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The Cavovarus Foot

The arch of the foot should receive lifelong attention. Just the footsteps around the pool in childhood are evidence of this important structural element so critical for painless ambulation. The basic structure of the foot is a tripod, with three major points of contact with the ground. These are the heel, the head of the first metatarsal, and the head of the fifth metatarsal. Whereas a flat foot has a large surface area of contact, a foot with high arches can have excessive pressure at these three points.

Causes

Common causes include hereditary sensorimotor neuropathy such as Charcot-Marie-Tooth disease, stroke, myelodysplasia, and sometimes the cause is completely unknown. Usually, a referral to a neurologist is prudent when cavus foot is symptomatic.

Diagnosis

A set of high-quality weight-bearing (standing) x-rays are required for diagnosis, as well as a thorough physical examination. Sometimes, an MRI may be necessary if there is concern for a tear in the tendons or ligaments. A foot will develop high arches generally as a result of an imbalance of muscle strength. For this reason, a careful physical examination with attention to relative strength of the muscles is very important.

Related injuries

Due to the abnormal stresses on the high-arched foot, there are some predictable patterns of chronic injury. Common injuries in high-arched feet include:

- Painful Calluses
- Clawing of the Toes
- Recurrent Ankle Sprains
- Peroneal Tendinitis or Tears
- Sesamoiditis or Fractures of the Sesamoid
- Painful Bunionette
- Lateral Column Overload (pain at the lateral border of the foot)
- Arthritis
- Stress Fractures in the Foot and Ankle

Treatment

Physical therapy

Regular physical therapy appointments will help to strengthen the muscles that are weak, improve balance and teach you therapeutic exercises.

Orthotics

Custom orthotics may be used to normalize the foot's contact with the ground and offload areas of pressure. Daily callus care will also decrease pain.

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Surgery

Occasionally surgical intervention may be necessary when the deformity is severe or recurrent, and all nonoperative treatments fail. This reconstructive surgery must address the symptomatic problem as well as the shape of the foot.