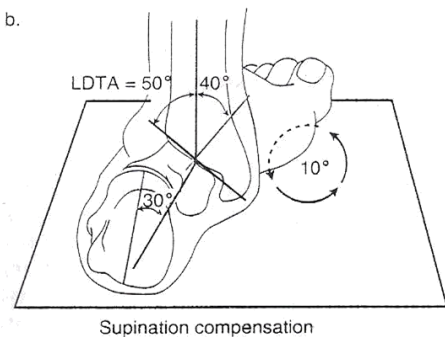
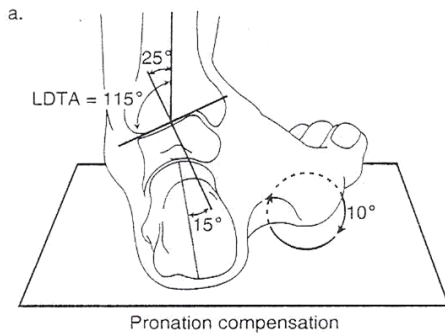


Pie Plano (Pronado) en la Infancia

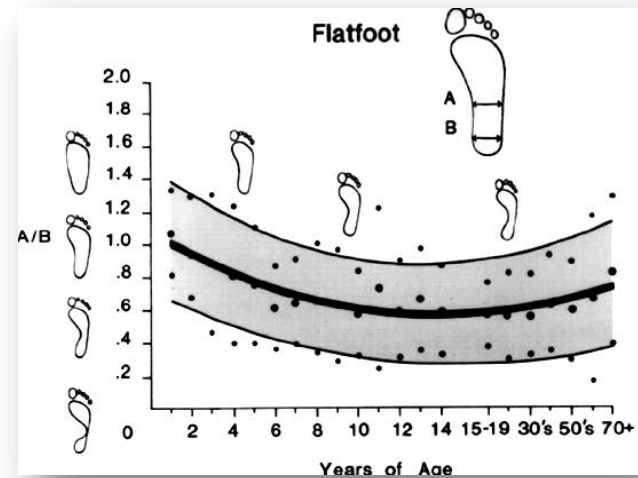


Biomecanicamente sofisticado

- Gran capacidad Adaptación

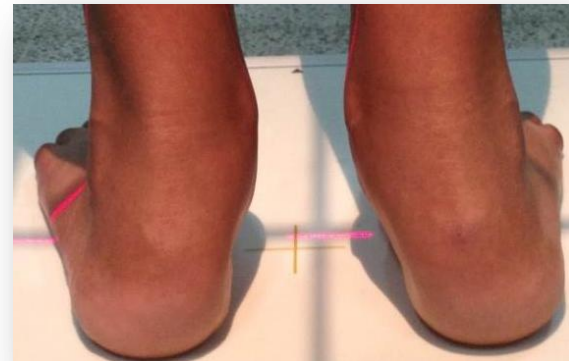
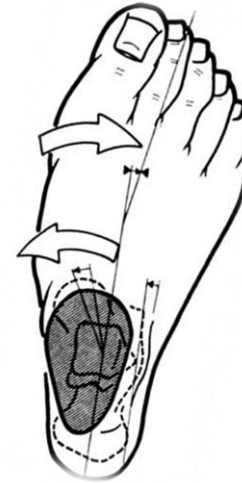
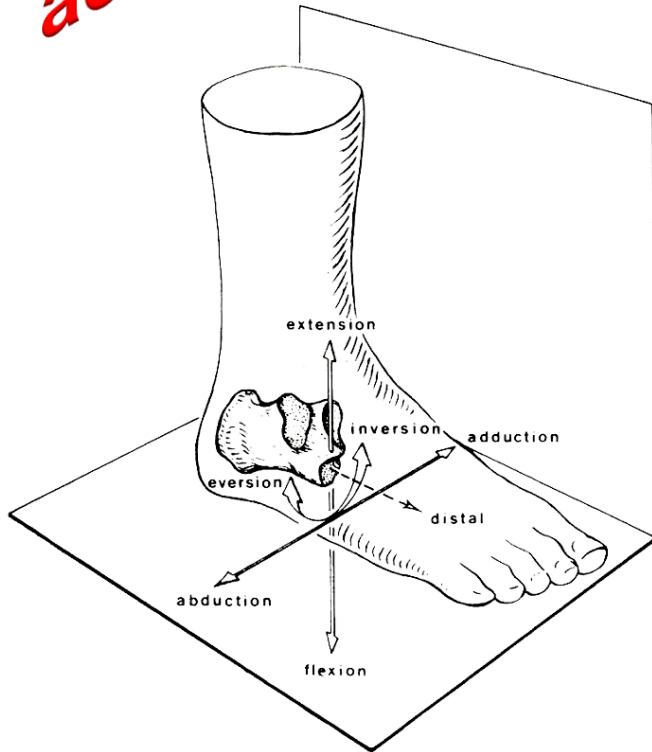


- Crecimiento, desarrollo Fisiológico



acuerdo

Pronado: movimientos combinados de abducción, extensión y eversión.



