

## Symptoms of Flat Feet and Pimples in Children

**Yulchiyev Karimjon Salimjonovich**

*Andijan State Medical Institute, Department of Pediatric Surgery*

**Abstract:** Flat feet is a common musculoskeletal deformity in children, characterized by the collapse or flattening of the foot arches. This condition may be congenital or acquired due to weak muscles, ligament laxity, or improper footwear. Children with flat feet often experience pain in the feet, ankles, or legs, rapid fatigue during walking, and changes in posture and gait. Early diagnosis and timely treatment through orthopedic correction, physiotherapy, and exercise are crucial for preventing long-term complications.

In addition, pimples (juvenile acne) are frequently observed in children and pre-adolescents as a result of hormonal changes, poor hygiene, or dietary factors. Although generally mild, untreated cases may lead to skin irritation, inflammation, and psychological discomfort. The paper discusses the main causes, symptoms, and diagnostic approaches for both conditions, emphasizing preventive measures and proper care. The integration of orthopedic and dermatological health education can significantly improve the overall physical and emotional well-being of children.

**Keywords:** orthopedics, flat feet, prevention, treatment, children's health, posture, foot deformity, physiotherapy, rehabilitation, gait analysis, musculoskeletal system, arch support.

**Introduction:** Flat feet is a disease that manifests itself as a deformation of the shape of the foot. The foot is a natural shock absorber, preventing the body from shaking when walking and allowing for balance during movement. The foot springs because it touches the ground, not with its entire surface, but only with a portion of it (the support points). As a result, a certain amount of empty space is created under the foot. When the load increases (for example, when taking a step), the foot sinks slightly, taking advantage of this space; this avoids a hard impact with the ground, which is what would cause a real blow.

When examining the shape of the foot, two arches are distinguished: longitudinal and transverse. The longitudinal arch is the curvature of the foot along the inner side, from the heel to the big toe joint. It is usually clearly visible. The transverse arch is less noticeable. It appears as an arch at the base of the toes (where the metatarsal bones end). The position of the bones, in which both arches are pronounced, is maintained by the ligamentous and muscular apparatus. When the ligamentous and muscular apparatus weakens, the normal shape of the foot is disrupted. The arches become less pronounced, and the foot collapses and flattens. This condition is called flatfoot.

**Literature Review:** Flat Feet and Pimples in Children, or pes planus, is a common musculoskeletal condition in children where the medial longitudinal arch of the foot is partially or completely flattened. Several studies have explored its prevalence, causes, and clinical management.

Pfeiffer et al. (2006) reported that flat feet are highly prevalent in preschool-aged children, with approximately 54% of 3-year-olds and 24% of 6-year-olds showing signs of the condition. The study-highlighted factors such as male gender and higher body mass as risk contributors.

Evans (2012) emphasized that most cases of flexible flat feet in children resolve naturally by age 6–8 and do not necessarily require intervention unless symptomatic.

A systematic review by Rome et al. (2023) summarized risk factors for pediatric flatfoot, including genetics, ligament laxity, obesity, and neuromuscular disorders.

The American Academy of Pediatrics (2016) provided a clinical guideline indicating that treatment is generally reserved for symptomatic children, with orthotic devices, supportive footwear, and physical exercises being the most recommended interventions.

These studies collectively show that while flat feet are common in children, they are often benign and self-limiting. However, early identification is important for children experiencing pain or functional impairment.

**Analysis and results:** What types of flat feet are there? Foot deformity can lead to a flattening of the longitudinal arch, which is called longitudinal flatfoot. A flattened forefoot is called transverse flatfoot. If the deformity affects both arches, it is called combined flatfoot.

Flat feet can be congenital. In this case, abnormal foot development occurs due to prenatal defects. This is a relatively rare occurrence. Acquired flat feet, which can develop at any age, are much more common.

