

Flatfoot: Terminology, Treatment, & Importance of Cobey View

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Society of Skeletal Radiology 2010

The Flatfoot

Terminology, Treatment, & Importance of Cobey View

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I have nothing to disclose...



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...although I do have to thank

Richard Lange, MD
➤UW Orthopedic Surgeon
➤Specialized in adult foot & ankle reconstructive surgery
➤Supplied cases ...and insight

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References

- Journal of Foot & Ankle Surgery:
Lee et. al., 2005 v44, n2, p78-113
➤www.sciencedirect.com
➤www.acfas.org/press/cpg/adultff-cpg.htm
➤www.guideline.gov/summary/summary.aspx?ss=15&doc_id=6827
- Surgery of the Foot and Ankle,
Michael Coughlin & Roger Mann
➤www.amazon.com/dp/0323033059
- Advanced Reconstruction Foot and Ankle
Nunley (Editor), Pfeffer (Author)
➤www.amazon.com/dp/0892033142

Objectives

- 1) To learn the terminology commonly used by podiatrists and foot & ankle surgeons when describing flatfoot.
- 2) To understand the causes of flatfoot, and to simplify these into three primary causes.
- 3) To discuss the staging and treatment of posterior tibial tendon dysfunction.
- 4) To know at least as much about flatfoot as a podiatrist.

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Are You Smarter
Than a ~~5th~~ Grader?
Podiatrist?

FOX

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Flatfoot: Terminology, Treatment, & Importance of Cobey View

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Flatfoot: Definitions

pes planus L “foot” “flat, even, level”
aka “weak foot”, “fallen arches”

- Loss of medial longitudinal arch



Lee, J Foot&Ankle Surg, 2005, v44 p80

www.flickr.com

- Diagnosed: Visual Exam
- WHEN STANDING

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Flatfoot: Dx by Visual Exam



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Flatfoot: Definitions

Rigid Flatfoot

- Arch is stiff and always flat
- Whether standing or not

Flexible Flatfoot

- Arch is flat when standing
- Suspended foot regains normal arch

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Regarding the flexible flatfoot:

- A. it is uncommon in toddlers
- B. it is commonly symptomatic
- C. it is treated with orthotics
- D. when standing on toes, the arch reappears
- E. when standing on toes, the Calcaneus everts

Coughlin & Mann, Surgery of the Foot and Ankle, 7th Ed, p734

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Flexible Flatfoot

Infants are born with flat feet
Toddlers typically have flat arch



Usually asymptomatic

- Requires no treatment
- Orthotics tend to cause discomfort
- >15% Adults

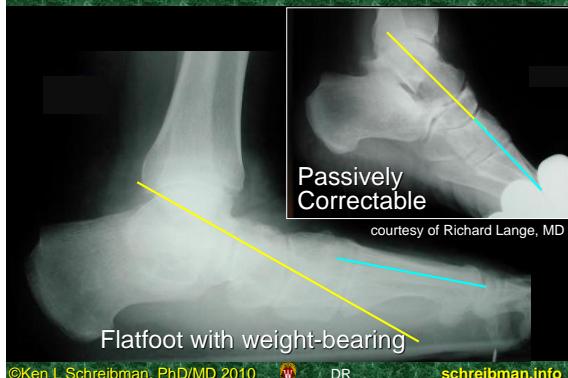
Internet Journal of Orthopedic Surgery, 2007, v6.1

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Flexible Flatfoot



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Flatfoot: Visual Exam

Arch with & without weight-bearing

➤ Rigid vs Flexible

Heel from behind

Lee, J Foot&Ankle
Surg., '05, v44 p80

Normal



Normal Flatfoot

- Heel neutral
- Achilles straight
- Heel everts
- Achilles curved medial
- "Hobbing sign"

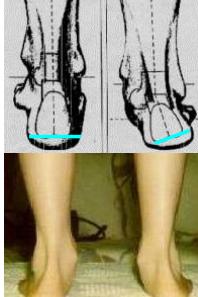


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Flatfoot: Heel Valgus (pronation)

Normal Flatfoot



Standing:

Bilateral flatfeet
Heel valgus (mild)



Standing on toes:
Arch reconstitutes
Heels go into varus
=Flexible Flatfoot

Regarding the flexible flatfoot:

