

Paediatric Flat Foot Proforma (p-FFP)

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History <ul style="list-style-type: none"> Family Hx Associations Symptoms Trauma Activity Systems review Previous Tx 																																									
Findings <ul style="list-style-type: none"> Tender areas <ul style="list-style-type: none"> y/n Site/s Gait <ul style="list-style-type: none"> barefoot shoes on limp y/n AOG Obesity (ok / + / ++) 																																									
DIAGNOSIS <table border="1"> <tr> <td> A. Typical flexible flatfoot +/- other factors Neurological eg Cerebral palsy, hypotonia Muscular eg Muscular dystrophies Genetic eg Down's, Marfan's Collagen eg Ehler's Danlos, ligament laxity </td> <td> B. Rigid flatfoot Vertical talus Tarsal coalition Peroneal spasm Iatrogenic Trauma </td> <td> C. Skewfoot Metatarsus adductus </td> </tr> </table>						A. Typical flexible flatfoot +/- other factors Neurological eg Cerebral palsy, hypotonia Muscular eg Muscular dystrophies Genetic eg Down's, Marfan's Collagen eg Ehler's Danlos, ligament laxity	B. Rigid flatfoot Vertical talus Tarsal coalition Peroneal spasm Iatrogenic Trauma	C. Skewfoot Metatarsus adductus																																	
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Action plan: Date: _____ <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">1</div> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">TREAT</div> </div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <div style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">2</div> <div style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">MONITOR</div> </div> <div style="border: 1px solid black; padding: 5px;"> <div style="background-color: green; color: white; padding: 2px 5px; border-radius: 3px;">3</div> <div style="background-color: green; color: white; padding: 2px 5px; border-radius: 3px;">LEAVE ALONE</div> </div> </div>																																									
<small> To be used in conjunction with: Diagnosis & treatment of pediatric flatfoot, Harris EJ et al, <i>J Foot & Ankle Surg</i> 43(6): 341-370, 2004 The flat-footed child – to treat or not to treat, what is the clinician to do? Evans AM, <i>J Am Podiatr Med Assoc</i> (in press), 2008 </small>																																									

Paed FFP © Angela M. Evans, PhD 2008.

The p-FFP is a reliable instrument for the assessment and resulting treatment actions for children with flat feet.

: <https://jfootankleres.biomedcentral.com/track/pdf/10.1186/1757-1146-2-25>

The p-FFP can be used following triage with the 3QQ, and normative benchmarking against the 'Ready Reckoner' [<https://angelaevanspodiatrists.com.au/evidence-essentials-blog-7-may-2019/>]:

* Normal FPI across childhood: +4 (range +1 to +7)

* Triage using 'Three Quick Questions' – 3QQ – pain/asymmetry/age
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/jpc.13761>

* Consider wider diagnoses for ALERT values, and painful flatfeet