

We Can Help You With



HIGH-ARCHED FEET



SENIOR FOOT CARE



TOENAIL
CONDITIONS



CHILDREN'S
FOOT CARE



ACHILLES



BONE SPURS



FOOT & ANKLE PAIN



BUNIONS

SERVICES

- BUNIONS
- DIABETIC FOOT CARE
- FLAT FEET
- HAMMERTOES
- HEEL PAIN
- FOOT & ANKLE PAIN
- SENIOR FOOT CARE
- TOENAIL CONDITIONS
- BONE SPURS
- CHILDREN'S FOOT CARE

KEEP AN EYE ON THOSE

LITTLE FEET

COMMON PEDIATRIC FOOT ISSUES
CAUSES AND TREATMENTS OF
INGROWN TOENAILS
FLAT FEET AND WHEN TO TREAT
HEEL PAIN TREATMENT

757-934-0768
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LITTLE FEET

Common pediatric foot conditions and treatment



What are common problems in pediatric foot health?

Children and adolescents experience a variety of foot and ankle problems – from congenital disorders such as severe flatfoot, to sports injuries, to ingrown nails. It's essential that your child get highly capable, results-oriented attention to correct these issues before they become larger issues as they reach adulthood.

Tips to help insure proper foot development

The American Podiatric Medical Association offers the following tips for normal infant foot development:

- Inspect your baby's feet often. If something doesn't look normal to you, ask your podiatrist or pediatrician.
- Provide opportunity for exercise. Lying uncovered enables kicking and other related motions which prepare the feet for weightbearing.
- Change the baby's position several times a day. Too long in one spot can put excessive strain on the feet and legs. □

1 Foot 2 Foot Presents

INGROWN TOENAILS

Causes and treatments of ingrown toenails in
children

Ingrown toenails are usually caused by abnormal pressure on the side of the nail causing the nail to deform. This abnormal pressure is often caused by an abnormal walking pattern that causes the foot to collapse outward resulting in walking off the side of the toes rather than the tips of the toes as was designed. The deformed nail can literally grow into and puncture the skin – hence the name Ingrown Nail. If the nail punctures the skin, bacteria around the nail can get into the body and cause an infection (Paronychia). The body will try to wall off any infection in an attempt to keep it from spreading throughout the body.

This localized infection is called an Abscess. The infection will usually not clear completely until the foreign object – the ingrown nail – is removed.

Ingrown toenails can be very painful and if not treated early, an infection can develop. At 1Foot 2Foot we make sure that patients with ingrown toenails are seen right away. Ingrown toenails usually resolve very quickly after the ingrown portion of the nail is removed either by trimming the nail corner, or in some cases, removing the edge of the nail back to the cuticle. Usually, a local anesthetic is used to lessen the discomfort.

Does your child suffer from
ingrown toenails?

BOOK AN APPOINTMENT TODAY!

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FLAT FEET AND WHEN TO TREAT

Not all cases of flat feet require intervention.

To treat or not to treat a pediatric flatfoot has been debated over the past many decades. Some feel that children will outgrow the condition, while others contend that treating the deformity early can prevent the long-term complications we see all too often in adults.

Parents often express concern regarding their child's apparent flattened foot. The fact is nearly all children have flat feet at some point in their development. Between 9 and 18 months, when a child begins to walk, the foot appears chubby and therefore flat. A normal fat pad consumes what will someday be the arch as the child develops. So at this age, a flatfoot is considered normal. At 2 to 4 years of age, the foot takes on a more bony appearance as the fat pad disappears allowing a flatfoot to become more noticeable. The foot remains quite pliable at this stage as the bones are not fully developed. The abnormal forces caused by a flatfoot may cause permanent structural damage to the foot.

There are generally two types of pediatric flatfoot. A Flexible flatfoot is more common and often associated with overuse injuries in child athletes. There is an appreciable arch non-weightbearing that fully collapses on stance. A Rigid flatfoot is less common and is usually due to abnormal bone structure or growth during development (see Tarsal Coalition). A rigid flatfoot is always stiff and flat no matter the weightbearing status.

Regardless of flatfoot type, children with collapsing arches should be evaluated by a podiatrist at least annually to prevent problems. The simple presence of a flatfoot deformity does not require treatment. If the foot causes no pain or limitation in activity, there is simply no good reason to correct it.

BUT, if another family member has had difficulties with such a deformity in their past, then treating the child is good preventative medicine.

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FLAT FOOT TREATMENT

Here's What You Need to Know.

YOUR CHILD HAS BEEN DIAGNOSED WITH FLAT FEET. WHAT NOW?

In asymptomatic flatfoot, no treatment is needed except sturdy appropriate well-fitting shoes to relieve stress. Secondary symptoms of "Charlie horses" or leg cramps, tired feet, and knee and hip pain may require special shoe inserts (Orthotics/Arch Supports) to promote a healthy gait.

In painful flatfoot, treatment is necessary. Activity modification, new shoe gear, stretching exercises, Little Feet⁹ anti-inflammatories and arch supports are the mainstay of therapy. Many times, significant deformities require custom functional orthotics and physical therapy for more aggressive symptomatic relief. There is a high incidence of painful flatfoot in an obese child as the weight overloads the developing feet. Weight loss is always recommended prior to surgery in these cases. Surgery should only be an option if the child is having consistent difficulty in weightbearing activities, has undergone at least 6 months of aggressive conservative therapy and has a significant deformity without improvement.

Surgical procedures used to treat severe flatfoot include tendon transfer or lengthening, realignment of one or more bones, joint fusion, and/or placement of a subtalar implant. Surgical procedures are patient dependant and can be a combination of the aforementioned.



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PEDIATRIC HEEL PAIN

How to relieve the pain.

SEVER'S DISEASE/PEDIATRIC HEEL PAIN

Sever's disease is not contagious and not terminal. It occurs in children when the growth plate (which is the growing part of the heel) is injured. The foot is one of the first body parts to grow to full size. This usually occurs in early puberty and is common among child athletes. During development, bones often grow faster than muscles and tendons. As a result, muscles and tendons become tight. The heel area becomes less flexible. During weight-bearing activity, the tight heel tendons may put too much pressure at the back of the heel where the Achilles tendon attaches. This can injure the heel and cause an inflammation of the growth plate known as calcaneal apophysitis – or Sever's disease.

Treatment of Sever's can be quite simple. First, your child should cut down or stop any activity that causes heel pain. Apply ice to the injured heel for 20 minutes 3 times a day. If your child has a high arch, flat feet or bowed legs, your podiatrist may recommend orthotics, arch supports or heel cups. Your child should never go barefoot with this condition. If your child has severe heel pain, anti-inflammatory medications may help. It is important that your child perform exercises to stretch the hamstring and calf muscles, and the tendons on the back of the leg. Both legs should be stretched, even if the pain is only in one heel. With proper care, your child should feel better within 2-8 weeks.

Does your child suffer from heel
pain?

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