(Van Langelaan 1983)

Presentación



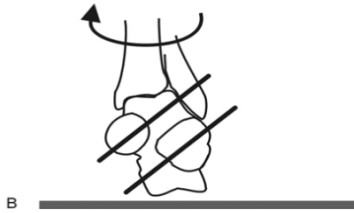
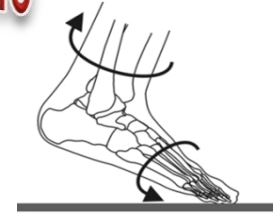
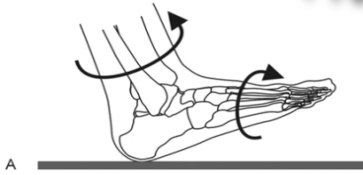
Posición Establecida



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**

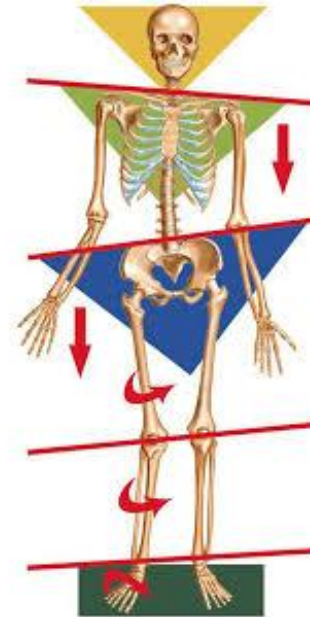
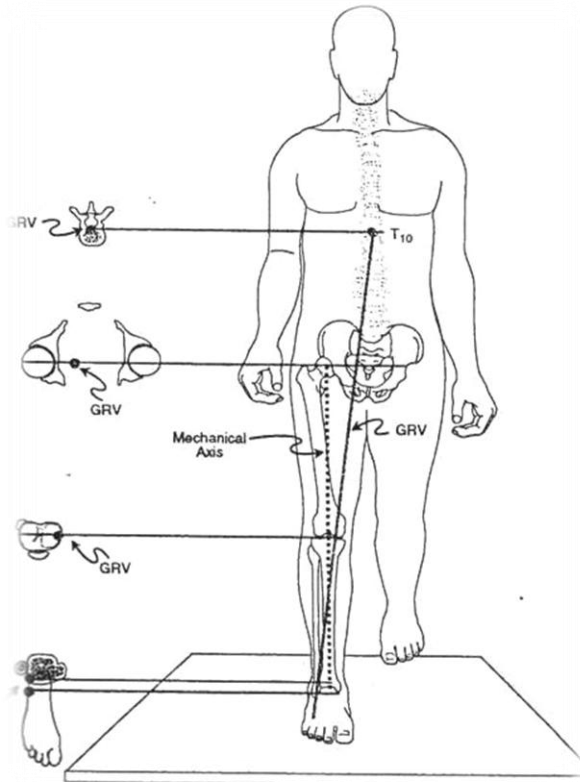
- Menos eficiente
- Reducción de la resistencia

- **Uso de Calzado??**

- **Consulta Paterna**



Balance Postural



Consideraciones Generales

Aislado o parte de una Patología mayor



Signos de condición médica relacionada

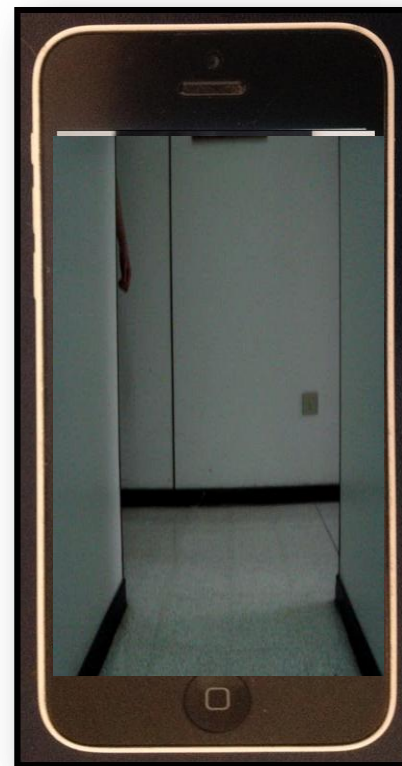
- Enf. del Tejido Conectivo (ARJ)
- Neurofibromatosis
- Sind. Marfan
- Sind. Down
- Malformaciones Congenitas

