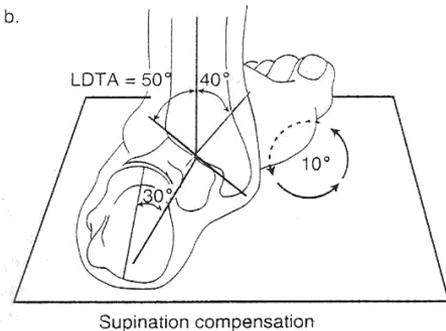
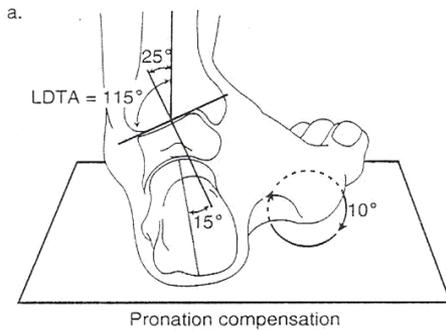


# Pie Plano (Pronado) en la Infancia

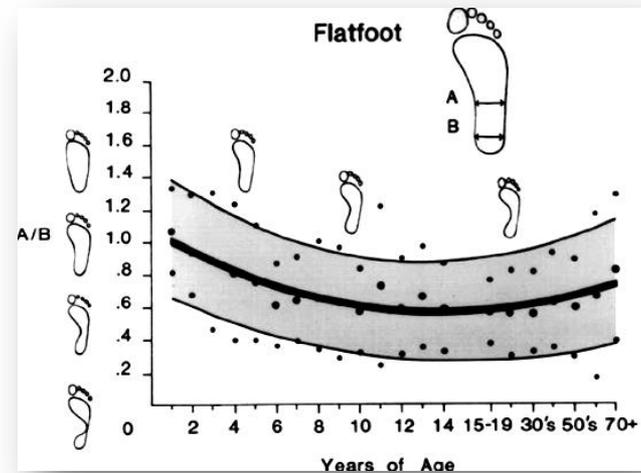


Biomecanicamente sofisticado

- Gran capacidad Adaptación

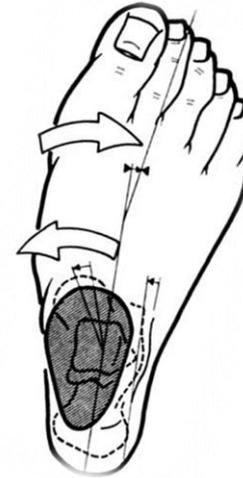
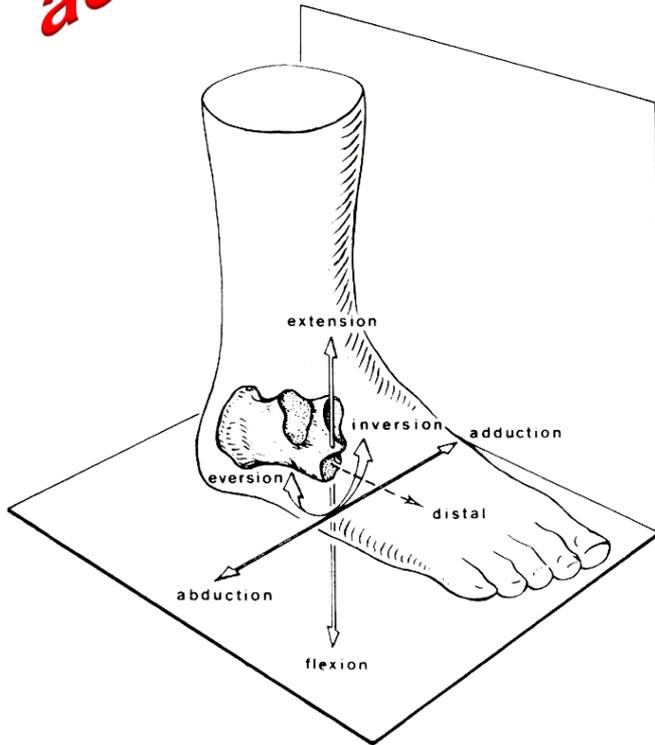


- Crecimiento, desarrollo Fisiológico



**acuerdo**

Pronado: movimientos combinados de abducción, extensión y eversión.



