THE FLEXIBLE ADULT ACQUIRED FLATFOOT:
Is there a common ground to restoring the balanced plantigrade foot?

Objectives:
Upon completion of this scientific session, learners should be able to:
• Recognize contemporary treatment options for the flexible adult acquired flatfoot deformity
• Assess these treatment options
• Analyze the evidence to support the various techniques for treatment of the adult acquired flatfoot deformity

Moderator:
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Posterior Tibial Tendon Reconstruction and Lateral Column Lengthening
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Posterior Tibial Tendon Reconstruction and Medial Displacement Calcaneal Osteotomy
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The All-American Procedure (i.e. 'The Kitchen Sink')
Arthur Manoli, II, MD
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Guys, You Need to be Correcting this Medially, eh?
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Arthroereisis? How do you spell that and did you mean arthrodesis?
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The adult acquired flatfoot deformity remains one of the more controversial areas of foot and ankle reconstruction. How many times have you seen that statement in program books??? It is controversial for a reason. Algorithmic diagnostic trees fail to unroof the subtleties surrounding posterior tibial tendon dysfunction. Complex pathologic variants arise that squash technically perfect surgeries based upon a simplistic clockwise destruction of soft tissues following rupture of this exalted tendon. The clinician misses the patient’s own pre-existing anatomic variants that may have caused the disorder in the first place. Or, the same lack of recognition may lead to overcorrection and subsequent new pain and dysfunction in previously asymptomatic portions of the foot and ankle.

And so, we bring forth four experts in this field to enlighten us on the deceptions and subtleties of posterior tibial tendon dysfunction. They will, of course, review standard procedures laden in 100 page chapters on the topic. However, their real goal is to make you appreciate the limitations in current treatment algorithms, and open your eyes to treatment strategies based on sound pathologic principles. Many new ideas are coming forth, and it is their goal to make you understand not only what to do, but when to do it. If you do not walk away with new thoughts on the topic of adult acquired flatfoot, then the five of us have failed, and this becomes just another symposium on a controversial topic.

Lateral Column Lengthening in the Management of the Adult Acquired Flatfoot/PTTD
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Controversy exists regarding the treatment of Stage II flexible flatfoot deformities. Recently, we have subclassified Stage II deformities into A and B sub-types, according to the amount of navicular coverage that exists around the head of the talus (Anderson, ICL, 2003). Clinically, this correlates to the severity of forefoot abduction present, in conjunction with the pes planovalgus (peri-talar lateral subluxation). Type A (mild) represents less than fifty percent of the talar head is uncovered by the navicular. When the deformity is more severe and greater than 50 % of the head is exposed, the deformity is classified as Type B. We further subclassify based on the presence of forefoot varus (c), which may involve joints of the medial column. We can therefore identify Stage IIAc and IIBc deformities. Surgical decision making is often guided by the differing deformities that are present to correct the flexible but misshapen foot, aided by an algorithm that addresses this classification system.

Once the posterior tibial tendon has become incompetent, as in Stage II, it becomes unsalvageable. A tendon transfer, often incorporating the flexor digitorum longus tendon (FDL), has been shown to be ineffective as an isolated procedure. Bony osteotomies were introduced to supplement the