Consideraciones Dinámicas

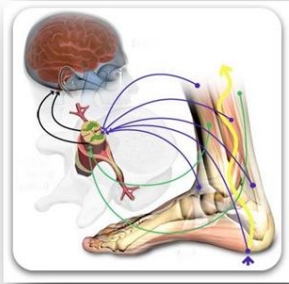
Dinámico



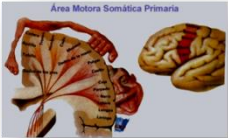
Marcha



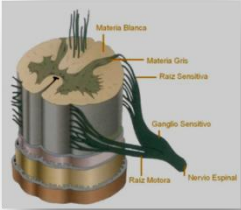
Examen Neurológico



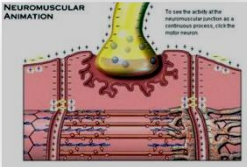
PROPIOCEPCION



Primera motoneurona (piramidal corticoespinal, extrapiramidal, cerebeloso)

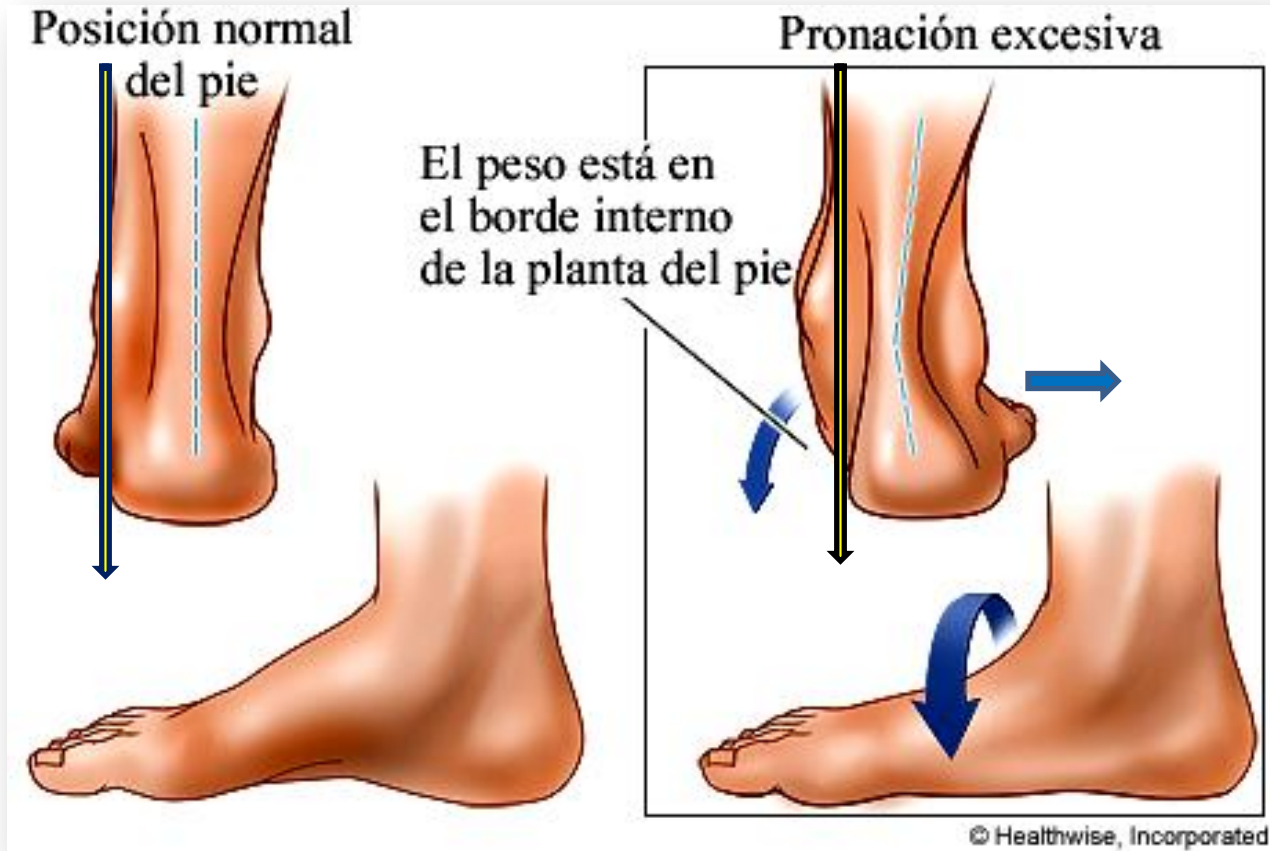


Segunda motoneurona

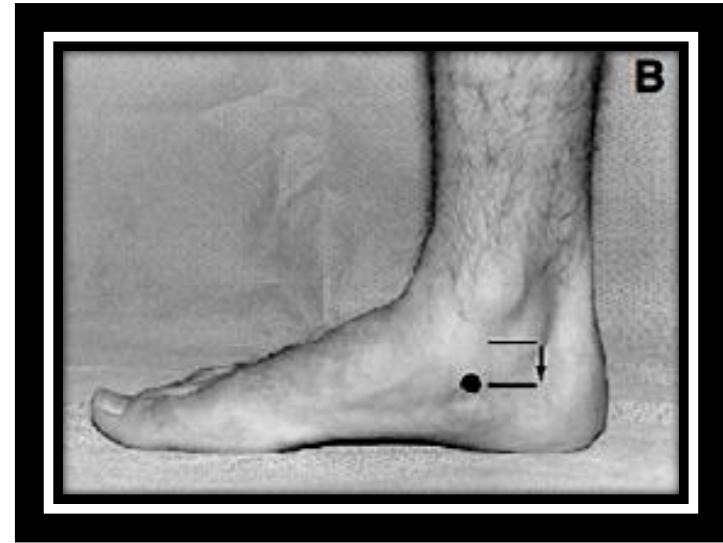
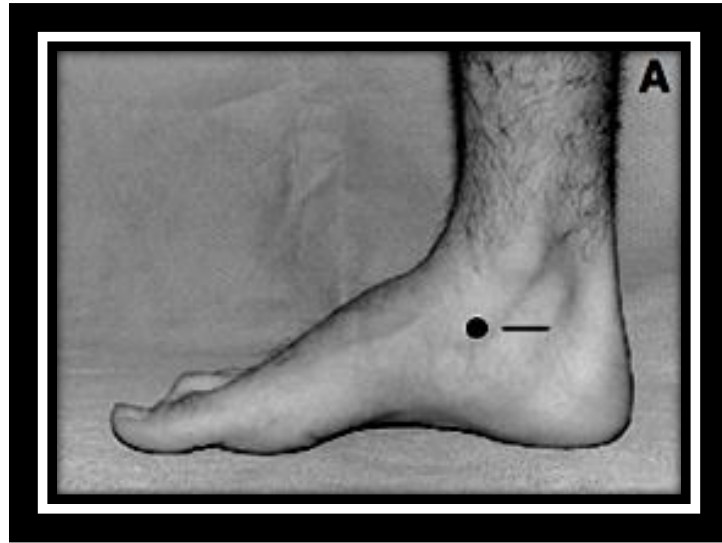


Enf. Musculares y transmisión neuromuscular

Examen Físico del Pie

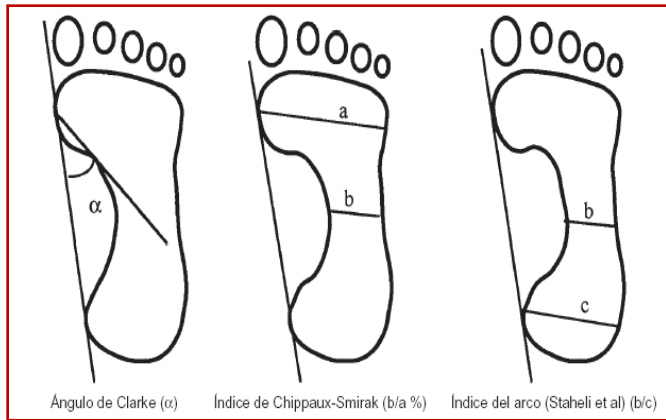


Navicular Drop Test

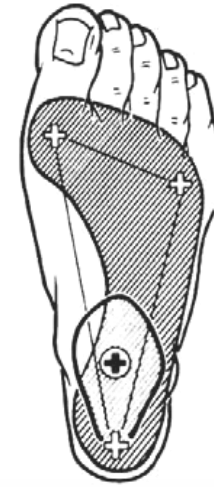


NORMAL 6 – 8 mm.