(Van Langelaan 1983)

Presentación



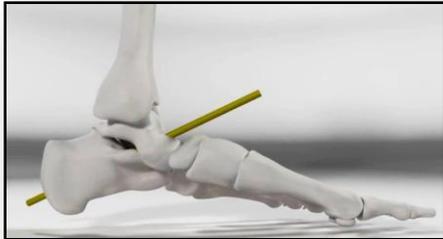
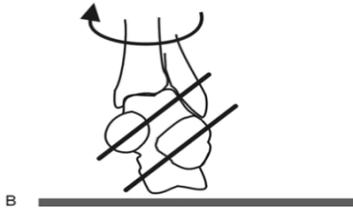
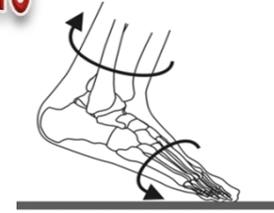
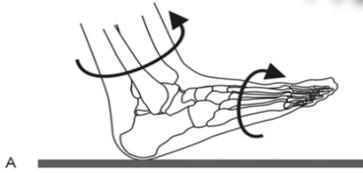
Posición Establecida



Durante la Marcha



# Pronación es un efecto fisiológico y necesario



# PIE PRONADO

## ¿Cuanto es Mucho?



**+40%**



# “Sintomático” No Fisiológico

- **Dolor**

- dolor en el pie no precisado o a lo largo del borde medial del pie y/o en el seno del tarso
- el dolor también puede presentarse en piernas, rodillas y caderas

- **Marcha**

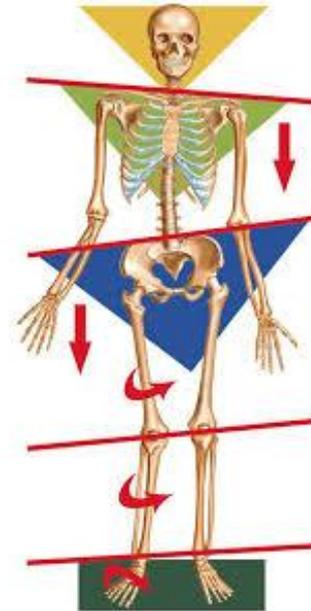
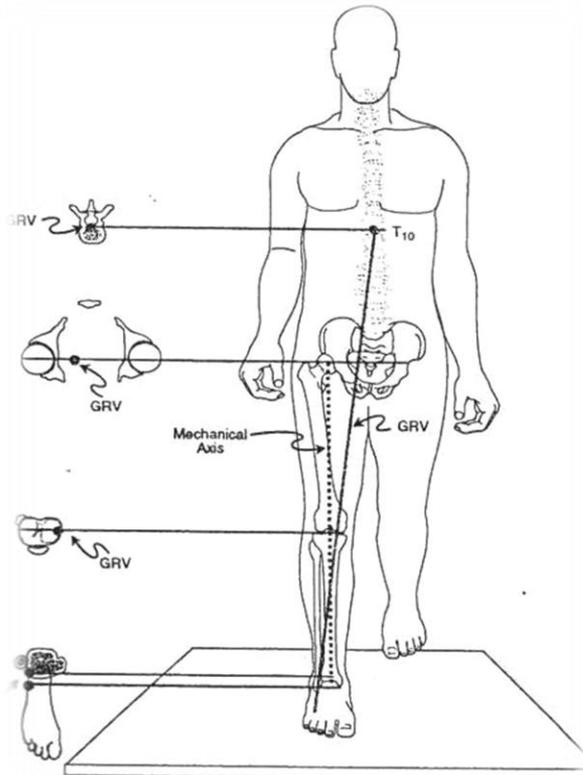
- Menos eficiente
- Reducción de la resistencia

