Flexible flatfoot in children

Do your child’s feet look flat when he or she is standing? Does an arch appear in the foot when your child sits or stands on tiptoes? Children are born with flexible flatfoot, a condition in which the arch of the foot shrinks or disappears when you stand on it. Parents and other family members often worry needlessly that an abnormally low or absent arch in a child’s foot will lead to permanent deformities or disabilities. Most children eventually outgrow flexible flatfoot without any problems. The condition usually:

- Is painless.
- Does not interfere with walking or sports participation.
- Corrects itself over time without surgery or other treatment.

A flexible flatfoot has normal muscle function and good joint mobility and is considered normal. The shape of bones and lax ligaments in the foot prevent a strong arch between the toes and heel (longitudinal arch) on weightbearing. As the child grows and walks on it, the foot’s soft tissues tighten, shaping its arch gradually. Flexible flatfoot often continues until your child is at least age 5 or older. If flexible flatfoot continues into adolescence, your child may experience aching pain along the bottom of the foot. See your doctor if your child’s flatfeet cause pain.

Doctor’s exam

Your doctor will physically examine your child to rule out other types of flatfeet that may require treatment such as flexible flatfoot with a tight heel cord, or rigid flatfoot, a more serious condition. Make sure your child wears his or her regular shoes so the doctor can see the pattern of wear. Tell the doctor if anyone else in the family is flatfooted or if your child has a known neurological or muscular disease. The doctor may ask your child to sit, stand, raise the toes while standing and stand on tiptoe. He or she will probably examine your child’s heelcord (Achilles tendon) for tightness and may check
the bottom of the foot for calluses.

**Treatment**

If your child has activity-related pain or tiredness in the foot/ankle or leg, the doctor may recommend stretching exercises to lengthen the heelcord. If discomfort continues, your doctor may recommend shoe inserts. Soft-, firm- and hard-molded arch supports may in many cases relieve your child’s foot pain and fatigue, plus extend the life of his or her shoes, which may otherwise wear unevenly. Sometimes a doctor may prescribe physical therapy or casting if your child has flexible flatfoot with tight heel cords. Occasionally, surgical treatment can help an adolescent with persistent pain. A small number of flexible flatfeet become rigid instead of correcting with growth and may need further medical evaluation.

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For More Information:

[In-toeing](#)

[AOFAS: Guide to Children's Shoes](#)

**Instructions to Patient:**

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