

Children’s Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Hospital of Wisconsin. Co-management guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Flexible Flat Feet

Foot with low or absent longitudinal arch in weight-bearing conditions

Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Orthopedic Clinic:	What can referring provider send to Orthopedic Clinic?	Specialist’s workup will likely include:	Model Of Care
<p>Signs and symptoms</p> <ul style="list-style-type: none"> Anatomic characteristics: Excessive eversion of the subtalar complex during weight bearing with plantarflexion of the talus, plantarflexion of the calcaneus in relation to the tibia, a dorsiflexed and abducted navicular, and a supinated forefoot Can present at any age Equally prevalent in males vs. females 	<p>Diagnosis:</p> <p>Differential Diagnosis</p> <ul style="list-style-type: none"> Vertical/oblique talus Tarsal coalition Accessory navicular Posterior tibial tendonitis Overcorrected clubfoot Tight Achilles Calcaneovalgus Peroneal spasms Peroneal spasms <p>Diagnostic Tests</p> <ul style="list-style-type: none"> Radiographs <ul style="list-style-type: none"> If rigid, painful, or asymmetrical AP foot, lateral plantar flexion/dorsi flexion 	<p>Flexible/Non-painful</p> <ul style="list-style-type: none"> Developmental variant Provide parental education: most flexible flat feet resolve spontaneously and do not cause disability in adults, observation and time are the only treatments necessary (1,2,3) <p>Flexible/painful</p> <ul style="list-style-type: none"> PT for 6-8 weeks +/-Orthotics Referral if fail PT XR Imaging for rigid or painful foot <ul style="list-style-type: none"> For patients under 10, otherwise healthy and without symptoms-Well Child Lower Extremity For patients with symptoms/pain General Orthopaedic Clinic Patients with underlying 	<p>1. Using Epic referral form, please complete:</p> <ul style="list-style-type: none"> Urgency of the referral What is the patient's chief complaint Describe details Pertinent past medical history Abnormal lab or imaging findings What is the key question you want addressed Other Diagnoses <p>2. Not using Epic referral form: Please fax all of the above information to: 414-266-2174</p> <p>Call CHW Physician Referral Line</p>	<p>After referral to Ortho Clinic:</p> <ul style="list-style-type: none"> Physical exam including: <ul style="list-style-type: none"> Gait analysis (if pertinent) Rotational profile Musculoskeletal exam Images only if needed 	

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		<p>neuromuscular condition or a rigid foot should be seen by MD in General Orthopaedic clinic</p> <ul style="list-style-type: none"> Sports related symptoms may be seen in Sports Clinic 	<p>1(800)266-0366 (414)266-2460 if you want to speak to Pediatric Orthopedist prior to referral.</p> <p>Contact Orthopedic Nurseline 414.266.2411 with questions/concerns</p>		
<p><u>Causes</u></p> <ul style="list-style-type: none"> Infants are born with flexible flatfeet, and the normal arch develops in the first decade of life Flat feet are normal and usual in infants, common in children, and are often present in adults with a decreasing prevalence with increasing age. 			<p><u>Treatment and Drugs</u></p> <p>Symptom management may include physical therapy, arch supports. Imaging will be done based upon exam & symptoms present</p>		

Evidenced Based Literature Review

Cappello, T. & Song, K.M. (1998). Determining treatment of flatfeet in children. *Current Opinion in Pediatrics*. 10, 77-81.

Garcia-Rodriguez, A., Martin-Jimenez, F., Carnero-Varo, M., Gomez-Gracia, E., Gomez-Araena, J., & Fernandez-Crehuet, J. (1999). Flexible flat feet in children: A real problem? *Pediatrics*. 103(6), 84-86.

Herring, J. A. (2008). Disorders of the foot. In M.O. Tachdjian & J.A. Herring (Eds), *Tachdjian's Pediatric Orthopedics* (4th Ed) (pp.1035-1186). Philadelphia: Saunders Elsevier.

Staheli, L.T., Chew, D.E., & Corbett, M. (1987). The longitudinal arch. A survey of eight hundred and eighty-two feet in normal children and adults. *Journal of Bone & Joint Surgery*. 69, 426-428.

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