- **Uso de Calzado??**

- **Consulta Paterna**



# Balance Postural



## Consideraciones Generales

### Aislado o parte de una Patología mayor



Signos de condición médica relacionada

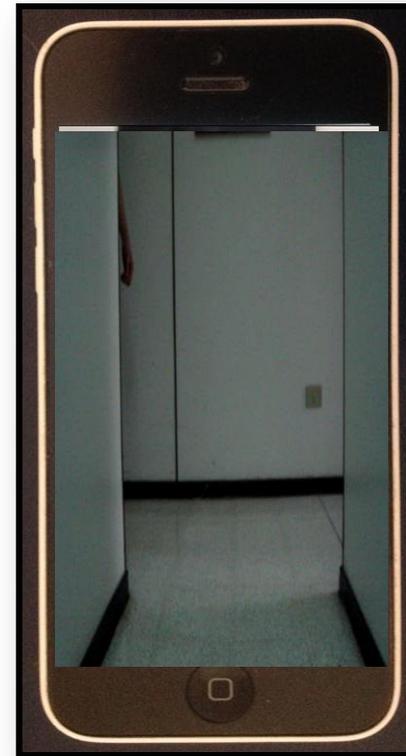
- Enf. del Tejido Conectivo (ARJ)
- Neurofibromatosis
- Sind. Marfan
- Sind. Down
- Malformaciones Congenitas

# Consideraciones Dinámicas

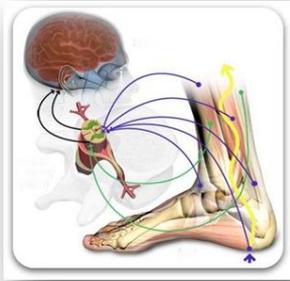
Dinámico



Marcha



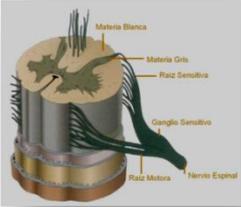
# Examen Neurológico



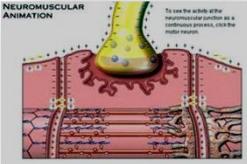
## PROPIOCEPCION



**Primera motoneurona** (piramidal corticoespinal, extrapiramidal, cerebeloso)



**Segunda motoneurona**

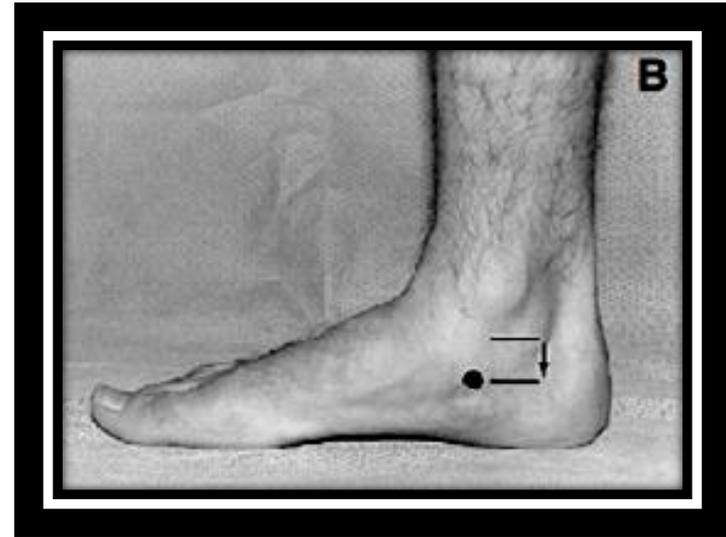
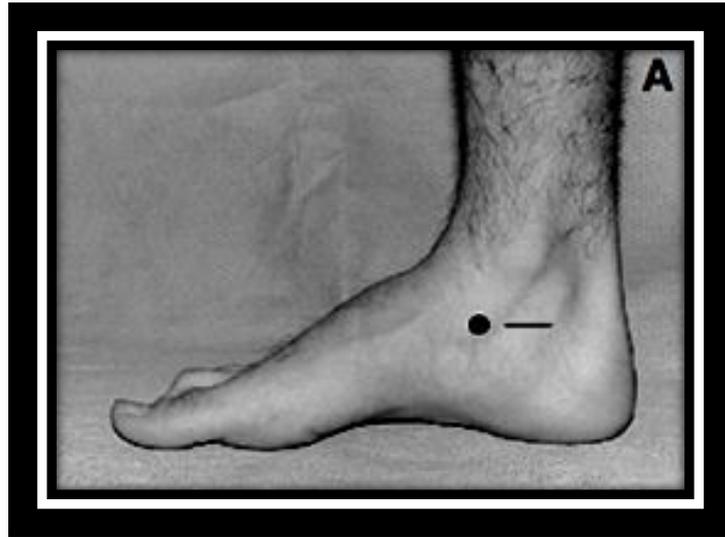