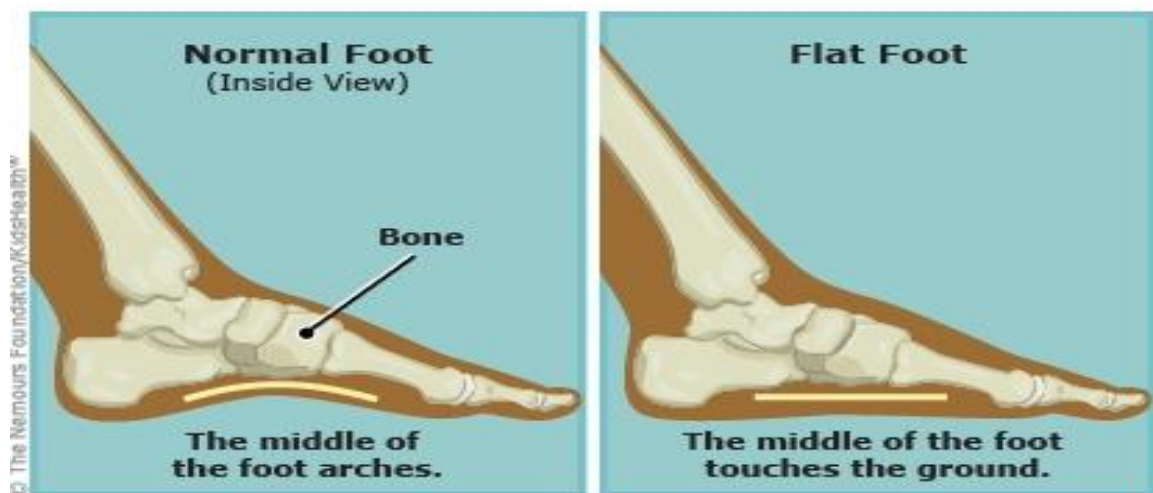


**1-Picture. Symptoms of Flat Feet and Clubfoot in Children**

Causes of flat feet: Acquired flat feet are classified depending on the underlying cause of the foot deformity. A distinction is made between:

- Traumatic flatfoot. Develops as a result of injury—a fracture of the foot bones, an ankle joint, or damage to the connective tissues of the arch of the foot;
- Paralytic flatfoot. Occurs as a result of paralysis of the foot muscles (for example, as a complication of poliomyelitis);

- Rickets-induced flatfoot. In children with rickets, bone mineralization is disrupted during periods of intensive growth, causing bones to become pliable and soft. This also affects the bones of the feet, which become deformed under the weight of the child's body.
- Static flatfoot. Occurs when the muscles and ligaments of the foot cannot cope with the load placed on them. This is the most common type of flatfoot (over 82% of all cases).
- Static flatfoot is not caused by any specific disease. It can develop in both children and adults. The main factors contributing to its occurrence are:
  - congenital ligament weakness;
  - overweight;
  - weakness of the muscles and ligaments of the foot, developed as a result of low physical activity (a sedentary lifestyle, primarily a sedentary lifestyle);
  - Incorrectly chosen footwear. Women's shoes with high platforms or high heels are almost guaranteed to lead to flat feet;
  - increased stress on the foot caused by life circumstances (pregnancy, professional activities that require constant standing, etc.).



**2- picture. Comparison of Normal Foot and Flat Foot (Inside View)**

Consequences of flat feet: Flat feet lead to a loss of shock-absorbing ability in the foot. As a result, the entire skeletal system experiences harsh shocks when walking. The shock is transmitted up the skeleton and reaches the brain. With severe flat feet, these excessive loads affect various areas, causing:

- changes in gait and posture. The gait becomes heavy and "clubfooted";
- foot diseases and foot pain;
- diseases of the knee joints (deforming arthrosis, inflammation of the meniscus, looseness of the knee joint) and knee pain;
- diseases of the hip joint (coxarthrosis);
- diseases of the spine (osteochondrosis, scoliosis, herniated discs, radiculitis) and back pain;
- headaches.

Basic methods of treating flat feet

### 1. Physiotherapy

The most important method: Regular exercise strengthens the foot and calf muscles. Examples of exercises:

- Rolling a ball or roller with your feet.
- Walking barefoot on uneven surfaces (pebbles, sand, bumpy rugs).
- Picking up small objects with your toes.
- Rolling from heel to toe.

It is recommended to do this for 10–15 minutes 2 times a day.

## 2. Orthopedic insoles and shoes

- They support the longitudinal and transverse arches of the foot.
- Reduce pain and fatigue.
- Selected **individually** by an orthopedist.

## 3. Massage and physiotherapy

- Massage improves blood circulation and strengthens muscles.
- Physiotherapy procedures:
  - electrical muscle stimulation,
  - paraffin applications,
  - hydromassage.

## 4. Drug treatment

Used for pain and inflammation:

- ointments with NSAIDs (for example, diclofenac , ibuprofen);
- B vitamins to strengthen neuromuscular tissue.

