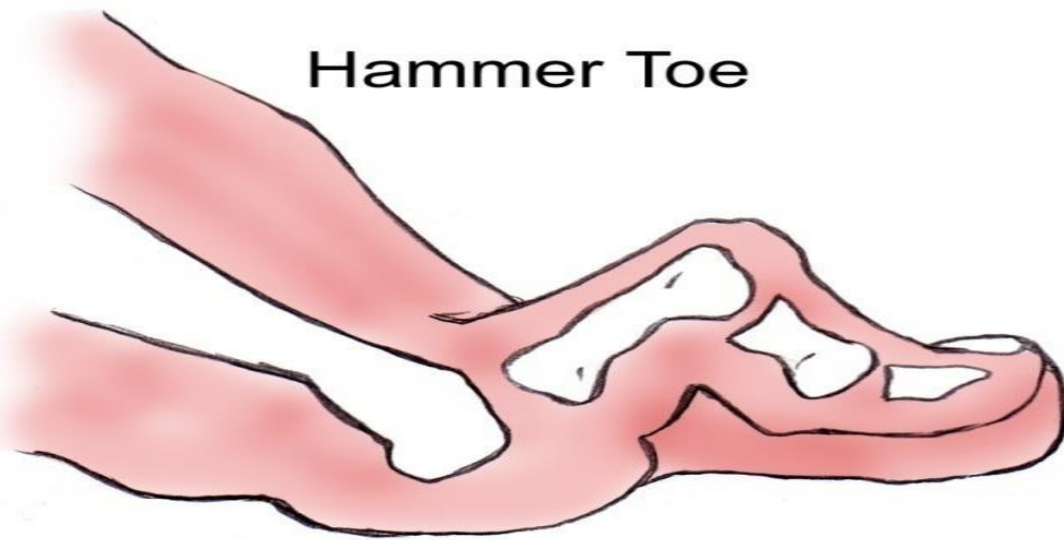
Claw Toe



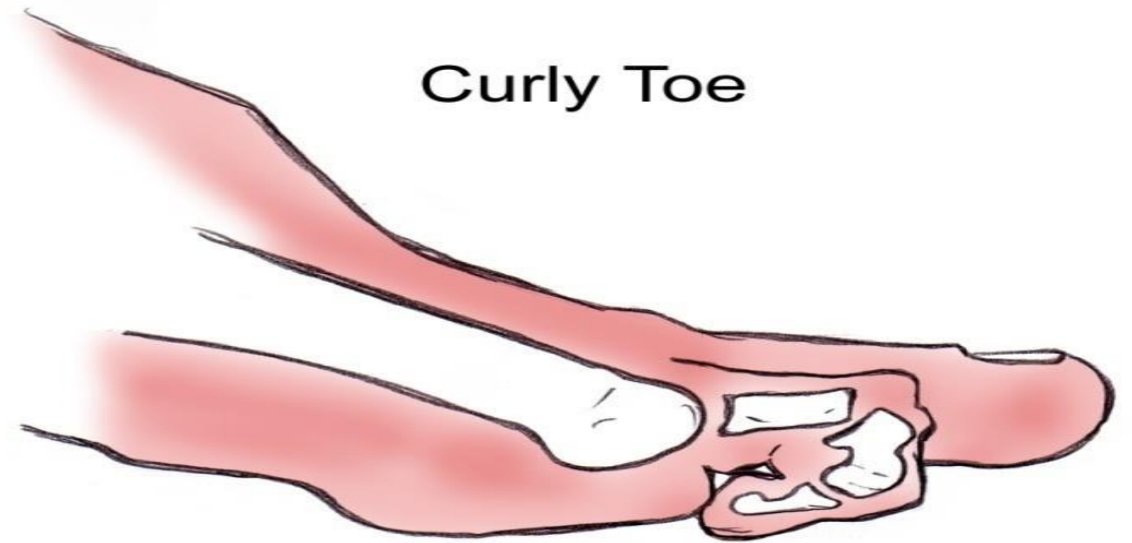
Mallet Toe



Hammer Toe



