



## Paediatric Physiotherapy Referral guidance for management of Flat Feet (Pes Planus)

A recent Cochrane review and epidemiological study conclude that flexible flat foot is present in up to 40% of pre and primary school children and should therefore be considered normal.

There is no evidence to support the use of insoles, adaptive footwear or physiotherapy for asymptomatic feet. There is no evidence that asymptomatic flat feet in children lead to subsequent lower limb or back problems. For the majority of children with flat feet, this is their normal.

Parental anxiety is understandable given the historical reputation of flat foot and continued conflicting information available in non-medical literature and on the internet.

Appropriate advice and referral is essential in Getting It Right First Time (GIRFT), supporting parental understanding, anxiety and expectations, whilst ensuring effective use of NHS resources.

## Referral not necessary if:

- The child is under 6 years of age, well, and there are no red flag features.
- · Flat feet are painless and flexible.
- Mobile flat foot (ie. Medial longitudinal arch forms normally when the child stands on tip toes and when the big toes are passively extended – Jacks Test).
- · There is no limp or interference with daily activities such as playing or walking.
- · There is no pain in the legs or joints.
- · No joint restrictions
- Milestones are normal.
- · No blisters or callosities are present.
- · Flat feet are symmetrical.

## **Management: Universal Offer:**

Advise parents that this can be a normal developmental stage which often corrects itself and does not usually cause symptoms.

There is no need for any treatment if there are no symptoms, even if it persists after the age of 6. Direct patient to ELHT Paediatric Physiotherapy Website for future advise and patient information. Advise them to return for review if symptoms develop.

## When and Where to Refer: **General Paediatrics Orthopaedics Podiatry Physiotherapy** Morning stiffness, -Fatigue of the foot · Absent medial restricted joint mvt, muscles. longitudinal arch - Asymmetrical flat feet. joint swelling or - Tripping or frequent when the child is on -Signs of pressure such abnormal joint exam. as calluses or falls. tiptoes or when big Other features toes are extended. blistering to the foot, or - Limp. indicative of an - Functional limitation. · Rigid flat feet - Recurrent ankle underlying diagnosis, - Marked hypermobility. (Especially in sprains. for Cerebral Palsy, · Painful flat feet, or - Regression or adolescents -Delayed motor muscular dystrophy, possible tarsal previously painless flat or connective tissue feet that become milestones coalition). Marfan and Ehlerssymptomatic. Danlos syndromes.

Referral to orthotics can be made by Physio/Paediatric Consultant/Orthopaedics if FPI-6 >10+, Painful flat foot >7yrs, concerns over abnormal foot posture