- A. it is ~~common~~ in toddlers
- B. it is commonly ~~asymptomatic~~
- C. it is treated with ~~orthotics~~
- D. when standing on toes, the arch reappears ✓
- E. when standing on toes, the calcaneus ~~everts~~ inverts

Coughlin & Mann, Surgery of the Foot and Ankle, 7th Ed, p734

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Flatfoot: Several Deformities

Loss of plantar arch

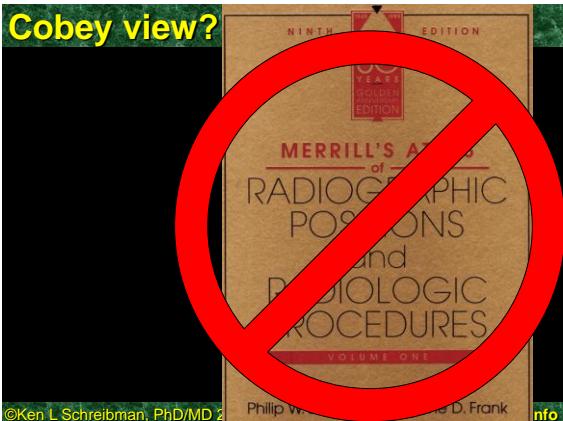
➤ Observe: Medial, Standing Foot

Hindfoot valgus

➤ Observe: Posterior, Standing Feet

➤ Measure: Cobey view

Cobey view?



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Philip W. Merrill, M.D., Philip D. Frank

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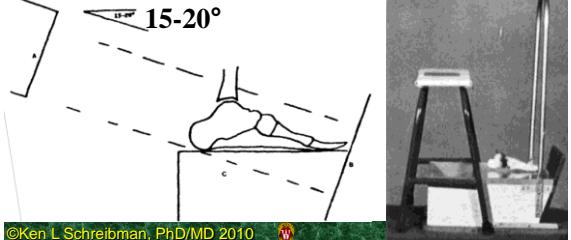
Cobey view: PA view

Posterior Roentgenogram of the Foot

JAMES C. COBEY, M.D., M.P.H.

Yale Orthopedics Department

Clin Orthop Relat Res, 1976, 118, 202-207



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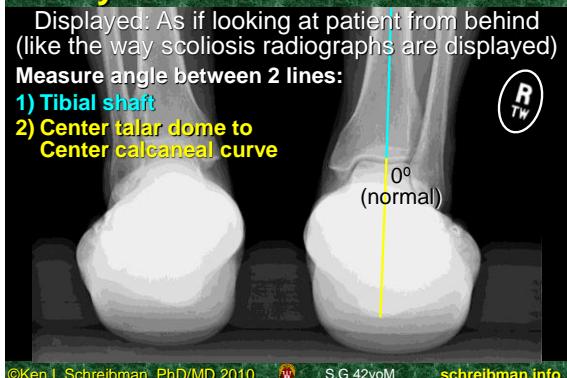
Cobey view: PA view



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Cobey view: PA view

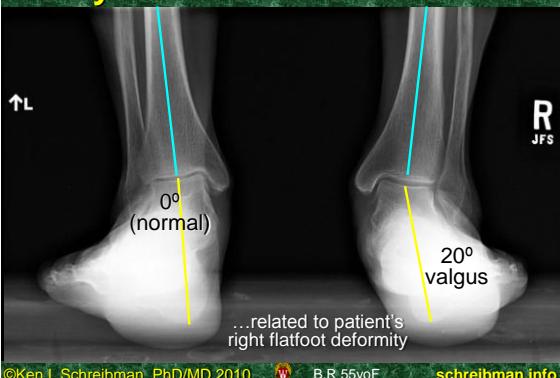


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S.G. 42yoM

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Cobey view: PA view

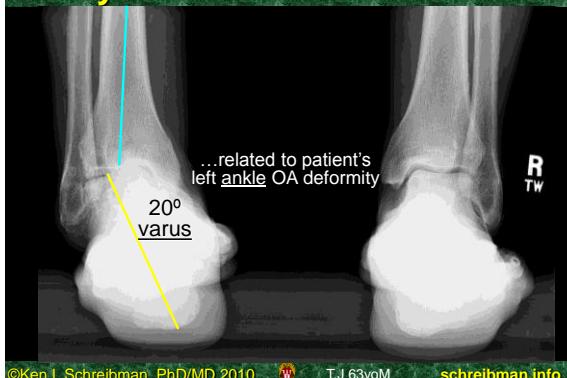


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Cobey view: PA view



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T.J. 63yoM

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Flatfoot: Several Deformities

