

Adult acquired flatfoot

What you're feeling

Adult acquired flatfoot happens when the tendon that supports the arch of your foot stops working properly. The arch slowly lowers, and your heel may start to lean outward. Most people notice aching on the inner side of the ankle, along the line of that tendon.

The pain often builds after you have been on your feet. Walking, standing for long stretches, or a busy day can make it worse, and the ache may still be there by evening or at night. Rest usually settles it, at least for a while. Some people also feel pain on the outer side of the ankle or heel. That happens when the collapsed foot changes shape so much that the heel bone presses against the smaller bone of the outer ankle.

You may spot changes in the shape of your foot itself. Looking from behind, your foot may seem to swing outward, and more toes than usual may show on the outer side. Your forefoot may point outward as well. The arch may come back when you sit down or rise onto your toes, which means the problem is still flexible. If the arch stays flat no matter what, the foot has become stiff.

Daily tasks can get harder in quiet ways. You might struggle to push off that foot when you walk or climb stairs. Standing on tiptoes on that one foot may be painful or impossible. Shoes can wear oddly or feel unsupportive, and you may notice sore spots or calluses under the middle of your foot. Long walks, running after kids, or standing at work can all become tiring.

One more thing worth knowing: a tight Achilles tendon, the strong cord at the back of your heel, often comes with this condition. It can pull on the foot and add to the flattening, so your surgeon will check for it.

What's actually happening

The main support for your arch is a tendon called the posterior tibial tendon. Think of it as a rope that runs from your lower leg, around the inner ankle bone, and fans out into the middle of your foot. Every time you step, this rope tightens to hold the arch up and steady the foot so you can push off. When that rope wears out and weakens, the arch it holds slowly sinks.

As the arch drops, the whole foot changes shape. Your heel leans outward, and the bones in the middle of your foot shift so the front of your foot points away from your body. The small bones and ligaments on the inner

side, including a strap-like ligament that helps hold the arch, get stretched as they take up work the tendon can no longer do. That shift explains the aching on the inner ankle you have just read about. It also explains the later pain on the outer side: as the heel keeps leaning out, it eventually presses against the smaller outer ankle bone.

A tight Achilles tendon often joins in. When it is short, it pulls the foot into an even flatter position as you walk, which adds strain to everything on the inner side.

Doctors describe this condition in stages, from mild to severe. Early on, the tendon is sore and swollen but the foot still looks normal and the arch is still there. Next, the arch starts to flatten and the heel begins to lean out, but the foot can still be pushed back into shape. Later, the flattening becomes fixed, so the arch will not return even when you are off your feet or on your toes. In the most advanced stages, the flattening starts to affect the ankle joint itself.

The earlier stages usually respond well to treatment without surgery. The later, fixed stages often need an operation to rebuild the shape of the foot, because by then the changes cannot be stretched or braced back into place.

What we can do about it

Dr Kieran Hirpara, an orthopaedic foot and ankle surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your first visit we take a history, examine your foot, and arrange imaging where it helps, such as weight-bearing X-rays or a scan to check the tendon. We then talk through what each option involves and decide together on the plan.

Most people start without surgery. Simple changes to your shoes, arch supports, and inserts that sit under the inner arch can ease the ache. These supports help with symptoms, but they will not reshape the foot or stop a flexible foot from changing further. Physiotherapy aims to loosen the tight calf and Achilles tendon that often come with this condition, because a short tendon pulls the arch flatter as you walk. A regular stretching program can reduce the calf pain that goes with it. We usually suggest giving these measures a fair trial before thinking about an operation.

When non-operative care has not given enough relief, surgery may be worth considering. The aim is to rebuild the shape of the foot and take strain off the overworked tendon. That can mean cutting and repositioning the heel bone so it sits back under the leg, moving another tendon across to help hold the arch up, and lengthening or releasing the tight calf tendon if it is part of the problem. For severe deformity, more than one procedure may be needed to correct the shape fully. In a small number of people whose feet have become stiff, joining some of the foot joints together can settle pain and restore function. We will explain which approach fits your foot, and you decide with us whether the time is right.

What to expect

Adult acquired flatfoot usually does not settle on its own. Without treatment, the tendon that supports your arch keeps weakening, and the arch tends to keep sinking. The shape changes slowly build over time, and the pain and stiffness tend to grow with them. That is why early care matters: getting on top of the problem promptly can help stop the deformity from getting worse.

The outlook depends a lot on how far things have progressed. Early stages, where the foot is still flexible, usually respond well to treatment without surgery. Supports, footwear changes, and stretching can ease the ache and let you stay active. If those measures do not bring enough relief, surgery is worth considering, because leaving a worsening deformity alone tends to make it harder to treat later.

When surgery is done for the right reasons, most people get real relief from pain and better function from their foot. The aim is to correct the shape of the foot, and that correction is what drives the improvement you feel. Surgery can also stop the flattening from progressing further, and it can restore strength for pushing your foot inward, the movement that steadies your arch when you walk.

It is worth knowing what surgery does not do. It does not usually recreate a normal inner arch. Your foot will look and work better than it did, but it may not look like a foot that never had this problem. The final result also depends on how much movement your foot had before the operation, and on the shape of the bones involved.

For stiff feet in particular, surgery is only advised after a long, genuine trial of non-surgical treatment has failed to settle the pain. If you reach that point, your surgeon will talk you through what correction could realistically achieve for your foot, and what it cannot.

When to see someone

See your GP if you have aching on the inner side of your ankle that keeps coming back, especially after you have been on your feet. Ask for a specialist review if the arch of your foot has visibly dropped, if your heel leans outward when you look from behind, or if you cannot stand up on your toes on that foot. Pain on the outer side of your ankle or heel is another reason to be checked, because it means the changed shape of your foot is pressing on the outer ankle bone. The same applies if your foot has become stiff, so the arch stays flat even when you are sitting or rising onto your toes. This condition tends to worsen slowly over time, so the earlier you are assessed, the more options you will have.