Curly Toe



Mallet toes



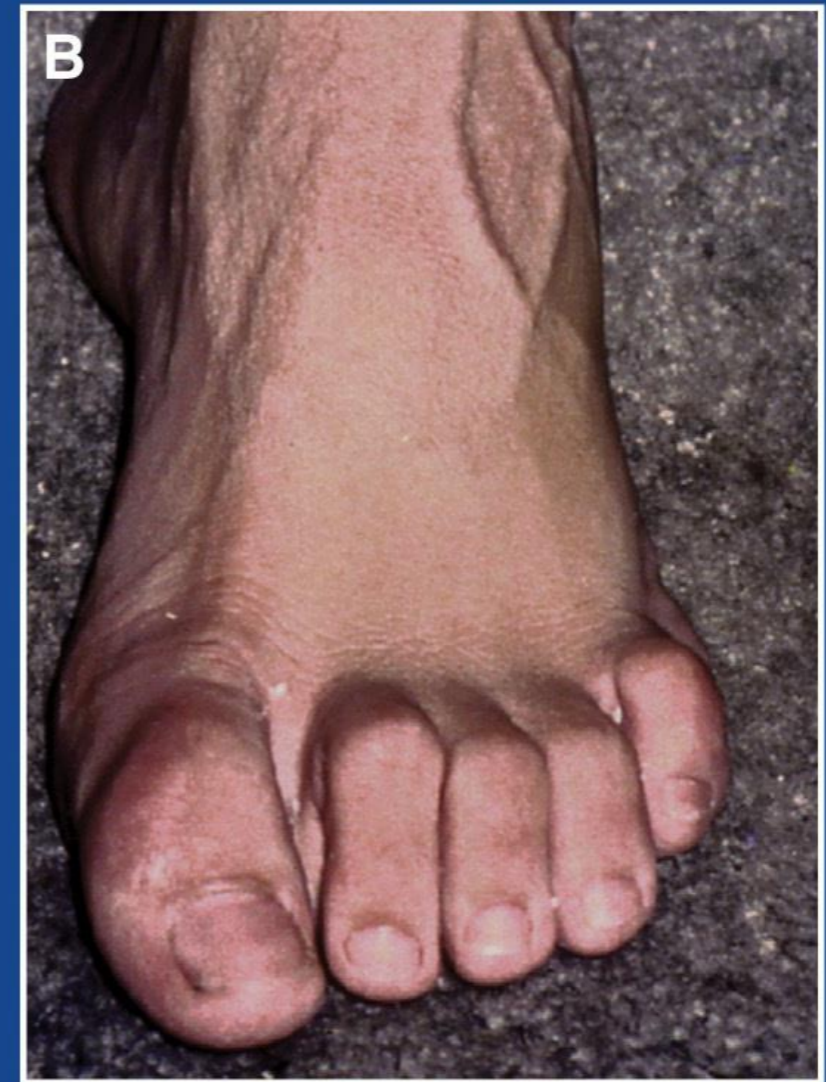
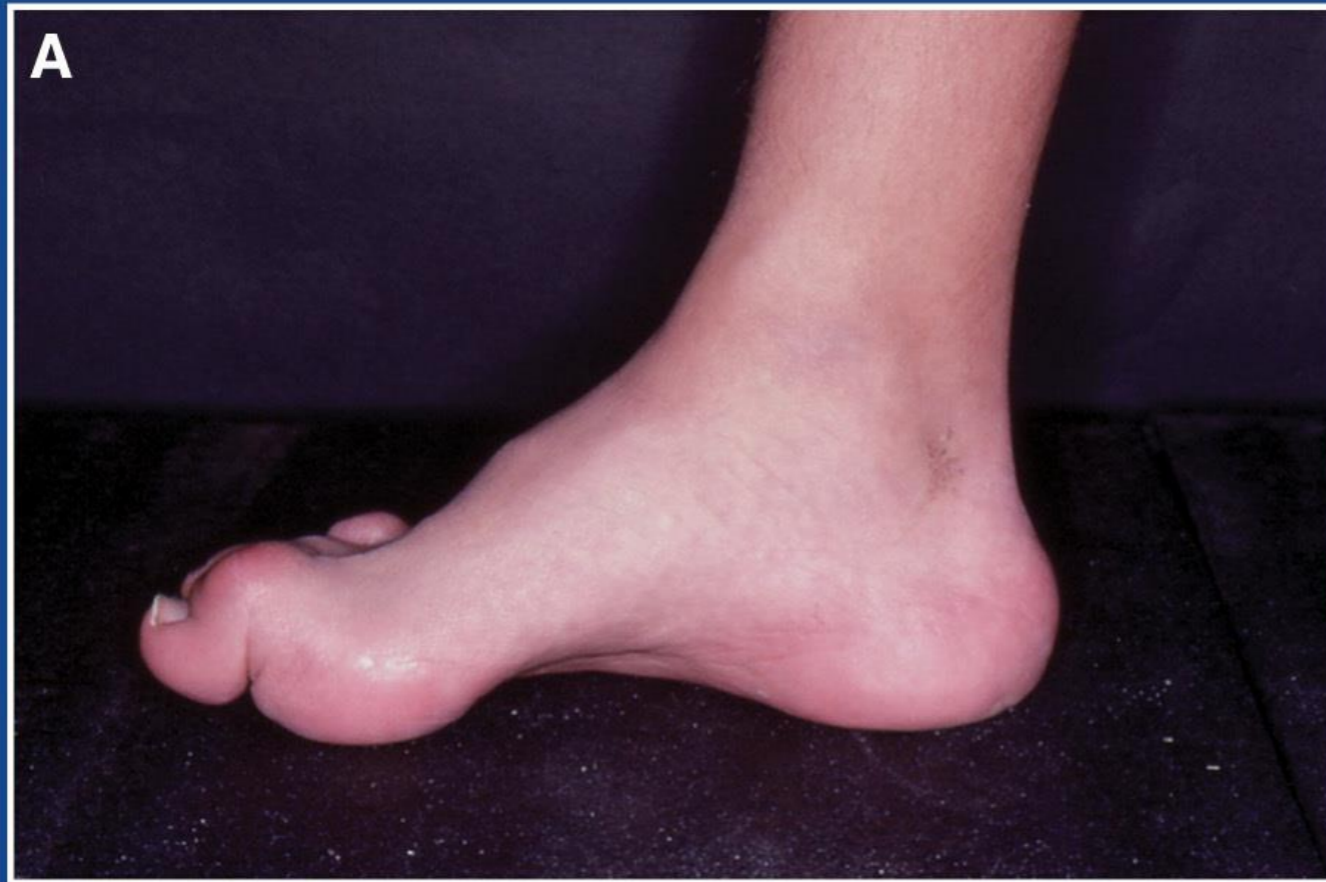
Hammer toes



