

CHILDHOOD OBESITY LINKED TO FOOT PAIN

(CHICAGO – January 17, 2007) Doctors with the American College of Foot and Ankle Surgeons (ACFAS) say they're noticing more and more overweight and obese children with foot and ankle pain in their examining rooms, mirroring a national epidemic of childhood obesity.

An estimated [16 percent](#) of U.S. children ages six to 19 are overweight. Poor diet, lack of exercise and genetics can play a role. A “vicious cycle” of foot pain and obesity traps some children.

“You want overweight children to exercise and lose weight, but because of their weight, their feet hurt and they can't exercise,” says Thanh Dinh, DPM, FACFAS, a foot and ankle surgeon in Boston.

The foot is a complex structure consisting of 26 bones, 33 joints and more than 100 muscles, tendons and ligaments. Last November, researchers in Britain [reported](#) “alarming new evidence that childhood obesity changes foot structure and results in instability when walking.” Being overweight flattens the foot, straining the plantar fascia, a band of tissue which runs from the heel to the base of the toes, causing [heel pain](#).

Because the heel bone is not fully developed until age 14 or older, overweight children are more prone to Sever's disease. Although not an actual disease, according to [FootPhysicians.com](#), it involves an inflammation of the heel's growth plate due to muscle strain and repetitive stress. Walking makes the pain worse. Being overweight may also cause stress fractures, or hairline fractures (breaks) in a child's heel bone.

Arch pain afflicts many of the children treated by Darryl Haycock, DPM, FACFAS. The northwest Ohio foot and ankle surgeon says the average age of these boys and girls ranges from eight to 12, but he's treated some as young as four.

“The numbers are definitely increasing. I treat four to five overweight children a week,” he says.

Haycock notes some overweight children suffer foot pain from congenital or inherited foot conditions, such as [bunions](#), [hammertoes](#), [pediatric flatfoot](#) and tarsal coalition, an abnormal connection between two or more bones in the back of the foot. Children with these deformities may be less active because of pain. Sometimes a child will complain of calf or arch pain. This results from a flatfoot that is flexible. The collapsing of the arch can require more energy, making it more difficult for a child to walk and run.

Foot and ankle surgeons treat many overweight children with custom orthotic devices (shoe inserts), physical therapy and other conservative measures to reduce or eliminate pain. But treating painful feet and ankles is only part of the childhood weight loss equation, says Samuel Nava, DPM, FACFAS. The suburban Dallas surgeon has treated weight-related foot problems in toddlers to teenagers.

“As foot and ankle surgeons, we can reduce the aches and pains so these children can run around and play like all the other kids, but parents need to watch their childrens' lifestyles and diets,” he says.

For more information on pediatric foot and ankle conditions, or to find a foot and ankle surgeon, visit the ACFAS patient information Web site, FootPhysicians.com.

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The American College of Foot and Ankle Surgeons (ACFAS) is a professional society of more than 6,000 foot and ankle surgeons. Founded in 1942, the College's mission is to promote research and provide continuing education for the foot and ankle surgical specialty, and to educate the general public on foot health and conditions of the foot and ankle through its consumer website, www.footphysicians.com.



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