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Titolo	Principles and management of pediatric foot and ankle deformities and malformations // Vincent S. Mosca, MD, Professor of Orthopedics, University of Washington School of Medicine, Pediatric Orthopedic Surgeon, Chief, Foot and Ankle Service, Director, Pediatric Orthopedic Fellowship, Former Director, Department of Orthopedics, Seattle Children's Hospital, Seattle, Washington
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Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Principles and Management of Pediatric Foot and Ankle Deformities and Malformations; Table of Contents; CHAPTER 1 Introduction; PURPOSE OF THE BOOK; HOW TO USE THE BOOK; CHAPTER 2 Basic Principles; BASIC PRINCIPLE #1: Techniques change, but principles are forever; BASIC PRINCIPLE #2: A thorough knowledge of the normal anatomy of the child's foot is mandatory as the foundation for the assessment and management of foot deformities in children; BASIC PRINCIPLE #3: The average normal foot shape in children is different than the average normal foot shape in adults BASIC PRINCIPLE #4: Age-related anatomic variations in the shape of the foot and the natural history of each one must be appreciated BASIC PRINCIPLE #5: "The foot is not a joint!" In all congenital and developmental deformities and most malformations of the child's foot, there are at least two segmental deformities that are often in rotationally opposite directions from each other, "as if the foot was

wrung out"; BASIC PRINCIPLE #6: One must understand subtalar joint positions and motions in a manner that supersedes the confusing and inconsistent terminology in the literature

BASIC PRINCIPLE #7: A thorough and working knowledge of the biomechanics of the foot, and of the subtalar joint complex in particular, is mandatory for assessment and management of foot deformities in children

BASIC PRINCIPLE #8: In the normal foot, the overall shape is determined by the shapes and interrelationships of the bones, coupled with the strength and flexibility of the ligaments.

Muscles maintain balance, accommodate the foot to uneven terrain, protect the ligaments from unusual stresses, and propel the body forward

BASIC PRINCIPLE #9: The default position of the subtalar joint is valgus everted

BASIC PRINCIPLE #10: Valgus deformity of the hindfoot can be thought of as representing a continuum

BASIC PRINCIPLE #11: Cavus means hollow, empty, or excavated and is manifest in the foot by plantar flexion of the forefoot on the hindfoot.

The plantar flexion may be along the medial column of the foot or across the entire midfoot. The subtalar joint may be in varus, neutral, or valgus. The ankle joint may be in plantar flexion (equinus), neutral, or dorsiflexion (calcaneus). And there may be a combination of these deformities

BASIC PRINCIPLE #12: The foot deformity may be the primary problem or the result of the primary problem, i.e., a neuromuscular disorder. Differentiation is important

BASIC PRINCIPLE #13: Be accurate with terminology

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Sommario/riassunto

"This book will combine principles of assessing foot disorders and deformities and treatment with practical suggestions"--

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