

Flat feet

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If these kids are curious about their feet, then they must be looking for answers. It's up to the parents to find them.



A procedure that can correct a flat foot in 10 min... flat!

Parents, coaches, and pediatricians:

I would like to tell you about the latest treatments for child and adult flat foot that are being used with great success at Feet for Life. This is important information because in recent months, these advances have allowed us to treat more people with faster recovery than ever before.

But, first, I would like to briefly review what having flat feet can mean for a person's health and well being.

Flat foot deformity is prevalent. It can be acquired, but usually a person is born with a genetic predisposition for flat feet. It is often seen early in life and is compensated for by walking on the toes or the outsides of the feet. This compensation often leads to the symptoms of flat foot which in-

clude hammertoes, bunions, forefoot pain, arch pain, heel pain, leg pain, hip and knee pain and tendon pain. Flat feet create instability of

Child foot stats 2006

Average age seen at FFLC	10
Number of implants / year	70
Child Success Stories / year	407
Orthotics scanned / casted / yr	81

Our goal is to educate



2006

Our doctors are constantly performing miracles on children with flat foot. The technology is the key to this. Knowing what works comes with experience. Dr. Horwitz and his staff perform more than 40 cases a week at the Mid County Surgery Center of St. Louis. In order to manage this volume, we have to educate. This process starts on the very first visit. Both parents should be present for the consultation. At the end of the visit, everything should feel right. Questions answered often lead to other questions. So parents leave with written information specific to their child's needs. It's all part of a workflow that makes the difference in reducing anxiety and discussing with the parties exactly what options are available.

the walking and running gait and often can lead to major biomechanical problems.

The best time to treat flat foot is when you are young. Treatment varies greatly from physician to physician, but should include arch supports and proper footwear. If a flat foot is not treated early, then the physician usually ends up treating the other symptoms and deformities related to untreated flat foot.

Early in my career as a podiatrist, I was lucky enough to train under a doctor that was arguably the best known in the world for flat foot. Dr. Steven Smith is credited for inventing the most widely used subtalar (under the ankle) implant for controlling pronation, the Sta-peg implant. This small device was placed with cement under the neck of the talus and worked well to control the anterior displacement of the talus during gait. Dr. Smith knew very early on that controlling the excess motion of the talus (a bone below the ankle) was key to controlling a flattening foot structure. This implant worked very well and was utilized primarily in children starting at age 6. The recovery was fast and painless.

Today, at least 6 companies compete for market share for subtalar implants. The major advances began approximately 10 years ago when the MBA (Maxwell Branchaw Artheroeisis) implant came to market. This device held many advantages to the original polyethylene implant created by Dr.

Smith. Firstly, it is made of a non-reactive metal that is removable. Second, it is much easier to place into the joint than the original and requires no cementing. The incision is only 1 centimeter and the total procedure time is 10 minutes. Third, the implant acts to create a small plug of fibrotic tissue that allows for the same control even if the implant is removed. The implant needs 6 months to set up the new tissue and may be left in or removed. The implants also come in different sizes, so this means that even a fully-grown adult foot can tolerate the implant.



Since the development of the MBA, the subtalar implant market has taken off. New concepts in shape and even absorbable material are now out and in wide use. Even orthopedic surgeons are using this technology instead of performing more invasive procedures.

With more than 10 years of follow up on adults and children, I am certain that there currently exists no better method of internally con-

trolling pronation. Professionals that work on their feet for hours at a time have done much better with implants and orthotics as opposed to just orthotics. Gymnastics and karate require being barefoot, and therefore, arch supports can't be used during these activities. The implants used on these patients work very well. The implants can take great stress with no adverse effect at all. To see the patients back into these activities without pain is really rewarding.

These implants are very safe when used properly. Proper use means understanding the biomechanics of each foot considered for this procedure. Often times additional procedures can and should be done in order to assure the success of this treatment. One procedure that must be considered often is the Achilles lengthening to improve the biomechanics.

Let's look very closely at a typical young patient with flat foot deformity. Here, we have a patient that is complaining of aching pain in the feet. She has an a-propulsive gait and has been a toe walker for years. The foot demonstrates a flattened appearance, but the heel re-supinates when she stands on her toes. This is a key sign indicating that an implant will help her. When I supinate her foot and dorsiflex it, I cannot get close to the 10 degrees of dorsiflexion necessary for normal foot function. I know that without this, the foot will continue to flatten because of the vector of force that the tight Achilles tendon has on the entire foot.

For the past 10 years, my biggest hesitancy for use of the implant in a foot with a tight Achilles tendon (referred to as gastroc equines) has been the recovery time of performing an Achilles tendon lengthening. Even performing this with small incisions would mean long recovery and possible loss of one half grade of muscle power.

I have performed more EGR procedures than anyone in the Midwest, and my results are fantastic. Cures for chronic Achilles tendonitis, flat foot, and even plantar fasciitis are now easier than ever and the recovery is very fast.

So, now kids and adults can have their flat feet treated with a combination of arch support and inter-

see on my website. These represent the typical results of this procedure. I am hoping that this article and video will help alleviate the confusion and concern that physicians and parents have about flat foot deformity and implant arthrodesis procedures.

For more information see www.feetforlifecenters.com



Recently, this has all changed with the use of the endoscopic gastroc recession. This procedure is simple to perform and has numerous advantages. First, it allowed for immediate weight bearing in a walking boot. Second, the patient recovers very quickly and is back in tennis shoes in 2 weeks. Finally, there is no loss of muscle power, because the procedure addresses the Achilles tendon higher up at the gastrocnemius aponeurosis. The partial release of this is very safe and very effective at increasing the length of the Achilles tendon.

nal support, and the combination is very effective with recovery times reduced to weeks instead of months.

I recommend implant arthrodesis as a prophylaxis in children with a family history of flat foot (given that they have flat feet themselves). I also recommend this procedure for anyone with a flat foot, child or adult that is not getting adequate relief of symptoms with external arch support alone.

Finally, I have assembled some of the best testimonials you will ever