

# 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.

<h2 style="text-align: center;">Flexible Flat Feet</h2> <p style="text-align: center;">Foot with low or absent longitudinal arch in weight-bearing conditions</p>				
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:
<p><b>Signs and symptoms</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Can present at any age</li> <li>Equally prevalent in males vs. females</li> </ul>	<p><b>Diagnosis:</b></p> <p><b>Differential Diagnosis</b></p> <ul style="list-style-type: none"> <li>Vertical/oblique talus</li> <li>Tarsal coalition</li> <li>Accessory navicular</li> <li>Posterior tibial tendonitis</li> <li>Overcorrected clubfoot</li> <li>Tight Achilles</li> <li>Calcaneovalgus</li> <li>Peroneal spasms</li> </ul> <p><b>Diagnostic Tests</b></p> <ul style="list-style-type: none"> <li>Radiographs                             <ul style="list-style-type: none"> <li>If rigid, painful, or asymmetrical</li> <li>AP foot, lateral plantar flexion/dorsi flexion</li> </ul> </li> </ul>	<p>Flexible/Non-painful</p> <ul style="list-style-type: none"> <li>Developmental variant</li> <li>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)</li> </ul> <p>Flexible/painful</p> <ul style="list-style-type: none"> <li>PT for 6-8 weeks</li> <li>+/-Orthotics</li> <li>Referral if fail PT</li> <li>XR Imaging for rigid or painful foot</li> </ul> <ul style="list-style-type: none"> <li>For patients under 10, otherwise healthy and without symptoms-Well Child Lower Extremity For patients</li> </ul>	<p><b>1. Using Epic</b></p> <ul style="list-style-type: none"> <li>Please complete the external referral order</li> </ul> <p><b>In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:</b></p> <ul style="list-style-type: none"> <li>Urgency of the referral</li> <li>What is the key question you would like answered?</li> </ul> <p>Note: Our office will call to schedule the appointment with the patient.</p> <p><b>2. Not using Epic external referral order:</b></p> <ul style="list-style-type: none"> <li>In order to help triage our patients maximize the visit time,</li> </ul>	<p><b>After referral to Ortho Clinic:</b></p> <p>Physical exam including:</p> <ul style="list-style-type: none"> <li>Gait analysis (if pertinent)</li> <li>Rotational profile</li> <li>Musculoskeletal exam</li> <li>Images only if needed</li> </ul>

Updated by: Allison Duey-Holtz

Updated on: 8/2/17

		<p>with symptoms/pain General Orthopaedic Clinic</p> <ul style="list-style-type: none"> <li>• Patients with underlying neuromuscular condition or a rigid foot should be seen by MD in General Orthopaedic clinic</li> <li>• Sports related symptoms may be seen in Sports Clinic</li> </ul>	<p>please <b>fax</b> the above information to <b>(414-607-5288)</b></p> <ul style="list-style-type: none"> <li>• It would also be helpful to include: <ul style="list-style-type: none"> <li>• Chief complaint, onset, frequency</li> <li>• Recent progress notes</li> <li>• Labs and imaging results</li> <li>• Other Diagnoses</li> <li>• Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems.</li> </ul> </li> </ul>	
<p><b><u>Causes</u></b></p> <ul style="list-style-type: none"> <li>• Infants are born with flexible flatfeet, and the normal arch develops in the first decade of life</li> <li>• Flat feet are normal and usual in infants, common in children, and are often present in adults with a decreasing prevalence with increasing age.</li> </ul>			<p><b><u>Treatment and Drugs</u></b></p> <p>Symptom management may include physical therapy, arch supports. Imaging will be done based upon exam &amp; 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.

Updated by: Allison Duey-Holtz

Updated on: 8/2/17

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.