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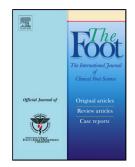
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ACCEPTED MANUSCRIPT

Long-term Follow-up of Patients Undergoing Tibialis Posterior Transfer: Is Acquired Pes Planus a Complication?

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Abstract

In this retrospective study, we describe a series of 10 elective patients treated with transfer of the Tibialis Posterior (TP) tendon for pes cavus and drop foot. Since TP transfer completely subtracts the role of this tendon, this cohort of patients provides us with an opportunity to examine the consequences of tibialis posterior (TP) deficiency. After a mean follow up period of 44.7 months, only one patient showed evidence of strain in the spring ligament but none of the patients in our series developed clinical or radiological evidence of planovalgus deformity. We conclude that planovalgus deformity is not an inevitable sequelae of TP Tendon transfer and that established theory underestimates the role of static soft tissue restraints such as spring ligament in hindfoot stability.

Introduction

Tibialis Posterior (TP) Insufficiency is still regarded as the most common cause of Adult Acquired Flatfoot Deformity (AAFD)[1, 2]. TP is considered the primary dynamic support for the medial longitudinal arch. It is a stance phase muscle which acts to invert the hind foot and adduct and supinate the forefoot. It acts as a secondary plantar flexor of the ankle. Our current understanding of planovalgus foot is heavily influenced by the seminal work of Johnson and Strom in 1989[3]. According to the traditional theory and the original classification by Johnson and Strom[3], functional failure of the TP tendon drives the adult acquired flatfoot. Stage 1 disease was described as the spontaneous onset of synovitis which leads to the development of a stretched tendon.

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