Desarrollo del arco Longitudinal

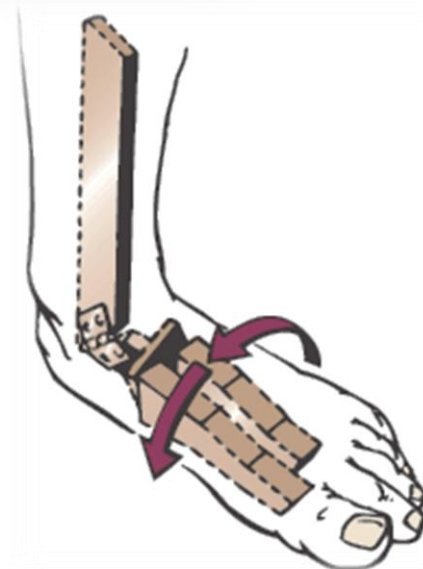
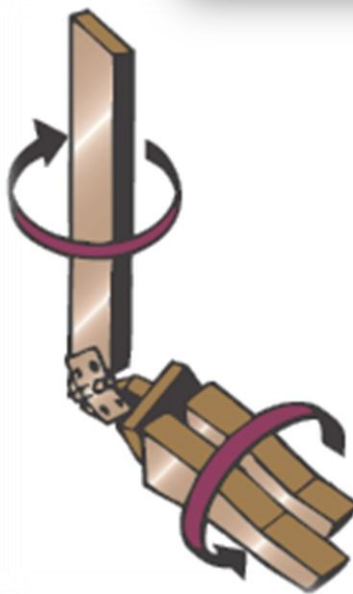
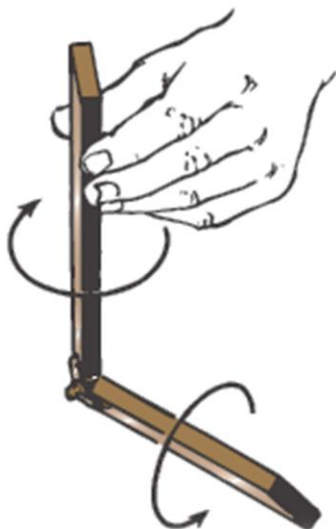
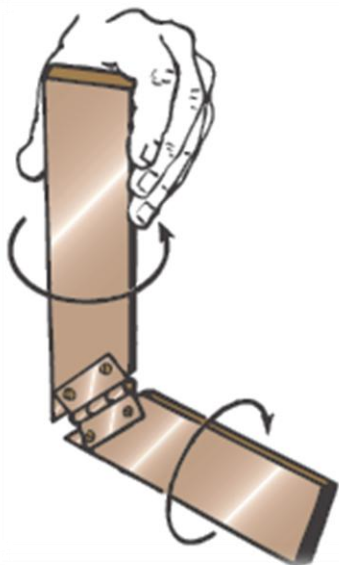
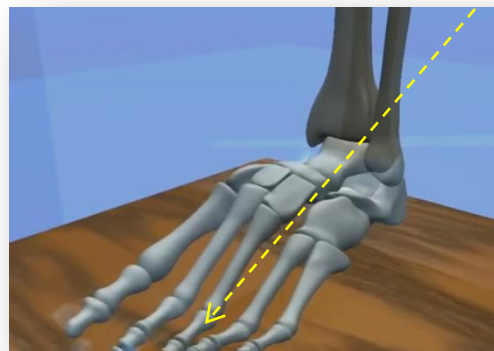
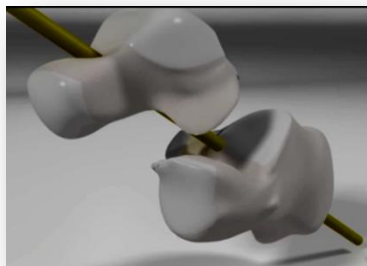