**Enf. Musculares y transmisión neuromuscular**

# Examen Físico del Pie



# Navicular Drop Test

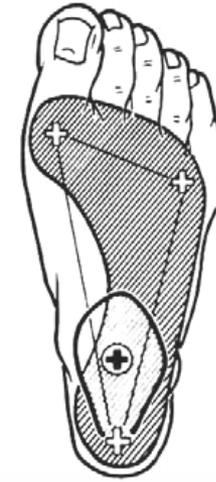


NORMAL 6 – 8 mm.

# Desarrollo del arco Longitudinal

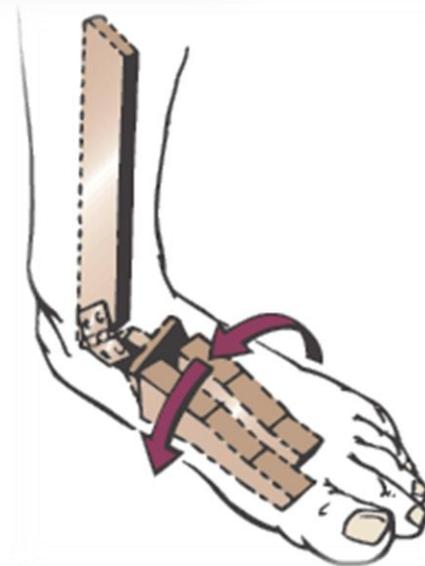
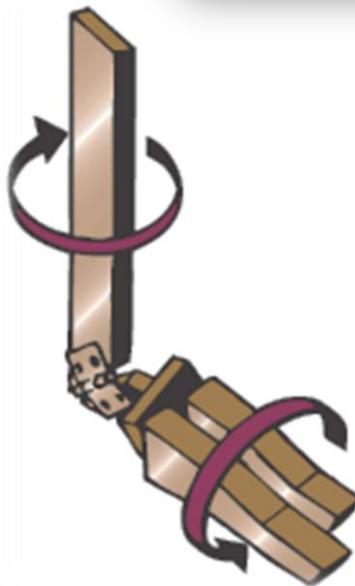
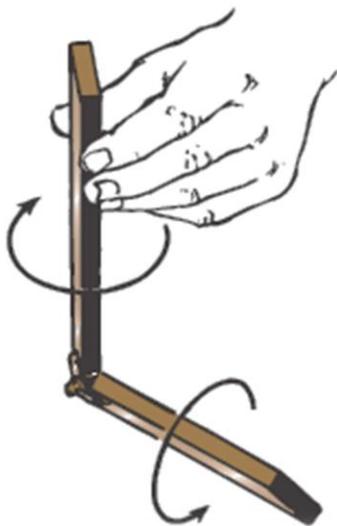
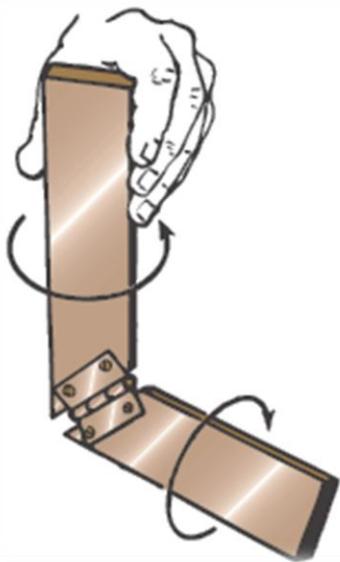
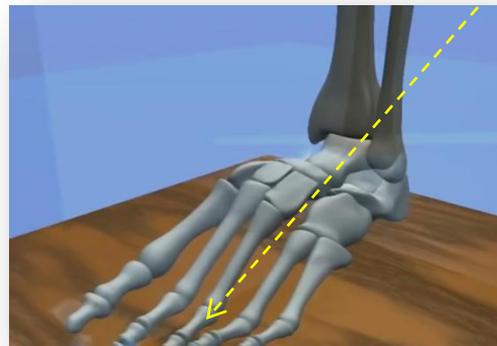
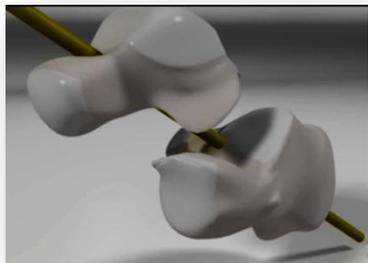