Curly toe



Claw toes





Calcaneovalgus



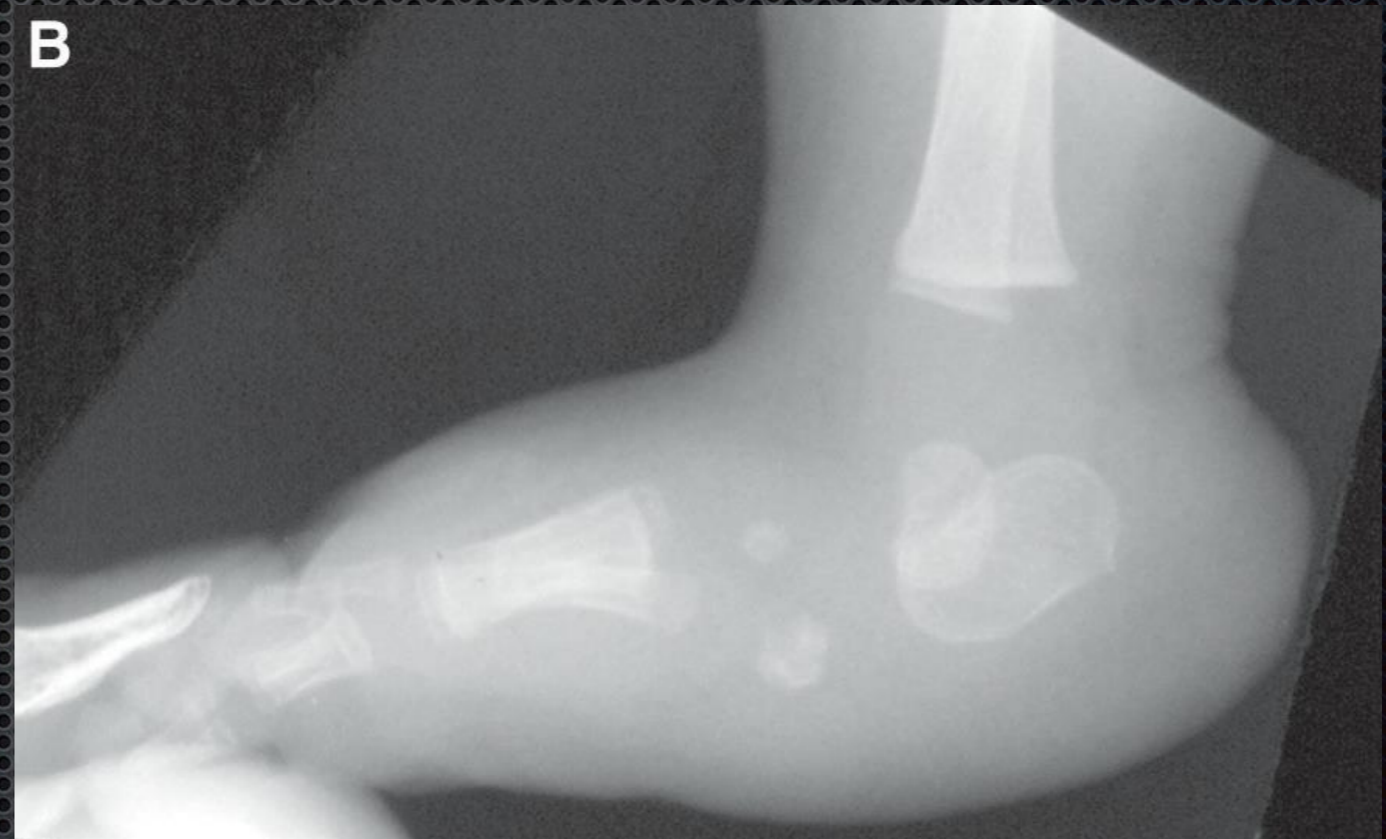
Congenital Vertical Talus (CVT)