Loss of plantar arch

➤ Observe: Medial, Standing Foot

Hindfoot valgus

➤ Observe: Posterior, Standing Feet

➤ Measure: Cobey view

➤ Observe: Posterior, Standing Feet
“too many toes” sign

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The “too many toes” sign indicates:

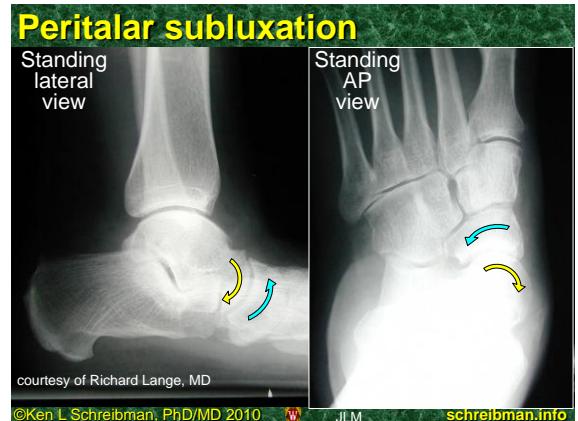
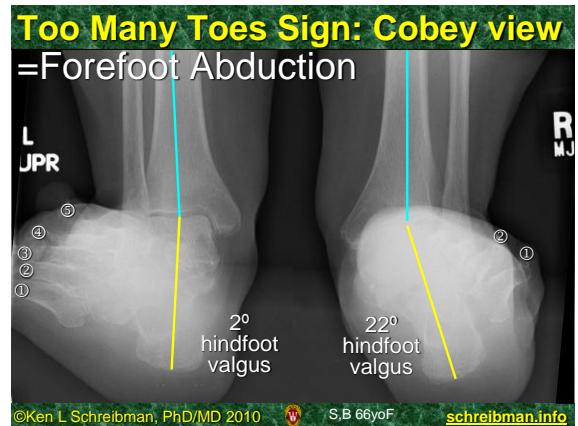
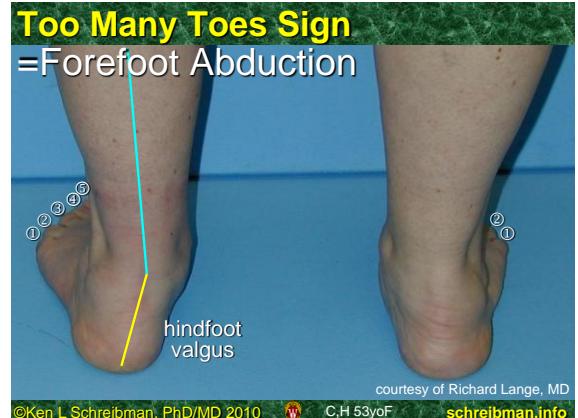
- A. Forefoot abduction ✓
- B. Posterior tibial tendon dysfunction
- C. Flatfoot deformity
- D. Tarsal coalition
- E. Parents were related

Advanced Reconstruction Foot and Ankle, Nunley et. al., page 109
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Flatfoot: Etiologies