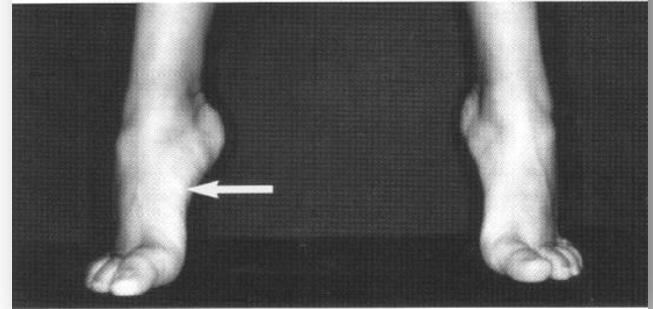
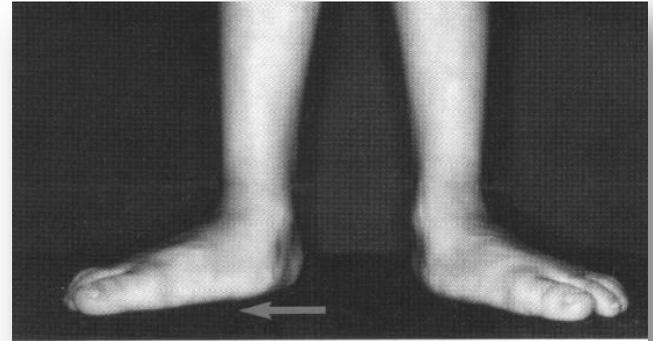
$$b/c = 0,61 \text{ a } 0,67$$
$$PP > 1.65$$