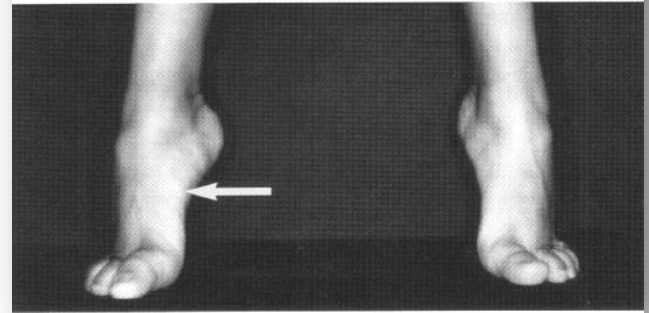
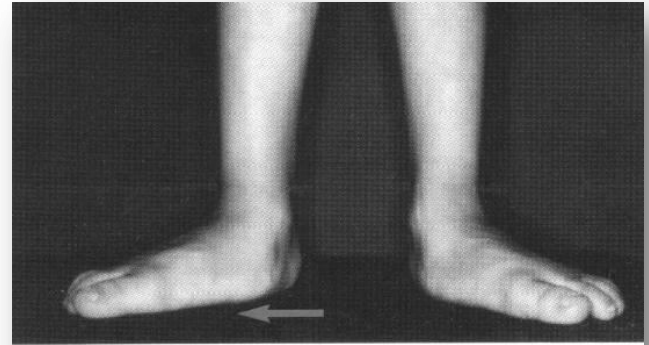
$$b/c = 0,61 \text{ a } 0,67$$
$$PP > 1.65$$

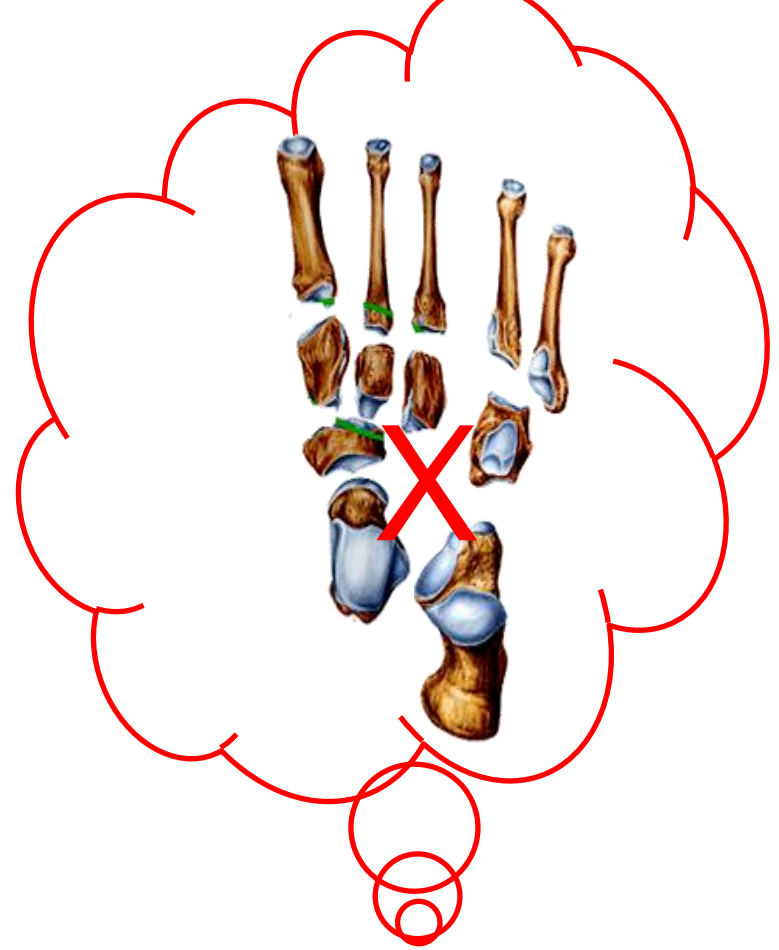
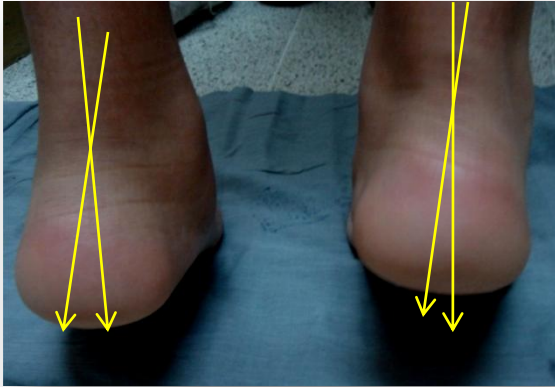