List of 54 causes of Flatfoot

- * Accessory navicular bone - flat foot
- * Aicardi-Goutières syndrome - flat foot
- * Arthrogryposis multiplex congenita br - idiopathic
- * Arthrogryposis, distal type 2B - flat fo - Ichthyostellar dysplasia - flat foot
- * Brachy-Schellekens syndrome - flat foot
- * Chromosome 10, trisomy 10q - Flatfe
- * Chromosome 10p duplication syndro
- * Craniovertebral dysplasia - flat
- * Duplication 10q - Flatfoot
- * Dysequilibration syndrome - flat foot
- * Ehlers-Danlos syndrome, classic type
- * FACES syndrome - flat foot
- * Familial hyperarthrogryposis - flat fo
- * Fibrisimmons-Guibert syndrome - flat
- * Fried syndrome - flat foot
- * Frontoscapular dysplasia - Klippel Feil
- * Furukawa-Kurczynski-Hennessy syndro
- * Guzra-Vazquez Sanchez-Manzano s
- * Hirschsprung disease - flat foot
- * Hypothalamic syndrome - flat foot
- * Ileocecal valve atresia - flat foot
- * Innominate hypoplasia - flat foot
- * Ischiopatellar dysplasia - flat foot
- * Low birth weight - dwarfism - dysamnesia
- * Marfanoid - mental retardation syndrome
- * Marfan's syndrome - flat foot
- * Marnierico-Soriano syndrome - flat foot
- * Mental retardation - cleftoma - simmies
- * Mental retardation - epilepsy - bulbous nos
- * Microbrachycephaly - ptosis - cleft lip - flat
- * Microcephaly, facial hemia and nephrotic
- * Nephrosis neuronal dysmigration Syndro
- * Neurofibromatosis - flat foot
- * Odonto oncho dysplasia with alopecia - I
- * OED syndrome type IX - flat foot
- * OED syndrome type IX - flat foot
- * Paraplegia - brachydactyly - cone-shaped
- * Pectenogenesis agasta - flat foot
- * Peptidic growth factors deficiency - flat fo
- * Polydactyly - mepisys syndrome - flat foot
- * Tel-Hanashori camptodactyly syndrome - flat foot
- * Turner-Kirkzus-Hennessy syndro
- * Vertebral anomalies - flat foot

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www.wrongdiagnosis.com

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Objectives: Simplify Flatfoot

Causes

Child (congenital)

➤ Flexible

👉 Normal variant

➤ Rigid



Adult (acquired)



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The most common cause of rigid flatfeet in children is:

A. Tarsal coalition ✓

B. Congenital vertical talus

C. Neuromuscular foot

D. Skew-foot

Internet Journal of Orthopedic Surgery, 2007, v6, 1

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The most common cause of rigid flatfeet in children is:

A. Tarsal Coalition ✓

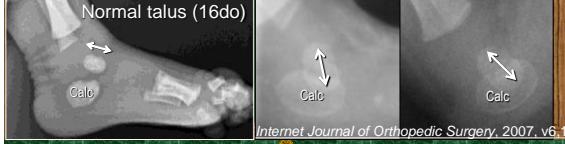
"is the major cause of painful rigid flatfoot deformity in children, adolescents"

Clinics in podiatric medicine and surgery 2000 Jul; 17(3): 531-55.

B. Congenital Vertical talus

Occurs in association with other congenital anomalies:

myelomeningocele, arthrogryposis, developmental dysplasia of the hip



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The most common cause of rigid flatfeet in children is:

A. Tarsal coalition ✓

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Clinics in podiatric medicine and surgery 2000 Jul; 17(3): 531-55.

B. Congenital vertical talus

Occurs in association with other congenital anomalies:

myelomeningocele, arthrogryposis, developmental dysplasia of the hip

C. Neuromuscular foot

Occurs in association with other neuromuscular conditions:

cerebral palsy, Duchenne muscular dystrophy, polio

D. Skew-foot "Z-foot", "serpentine foot": hindfoot valgus forefoot varus

Rare, unknown etiology, seen in children with myelodysplasia

Internet Journal of Orthopedic Surgery, 2007, v6, 1

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Objectives: Simplify Flatfoot

Causes

Child (congenital)

➤ Flexible

👉 Normal variant

➤ Rigid

👉 Tarsal coalition

Adult (acquired)



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The most common cause of adult acquired flatfoot is:

- A. neuropathic
- B. neuromuscular
- C. post traumatic
- D. tarsal coalition
- E. posterior tibial tendon dysfunction ✓

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Objectives: Simplify Flatfoot

Causes	Treatment
Child (congenital)	
➤ Flexible	↳ Normal variant ...none
➤ Rigid	↳ Tarsal coalition ...resection
Adult (acquired)	
↳ Posterior tibial tendon dysfunction	...depends upon the stage

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All of the following are important when staging PTT dysfunction, except:

- A. Pain, swelling along PTT = 1
- B. Reducible flatfoot = 2
- C. Irreducible flatfoot = 3
- D. Ankle joint involvement = 4
- E. Tendon torn by US/MR ✓