Rocker bottom



Congenital Vertical Talus (CVT)



Congenital Vertical Talus (CVT)



Hallux Valgus



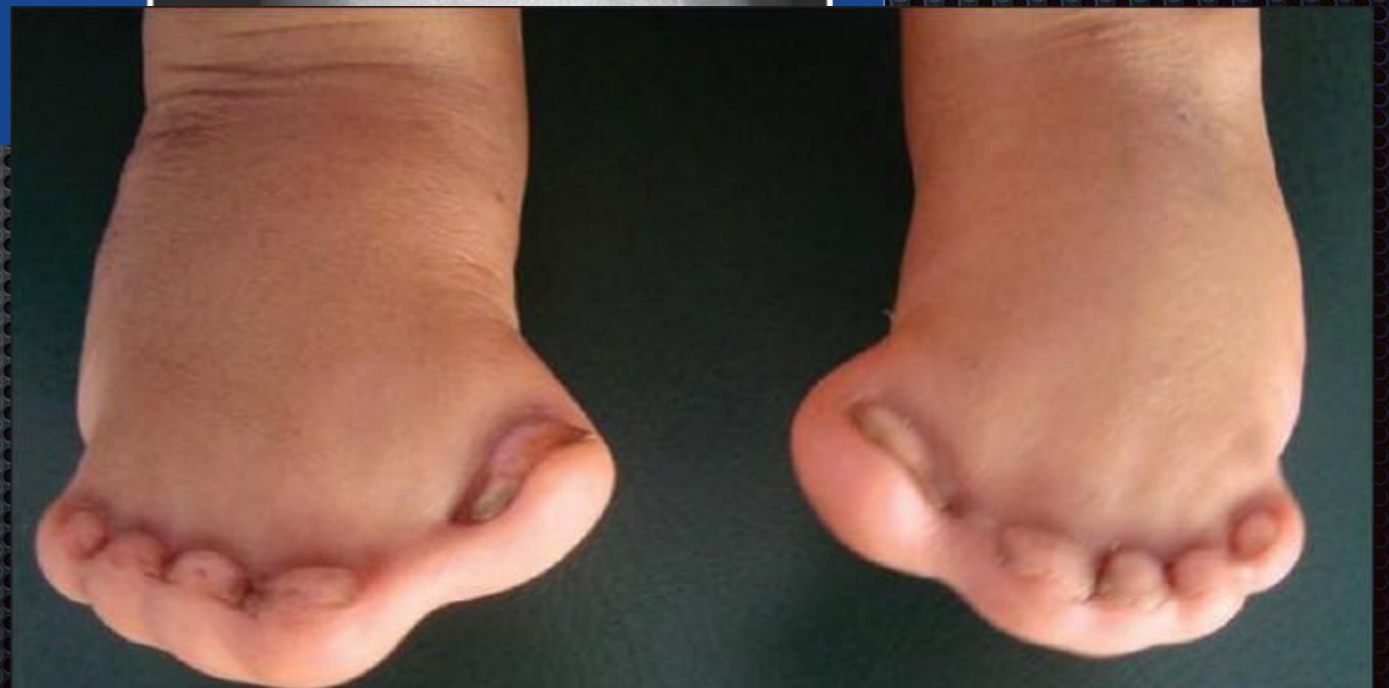




Other Congenital Deformities







Symphalangism









B