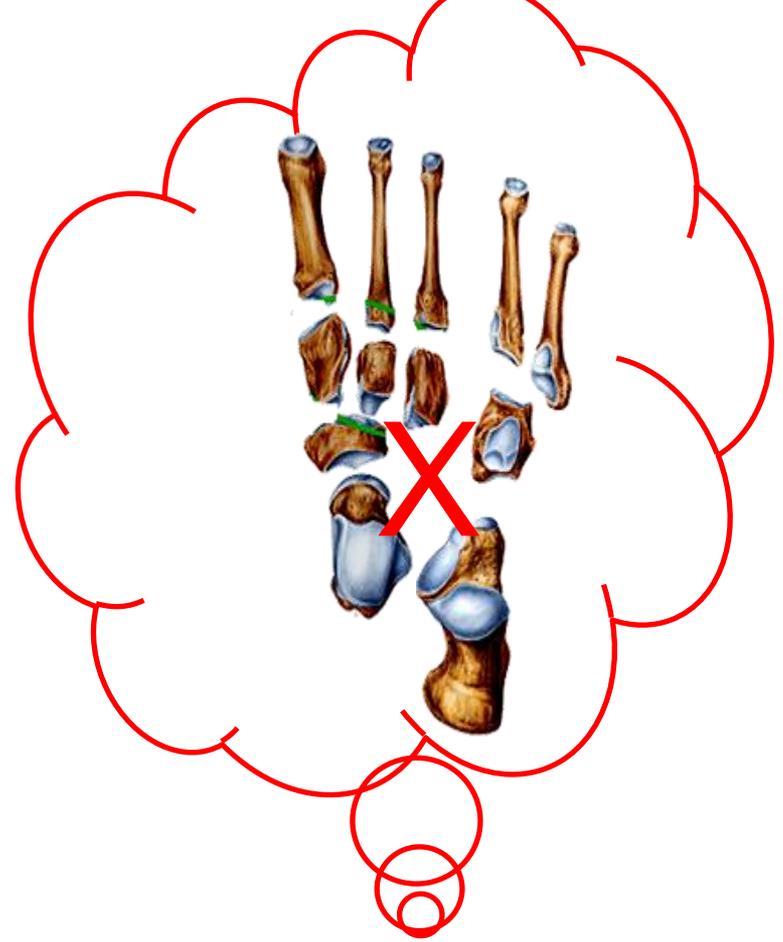


# PIE PLANO/ PRONADO FLEXIBLE Y RIGIDO

## Subastragalina



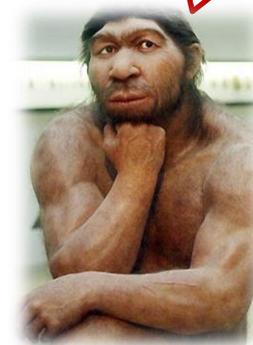
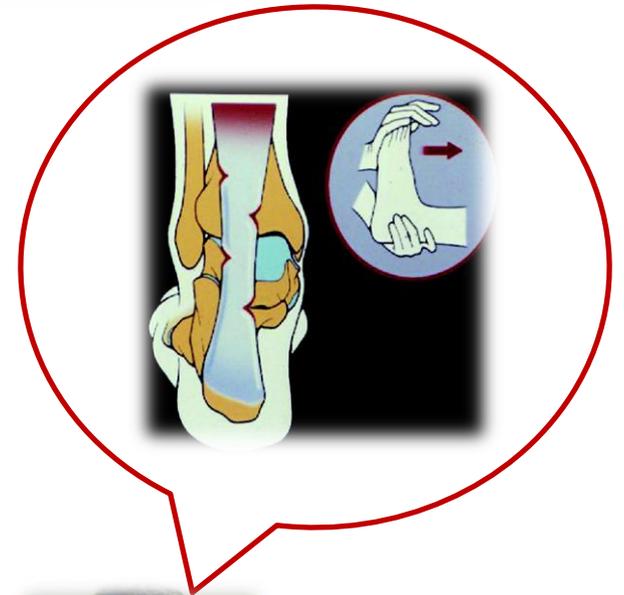




