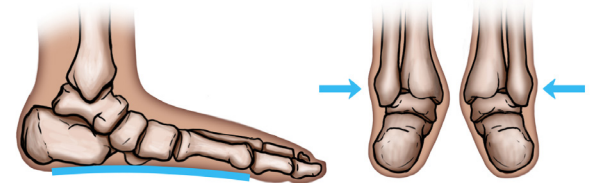


What to Expect from Surgery for Flat Feet

WHAT DOES HAVING A FLAT FOOT MEAN FOR MY CHILD?

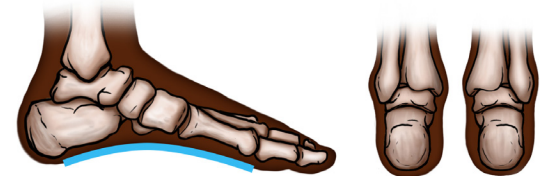
A poorly aligned flat foot can make walking, standing or moving uncomfortable or difficult for your child. It will likely cause your child to walk with their ankles rolled inwards. Your child's flat feet might even cause discomfort or pain.



With flat feet, the ankles turn inward.

WHY SHOULD MY CHILD HAVE SURGERY TO ADDRESS THE FLAT FEET?

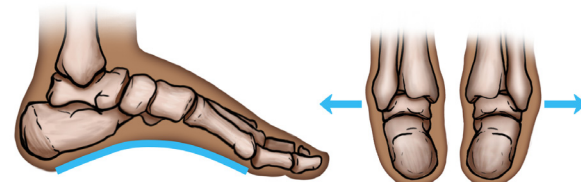
- To improve walking
- To improve foot alignment for wearing braces and shoes
- To reduce pain



With a small arch, the ankles aim directly up

ABOUT SURGERY TO IMPROVE FLAT FEET

During the operation, the surgeon will make several small cuts on your child's foot. The outside of the heel bone is cut and a new piece of bone is added to improve the alignment of the foot. In the operating room after the surgery, a cast is placed on your child's foot and lower leg to protect the surgery site and allow the foot to heal. Most children go home on the day of surgery. This surgery is also called lateral column lengthening or Evans osteotomy.

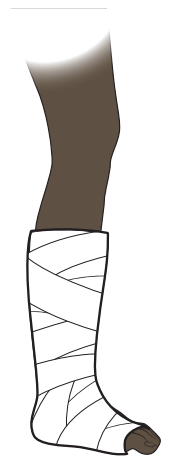


With a high arch, the ankles turn out.

RECOVERY AT HOME

Before surgery, your child's care team will prepare you and your child for daily activities while **not being able to put weight on their feet**. This includes instructions for bathing, dressing and getting around safely after surgery with a cast.

Follow the surgeon's instructions for limiting your child's activity while they are healing. It is common to have leg pain or be uncomfortable in the first few weeks after surgery. Your child may also have spasms or jerky movements as their leg heals.



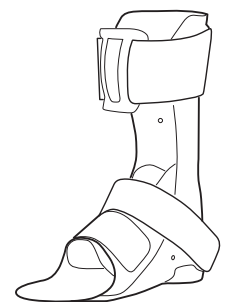
Cast below the knee

FOLLOW-UP APPOINTMENTS

Your child's leg cast will be removed at a clinic visit 4-6 weeks after surgery. The treatment after surgery varies depending on the child's needs. The surgeon will examine your child's healing progress and let you know when your child's foot heals enough to bear weight again. You and your care team will determine the next steps your child's treatment plan.

A custom foot brace (also known as an ankle-foot orthotic) will be fit to your child at this clinic visit or at the next visit. If needed, a new cast will be placed on your child until the brace is ready.

It is important that your child wear the brace according to instructions from their surgeon. This brace helps to support and correctly position the foot and ankle after surgery. Most children wear the ankle-foot brace for about 6 months to a year after the surgery.



Ankle-foot orthotic

Please contact your care team if you have any questions or concerns after surgery.

Guidance for Your Therapist and Care Providers: Post-Op

LATERAL COLUMN LENGTHENING/ EVANS OSTEOTOMY

Immediate Post-Op to 6 Weeks

RESTRICTIONS AND IMMOBILIZATION

- Short leg cast, non-weight bearing for 6 weeks
- Avoid activities that would cause cast to become wet or submerged in water

THERAPY FOCUS (Instruction provided by inpatient PT prior to hospital discharge – wait for Outpatient PT until weight-bearing restrictions are lifted)

- Safe mobility with assistive device and compliance with non-weight bearing status
- Focus on strengthening all LE muscles except ankle dorsiflexors, plantarflexors, and foot intrinsics on the surgical side
- Home exercise program provided by PT for LE strengthening (except muscles noted above)
- Protect the surgical site including the incision and underlying surgical tissues

CRITERIA TO PROGRESS

- Uneventful bone healing of the surgical site(s)
- Clearance from surgical team and initiate outpatient physical therapy after 6 week follow up with ortho
- Proper fit of solid AFO once cast is discontinued

Week 6 to Completion of PT care

RESTRICTIONS AND IMMOBILIZATION

- Weight bearing as tolerated with AFO until cleared by surgical team
- Can remove AFO for PT non-weight bearing exercises at 6 weeks
- WB without AFO in PT 8-10 weeks
- Continue AFO for long distances outside of PT for 6 months

THERAPY FOCUS

- Surgical scar mobility to begin once good wound closure has occurred (about 6 weeks)
- Active ankle range of motion in all planes
- Lower extremity strengthening with specific attention to ankle dorsiflexion, ankle plantarflexion (concentric and eccentric), inversion, eversion, and foot intrinsics
- Safe to add resistance training after 12 weeks and when patient demonstrates full active range of motion in all planes
- Gait training with AFO until cleared by MD
- Global focus on heel-toe gait pattern.
- Neutral foot alignment in supervised standing
- Home exercise program to focus on strengthening and maintaining range of motion in all planes
- Anticipate full return to baseline function at about 3-6 months post-op (with AFO) / 1 year (without AFO)