

FOOT

Progressive collapsing foot deformity

Painful adult flatfoot and tibialis posterior dysfunction: support, reconstruction and fusion options.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Progressive collapsing foot deformity can involve failure of tendons and ligaments that support the arch. Pain may occur inside the ankle or beneath the outer ankle as alignment changes. Assessment checks flexibility, strength and arthritis, usually with standing X-rays.

Treatment options

Supportive footwear, insoles or braces, activity changes and physiotherapy may help. A boot can be useful for an irritable tendon in selected cases. Not every flat foot requires treatment. Surgery is considered for persistent pain or progressive functional difficulty.

What a procedure may involve

A flexible foot may be reconstructed using a heel-bone osteotomy, tendon transfer and ligament repair, sometimes with calf lengthening or additional bone work. A rigid arthritic deformity may require fusion. The combination is individual; tendon surgery alone may not correct alignment.

Risks and benefits to discuss

The intended benefits are less pain, better alignment and improved walking. Risks include wound or nerve problems, infection, blood clots, nonunion of bone work, recurrent or excessive correction, persistent symptoms, painful implants and further surgery. Lengthening or tendon transfer can affect strength.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

Progressive collapsing foot deformity

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Protect both bone and tendon repairs. Use the prescribed cast or boot and walking aids. Weight bearing and exercises progress according to the specific reconstruction and healing. Plan practical support at home; physiotherapy gradually rebuilds walking, balance and strength.

Expected outcomes and recovery

Recovery after reconstruction is lengthy, often extending over many months towards a year. Some swelling, stiffness or need for supportive footwear may remain. The aim is a comfortable, functional foot; normal shape or unrestricted activity cannot be assured.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

RNOH: Adult-acquired flatfoot

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/adult-acquired-flatfoot-deformity-tibialis-posterior-tendon-dysfunction>

Kent Community Health: Tibialis posterior dysfunction

<https://www.kentcht.nhs.uk/leaflet/tibialis-posterior-tendon-dysfunction/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Progressive collapsing foot deformity

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.