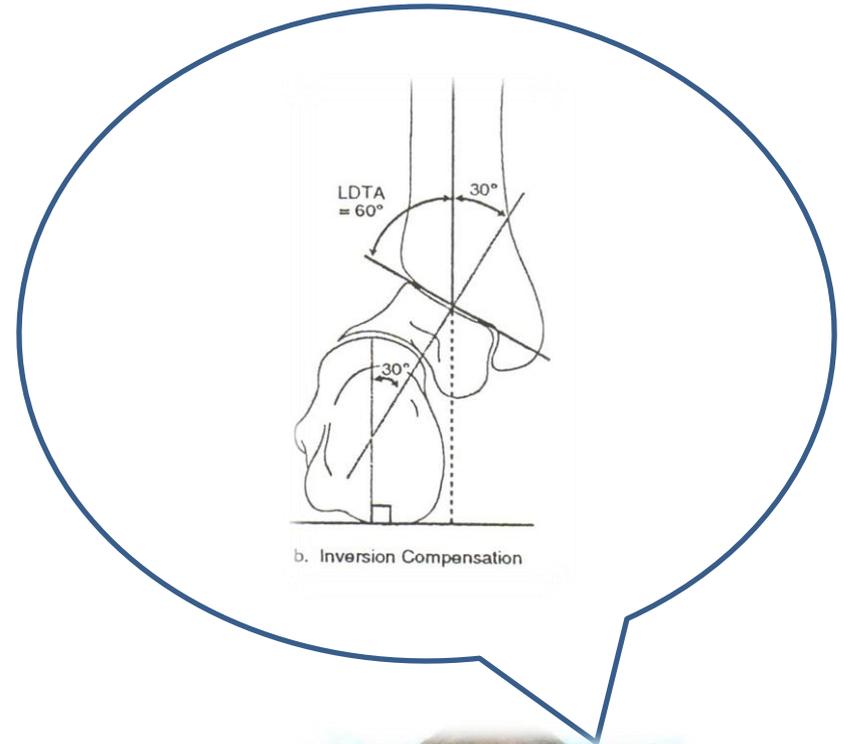
# Tobillo

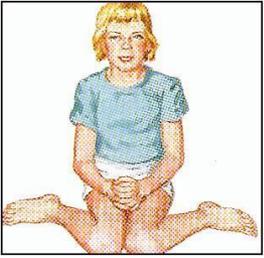


Silfverskiöld  
test

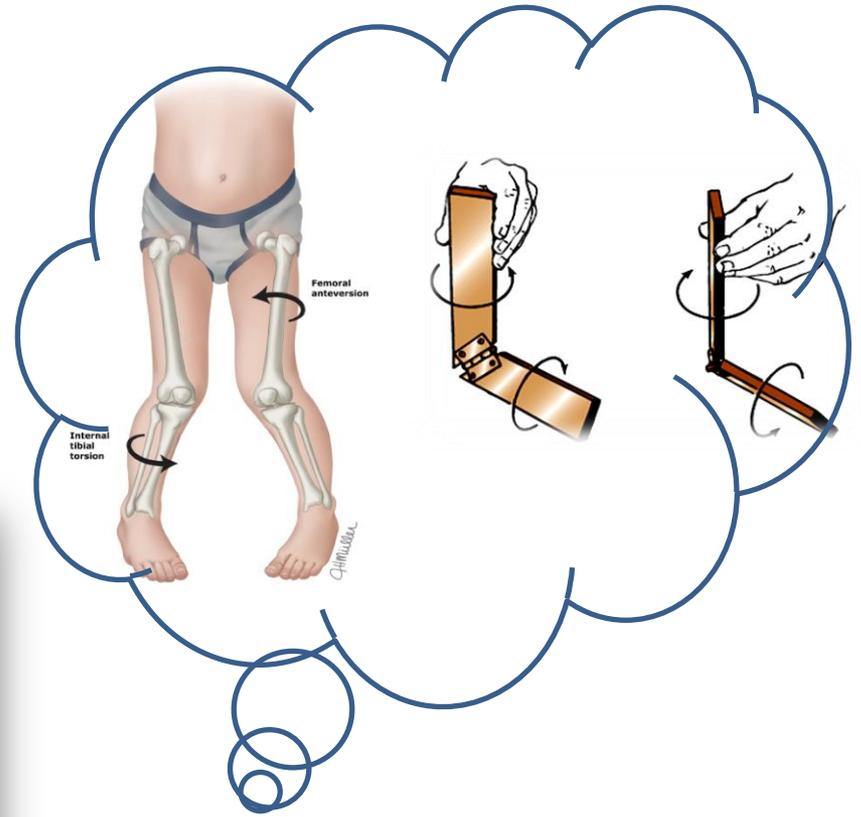


# Tobillo / Sub-Astragalina

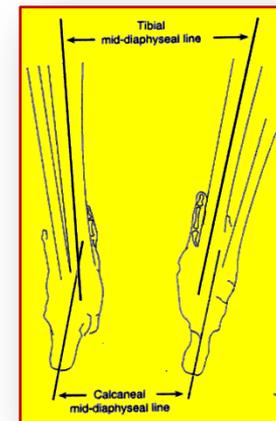
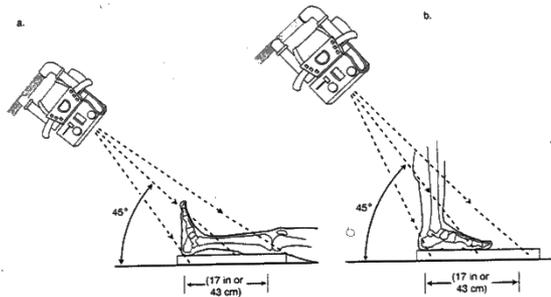
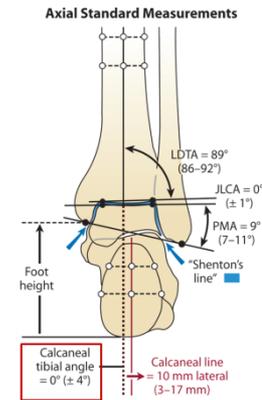
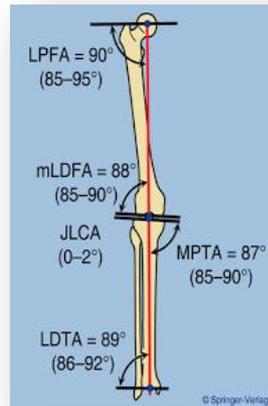