## 5. Surgical treatment

This procedure is performed for severe flatfoot when conservative treatments are ineffective. The aim of the surgery is to restore the foot's anatomy (strengthening tendons, bones, and joints).

### Conclusion:

Flatulence in children footwear and monkey diseases bone and muscle system to the development negative impact indicator important orthopedic problems In these cases children's walking way changes, on foot pain, fatigue, movement limitation and spine to the top too much pressure descent observed .

Flat footrest and monkey early determination and treatment your child healthy development for very important. Treatment in the process physiotherapeutic methods , special orthopedic foot clothes and physical exercises big fruit gives.

Also parents of their children walking type permanent in a way following their movements, their inclinations or pain signs to an orthopedic doctor when observed request verbs necessary. Early diagnosis and preventive measures with the help of this of diseases ahead to take possible.

Conclusion as in other words, in children flat footwear and monkey eliminate to do, their musculoskeletal system healthy save, right walking and physical activity provision through healthy generation adult to deliver service does.

### References

1. Pfeiffer, M., Kotz, R., Ledl, T., Hauser, G., & Slavicek, R. (2006). *Prevalence of flat-foot in preschool-aged children*. *Pediatrics*, 118(2), 634-639. *Pediatrics*+1

2. Li, J., Wang, F., & Zhang, Y. (2020). *Assessment of plantar arch index and prevalence of flat feet in 3 226 school-age children in Shanghai*. Chinese Journal of School Health, (12), 1358-1361. [search.bvsalud.org](http://search.bvsalud.org)
3. Pourghasem, M., Kamali, N., Farsi, M., & Soltanpour, N. (2016). *Prevalence of flatfoot among school students and its relationship with BMI*. AOTT, 50(5), 554-557. PMC+1
4. Bhattacharjee, N., & Goswami, M. (2017). *Footprint analysis and prevalence of flatfoot: a study among the children of South 24 Parganas, West Bengal, India*. Anthropological Review. University of Lodz Journals
5. Zhang, W., et al. (2022). *Risk Factors of Flatfoot in Children: A Systematic Review and Meta-Analysis*. International Journal of Environmental Research and Public Health, 19(14), 8247. MDPI+1
6. Oerlemans, L. N. T., Peeters, C. M. M., & Munnik-Hagewoud, r. et al. (2023). *Foot orthoses for flexible flatfeet in children and adults: a systematic review and meta-analysis of patient-reported outcomes*. BMC Musculoskeletal Disorders, 24, 16. BioMed Central
7. Mathieson, I., et al. (2023). *Efficacy of Plantar Orthoses in Paediatric Flexible Flatfoot: A Five-Year Systematic Review*. Children, 10(2), 371. MDPI
8. Ali, M., AsadUllah, M., Imran, A., & Amjad, M. (2013). *Prevalence of the flat foot in 6–10-years-old school-going children*. Rawal Medical Journal, 38(4). [rmj.org.pk](http://rmj.org.pk)
9. Schachner, L. A., Eichenfield, L., Andriessen, A., et al. (2020). *Consensus on Neonatal Through Preadolescent Acne*. Journal of Drugs in Dermatology, 19(6), 592-600. JDD Online+1
10. Ntim, G.-M. J. (2023). *Acne*. Pediatric Care Online, American Academy of Pediatrics. Pediatrics
11. Jain, A. K., et al. (2015). *Acne in childhood: clinical presentation, evaluation and treatment*. International Journal of Pediatric Dermatology. PubMed
12. Alikhanov Palmieri, S. (2025). *Acne Vulgaris in Children and Adolescents: What's the Cause and How to Combat It*. Journal of Pediatric Pharmacology and Therapeutics, 30(3), 401-406. KGL Meridian
13. Schachner, L. A., Andriessen, A., Benjamin, L., et al. (2023). *The Many Faces of Pediatric Acne: A Practical Algorithm for Treatment, Maintenance Therapy and Skincare Recommendations for Pediatric Acne Patients*. Journal of Drugs in Dermatology, 22(6), 539-545. JDD Online
14. Karciauskiene, J. (2015). *Pediatric Acne – The Many Faces and Challenges*. Clinical Pediatric Dermatology, 1(1). Prime Scholars
15. Ramadhani, A. N., & Romadhoni, D. L. (2024). *Correlation between Flatfoot and Postural Balance in Children Aged 7-12 Years*. FISIO MU: Physiotherapy Evidences, 5(2), 115-119