Clinical Research on Foot & Ankle

Letter Open Access

Problems Associated with Flat Foot

Ji Chang Woog *

Clinic of Trauma and Orthopaedic surgery, Leipzig, Germany

Letter

Flat Foot (also called pes planus or fallen bends) is a postural disfigurement in which the bends of the bottom collapse, with the entire sole of the bottom coming into complete or near-complete contact with the ground.

There's a functional relationship between the structure of the bow of the bottom and the biomechanics of the lower leg. The bow provides an elastic, springy connection between the forefoot and the hind bottom so that a maturity of the forces incurred during weight bearing on the bottom can be dissipated before the force reaches the long bones of the leg and ham [1].

In pes planus, the head of the talus bone is displaced medially and distal from the navicular bone. As a result, the plantar calcaneonavicular ligament (spring ligament) and the tendon of the tibialis posterior muscle are stretched to the extent that the individual with pes planus loses the function of the medium longitudinal bow (MLA). Still, the existent has “rigid” bobby, if the MLA is absent or inoperative in both the seated and standing positions. However, but this bow disappears when assuming a bottom-flat station, the existent has “supple” bobby, If the MLA is present and functional while the existent is sitting or standing up on their toes. This ultimate condition is frequently treated with bow supports. Still, a recent randomized controlled trial plant no substantiation for the efficacy of treatment of flat bases in children either from precious prescribed orthotics (i.e., shoe inserts) or less precious untoward orthotics [2]. Three studies of military rookies have shown no substantiation of increased injury, or bottom problems, due to flat bases, in a population of people who reach military service age without previous bottom problems. Still, these studies cannot be used to judge possible unborn damage from this condition when diagnosed at youngish periods. They also cannot be applied to persons whose flat bases are associated with bottom symptoms, or certain symptoms in other corridor of the body (similar as the leg or back) conceivably referable to the bottom [3].

Studies have shown flat bases are a common circumstance in children and adolescents. The mortal bow develops in immaturity and early nonage as part of normal muscle, tendon, and ligament and bone growth. Flat bends in children generally come high bends as the child progresses through nonage and into majority. Children with flat bases are at a advanced threat of developing knee, hipsterism, and back pain [4]. A 2007 randomized controlled trial plant no substantiation for the efficacy of treatment of flat bases in children either from precious specified orthoticsi.e (shoe inserts) or less precious untoward orthotics. As a symptom itself, flat bases generally accompany inheritable musculoskeletal conditions similar as dyspraxia, ligamentous laxity or hypermobility.

Since children are doubtful to suspect or identify flat bases on their own, it's important for adult caregivers to check on these themselves. Besides visual examination of bases and of the tread wear pattern on shoe soles, caregivers should notice when a child's gait is abnormal or the child seems to be in pain from walking. Children who complain about shin muscle pains, bow pain, or any other pains around the bottom area may be developing or have developed flat bases [5].

References

1. Patel K, Bhuiya T, Chen S, Kenan S, Kahn L (2006) Epidermal inclusion cyst of phalanx: a case report and review of the literature. Skeletal Radiol 35:861-863.
2. Choi JS, Bae YC, Lee JW, Kang GB (2018) Dermoid cysts: Epidemiology and diagnostic approach based on clinical experiences. Arch Plast Surg 45:512-516.
3. Fanous AA, Gupta P, Li V (2014) Analysis of the growth pattern of a dermoid cyst. J Neurosurg Pediatr 14:621-625.
4. Pryor SG, Lewis JE, Weaver AL, Orvidas LJ (2005) Pediatric dermoid cysts of the head and neck. Otolaryngol - Head Neck Surg 132:938-942.
5. Maas NM, Van Der Grinten M, Bramer WM, Kleinrensink GJ (2016) Metatarsophalangeal joint stability: a systematic review on the plantar plate of the lesser toes. J Foot Ankle Res 9(1):1-0.

***Corresponding author:** Ji Chang woog, Clinic of Trauma and Orthopaedic surgery, Leipzig, Germany, E-mail: changwoo@edu.au

Received: 02-Mar-2022, Manuscript No: crfa-22-58034, **Editor assigned:** 04-Mar-2022, PreQC No: crfa-22-58034 (PQ), **Reviewed:** 10-Mar-2022, QC No: crfa-22-58034, **Revised:** 15-Mar-2022, Manuscript No: crfa-22-58034 (R), **Published:** 22-Mar-2022, DOI: 10.4172/2329-910X.1000340

Citation: Woog JC (2022) Problems Associated with Flat Foot. Clin Res Foot Ankle, 10: 340.