THEN AND NOW SESSION 1:  Etiology of Flatfoot

8:00 – 8:30 am

Etiology of Flatfoot:  Then:  1969

Presenting:

Timothy C. Fitzgibbons, MD
Omaha, Nebraska

Reprinted in “Surgery of the Foot” by Henri L. DuVries, C. V. Mosby Company, 1959:

“Man's foot is all his own. It is unlike any other foot. It is the most distinctly human part of the whole of his anatomical make-up. It is a human specialization, and whether he be proud of it or not, it is his hall-mark, and so long as Man has been Man and so long as he remains Man, it is by his feet he will be know from all other members of the animal kingdom.” -- Frederic Wood Jones (Structure and Function as Seen in the Foot, London, 1944)

“Every change in the use or esthetic function of bone causes a change in its internal form and architecture as well as alterations in its external formation and function, according to mathematical laws.” – Wolfs’s Law (1884)

MILESTONES

1969

January 1969:  Drs. Gould, Giannestras, Jahss, Joplin, Kelikian, Lapidus, and Milgram meet in Dr. Jahss’s apartment to form the American Orthopaedic Foot and Ankle Society.

July 20, 1969:  Neil Armstrong is the first human being to walk on the moon.

August 20, 1969:  Timothy Charles Fitzgibbons starts medical school at the Creighton University School of Medicine.

1971

March 6, 1971:  First annual American Orthopaedic Foot and Ankle Society meeting is held at the Veteran’s Auditorium in San Francisco, California.  C. Fred Ferciot, MD, of Lincoln, Nebraska, presents a paper entitled “The Etiology of Flatfoot”.

June 15-16, 1971:  Timothy Charles Fitzgibbons takes and passes Part I of the National Board of Medical Examiners.

June 18, 1971:  Southwest Airlines flies its first flight from Dallas to Houston and then to San Antonio.

June 19, 1971:  Timothy Charles Fitzgibbons marries Mary Therese Nesbitt in Des Moines, Iowa.
IMPORTANT POINTS IN THE ETIOLOGY OF FLATFEET

1) General use of the CT scan did not really occur until the early 1980's. General use of the MRI did not occur until the late 1980's. This means in the late 1960's and early 1970's, the only imaging possibilities were plain x-rays, bone scans, and tomography. Even ultrasound was primitive. Because of this most of the understanding of the etiology of the flatfoot had to come from clinical exam and past surgeon's experience.

2) Much of the information on the adult flatfoot was extracted from treatment of the pediatric flatfoot. In those days it was still felt by many that a child's flexible flatfoot could be corrected if the child was fitted with arch supports early enough in life, and the child could then "grow an arch".

3) Tarsal coalition was able to be imaged on plain x-ray, at least in its advanced stages, and therefore was understood. Many patients with flatfeet in the pediatric age group, of course, were diagnosed with peroneal spastic flatfoot, and there was some question that this led to the adult flatfoot.

4) Posterior tibial tenosynovitis as a possible cause of flatfoot was first described in 1930 by Kulowski. It was, however, not popularized until Drs. Ken Johnson, Dr. Roger Mann, Dr. Mel Jahss and others began to describe it as the cause of adult flatfoot in the early 1980's.

5) Because the true etiology of the flatfoot was not completely understood, at least in the adult, treatment was mainly centered on corrective orthotic devices and fusions.

REFERENCES


Etiology of Flatfoot: Now: 2009

Vincent S. Mosca, MD
Seattle, Washington