Journal of Foot & Ankle Surgery: Lee et al., 2005 v44, n2, p78-113

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PTT Dysfunction: Stages

- 1=Tenosynovitis, no deformity
 - Pain, Swelling along PTT
- 2=Reducible Flatfoot
 - Hindfoot valgus, forefoot abducted
 - Single heel raise with difficulty
 - Heel doesn't undergo normal inversion



Lee, J Foot & Ankle Surg, 2005, v44 p80

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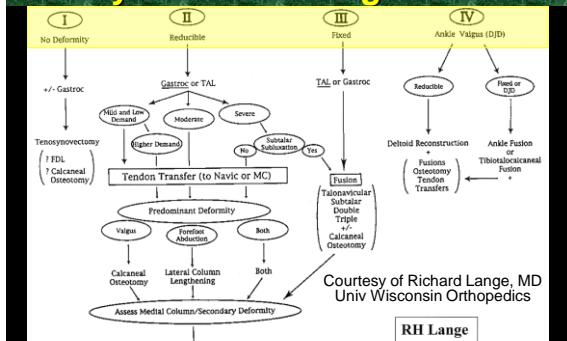
PTT Dysfunction: Stages

- 1=Tenosynovitis, no deformity
 - Pain, Swelling along PTT
- 2=Reducible Flatfoot
 - Hindfoot valgus, forefoot abducted
 - Single heel raise with difficulty
 - Heel doesn't undergo normal inversion
- 3=Fixed, non-reducible Flatfoot
 - Unable to perform single heel raise
 - Lateral symptoms predominate
- 4=Ankle valgus
 - Secondary OA at ankle joint

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PTT Dysfunction: Stages



RH Lange

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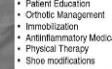
PTT Dysfunction: Stages

Posterior Tibial Tendon Dysfunction				Significant History	
ADULT Acquired Flatfoot				• Middle Aged Female	
				• Unilateral Acquired Deformity	
				• No History of Trauma	
Stage 1 • Medial Rearfoot Pain • Localized swelling to course of TP • No positional change in arch	Stage 2A - Early • Medial Rearfoot Pain • Tendon swelling, warmth, tenderness • +/- abd. tendinitis • Slight heel valgus; too many toes	Stage 2B - Late • Same as 2A - Early • Posterior subtalar • Increased Talar 1st MT angle • Peritarsal subluxation • Increased Talocalcaneal angle • Progressive angular changes on radiographs • MRI	Stage 3 • Lateral symptoms • Heel pain • Fixed non-reducible deformity • No heel inversion on double heel rise • Unable to perform single heel raise	Stage 4 • Same as Stage 3 • Ankle valgus	X-Ray • Non degenerative changes • No degenerative changes
X-Ray • Non degenerative changes • No degenerative changes	X-Ray • Peritalar subluxation • Increased Talar 1st MT angle • MRI	X-Ray • Same as 2A - Early • TP Rupture • Early DJD (subchondral edema)	X-Ray • Same as 2B - Late • Degenerative changes in rear foot complex	MRI* • Same as 2B - Late • DJD	MRI* • Same as 2B - Late • DJD
Ultrasound • Fluid around tendon	Ultrasound • Tenosynovitis • Attenuation of tendon • Tendinosis	Ultrasound • Same as 2A - Early • Tendon Rupture	Ultrasound*	Ultrasound*	Ultrasound*

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Surg, 2005, v44 p92
scribd.com/info

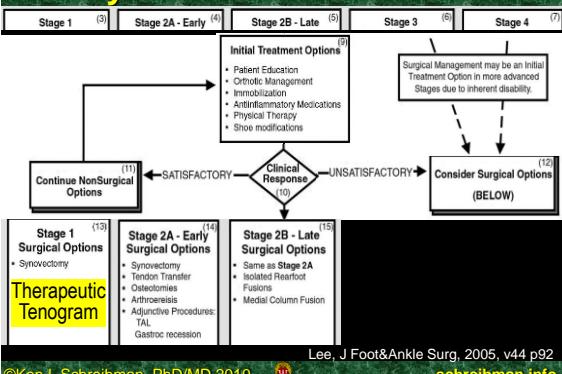
PTT Dysfunction: Treatment

Stage 1	(3)	Stage 2A - Early	(4)	Stage 2B - Late	(5)	Stage 3	(6)	Stage 4	(7)
									