PIE PLANO/ PRONADO FLEXIBLE Y RIGIDO

Subastragalina



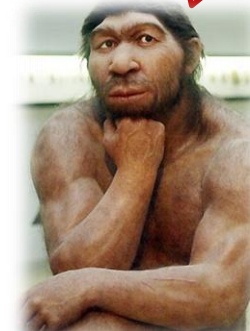
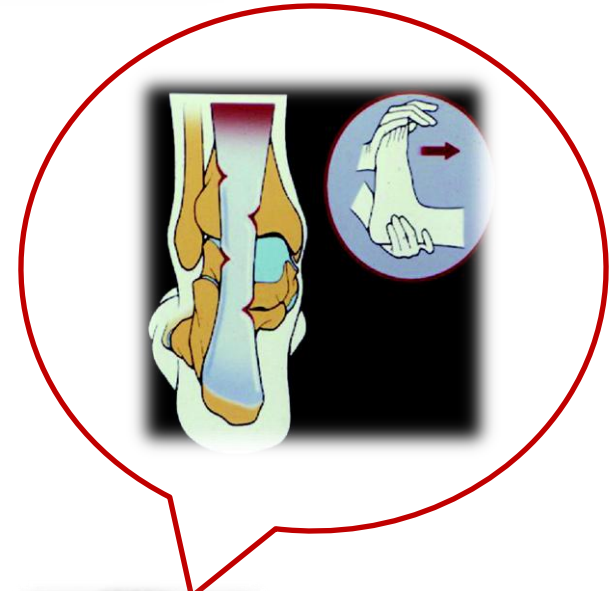




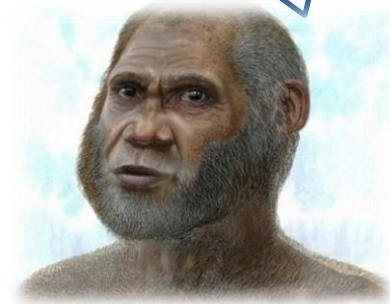
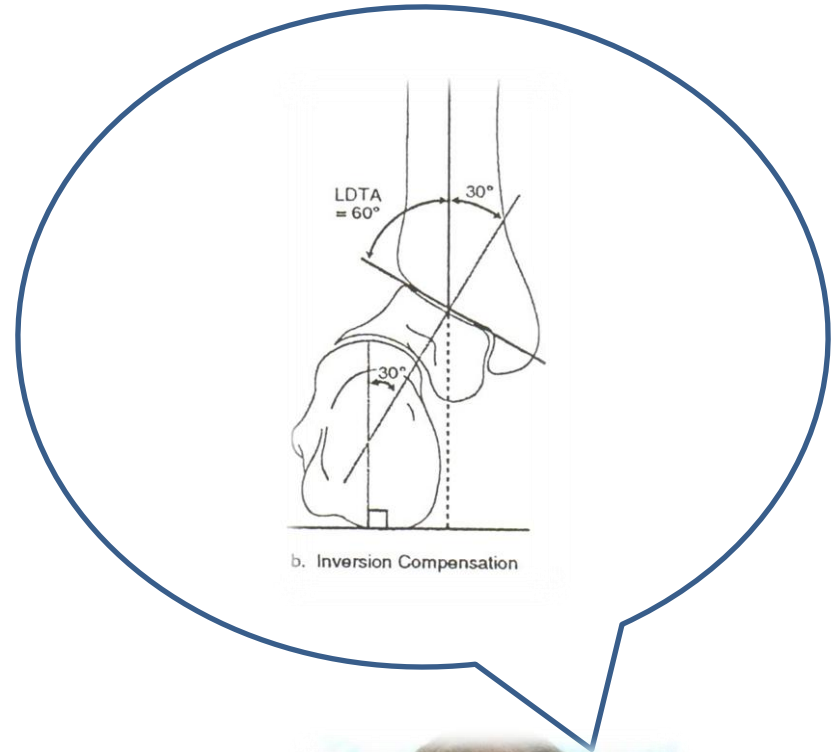
Tobillo