# Alteraciones Rotacionales



# Estudio Radiológico solicitado por traumatólogo



# Pie -Pronado

Aislado

Parte de otra Patología

Flexible

Rígido

Desviaciones de ejes

De una Patología Mayor

Pie Bot Sobre corregido

Skewfoot

No Sintomático

Sintomático

Coalición Tarsiana

PPEP sin Coalición

AV Congénito

Post Traumático e Iatrogénico

Neuromusculares

Genéticos

Enf del Colágeno



# Tratamiento

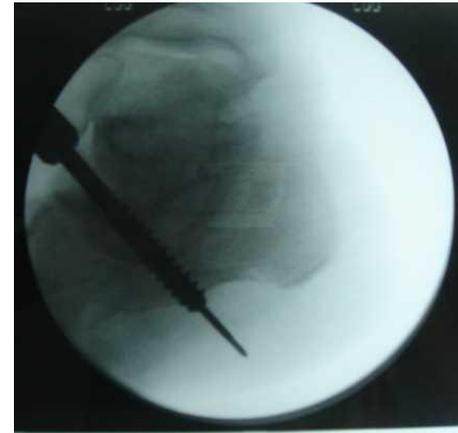


Ortesis, mas bien para uso sintomático

- Actividad física, deportiva
- Calzado adecuado

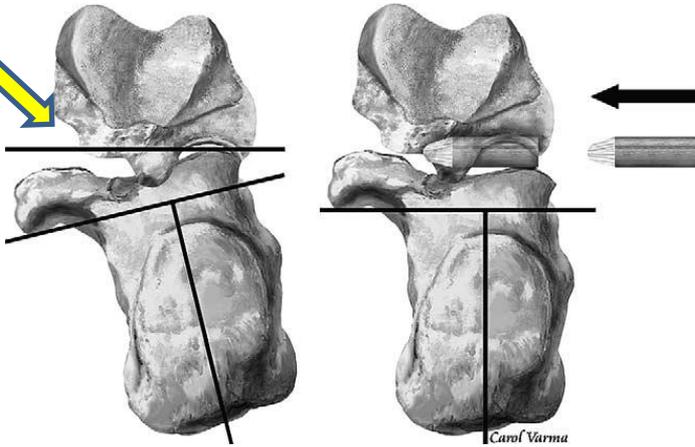
# Técnica Quirúrgica

- Técnica descrita por Recaredo Álvarez
- Modificación de osteosíntesis , usando un **Tornillo Canulado**





**CORA**



Carol Varma





# Coalición Calcáneo Escafoidea izq.





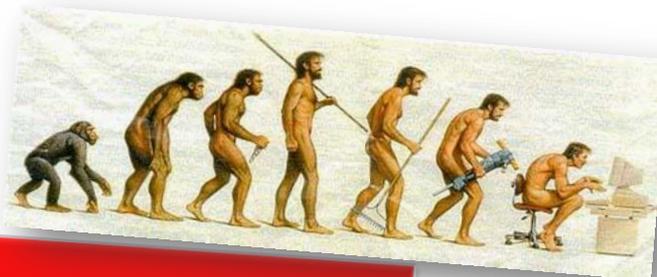
Función

Demandas

Motora

Equilibrio

Amortiguadora





Gracias