In-shoe orthoses		Initial Treatment Options		Ankle-Foot Orthosis (AFO)		Lee, J Foot&Ankle Surg, 2005, v44 p86			

Lee et al / Foot & Ankle Surg 2005; v44 p86

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PTT Dysfunction: Treatment



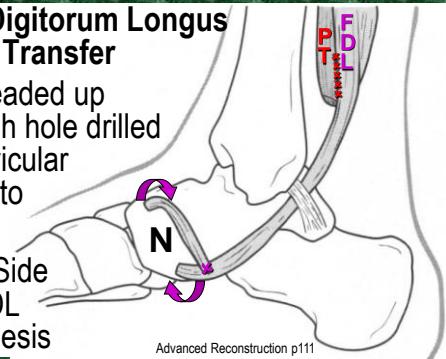
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PTT Dysfunction: Treatment

Flexor Digitorum Longus (FDL) Transfer

FDL threaded up
through hole drilled
in Navicular
Sutured to
itself
Side-to-Side
PT-FDL
Tenodesis



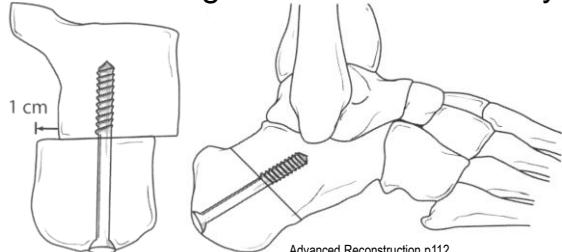
Advanced Reconstruction p111

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PTT Dysfunction: Treatment

Reconstruction of the PTT alone does not correct hindfoot valgus.

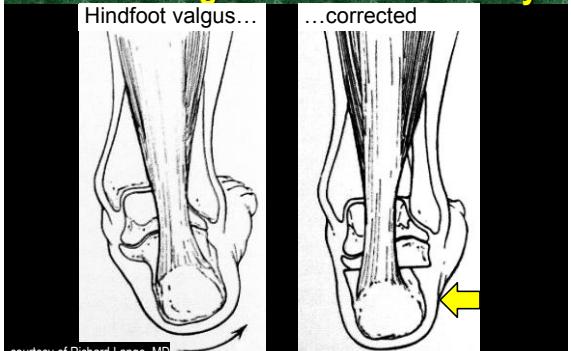
Medial Sliding Calcaneal Osteotomy



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Medial Sliding Calcaneal Osteotomy



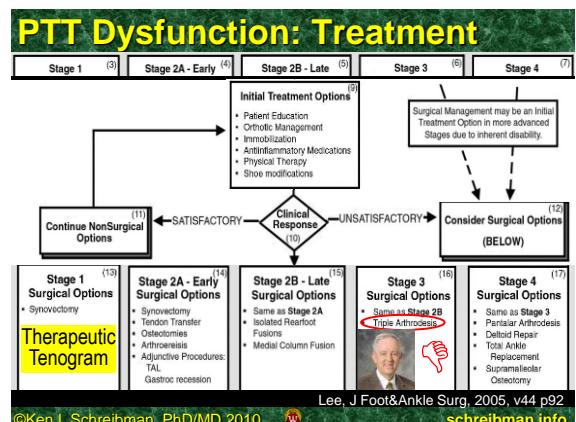
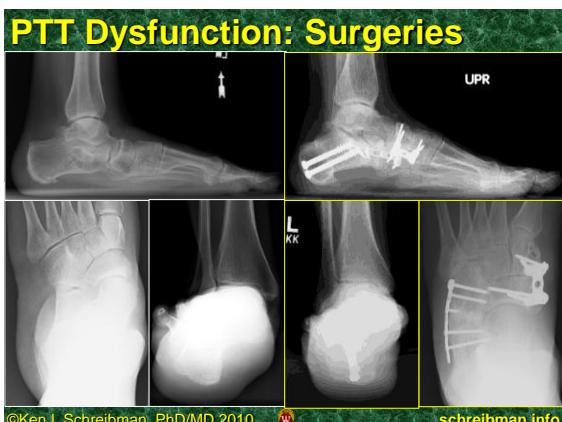
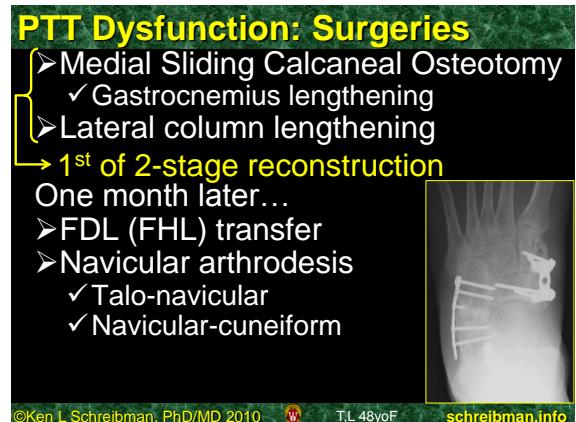
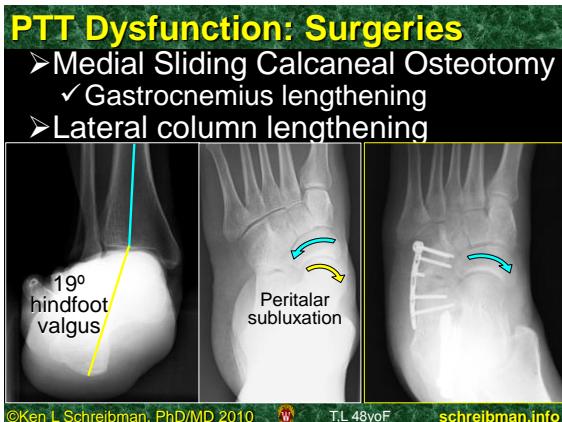
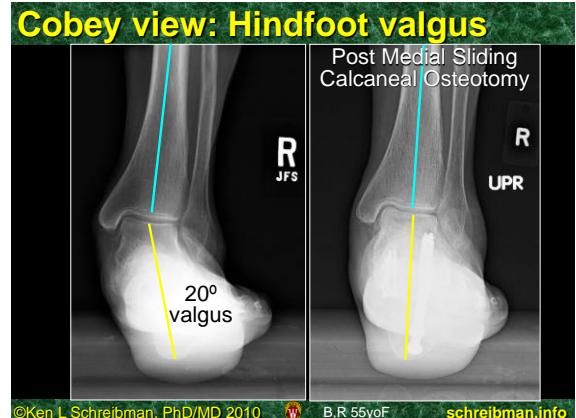
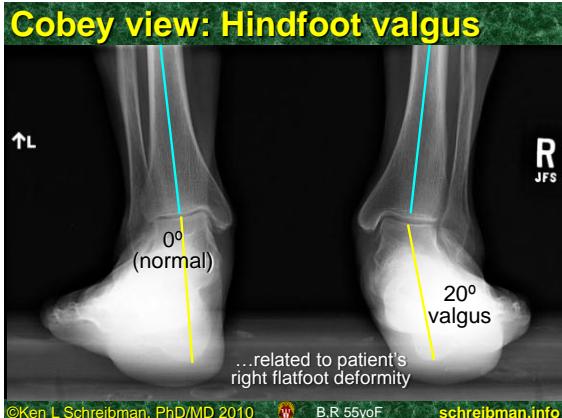
courtesy of Richard Lange, MD

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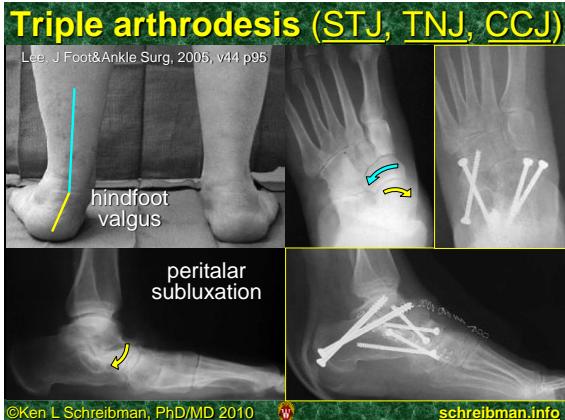
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Footnote

James Cobey

- D.C. orthopedic surgeon
- 37 years of experience
- 2006 testified US Senate Finance Committee, issue of patient safety and specialty hospitals.
- 1997 shared Nobel Peace Prize

International CAMPAIGN TO BAN LANDMINES

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