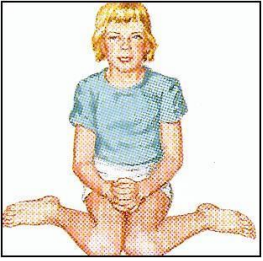


Silfverskiöld
test

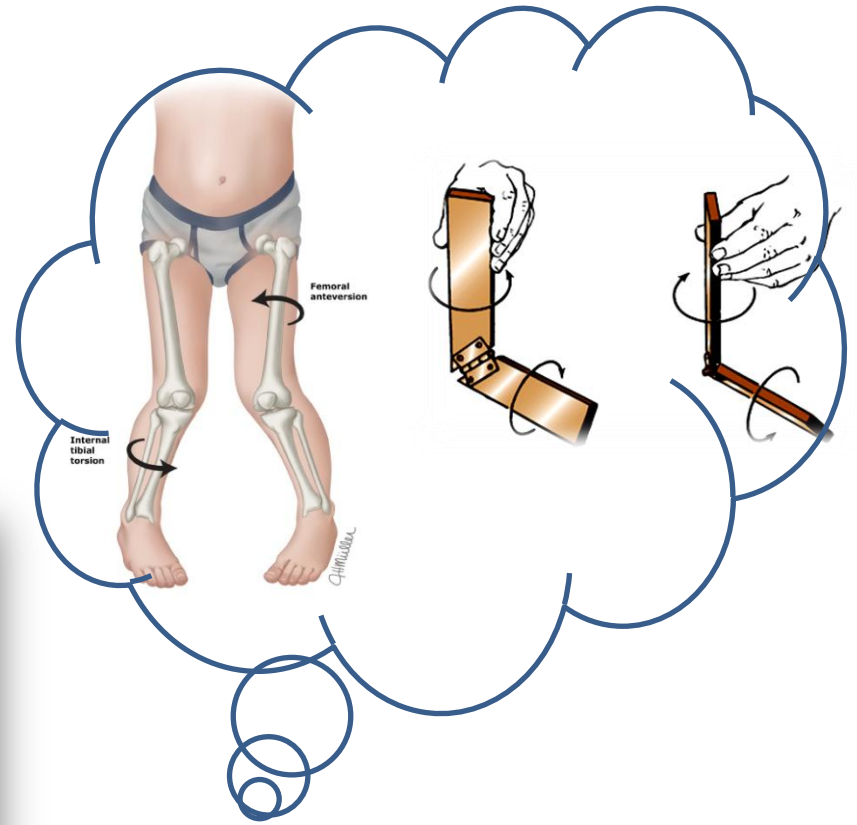


Tobillo / Sub-Astragalina

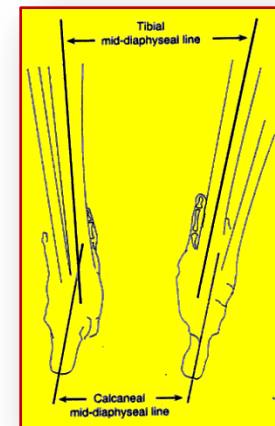
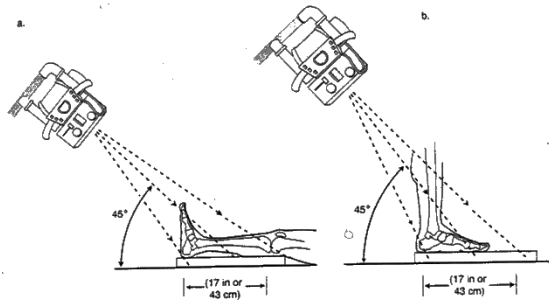
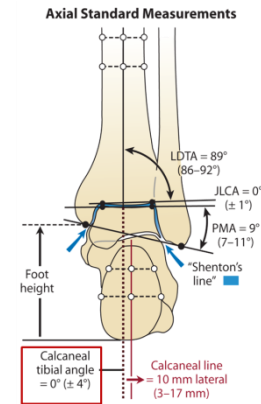
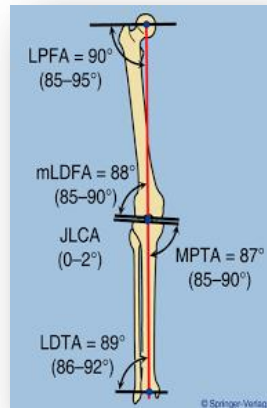




Alteraciones Rotacionales



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

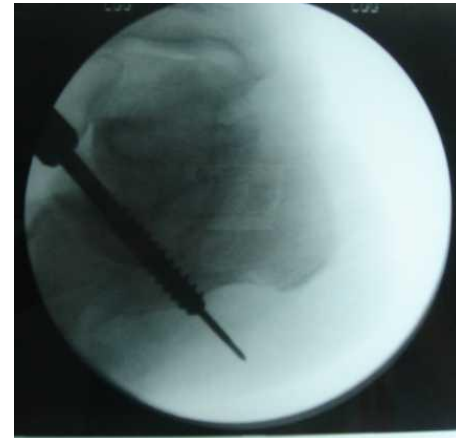


Ortesis, mas bien para uso sintomático

- Actividad física, deportiva
- Calzado adecuado

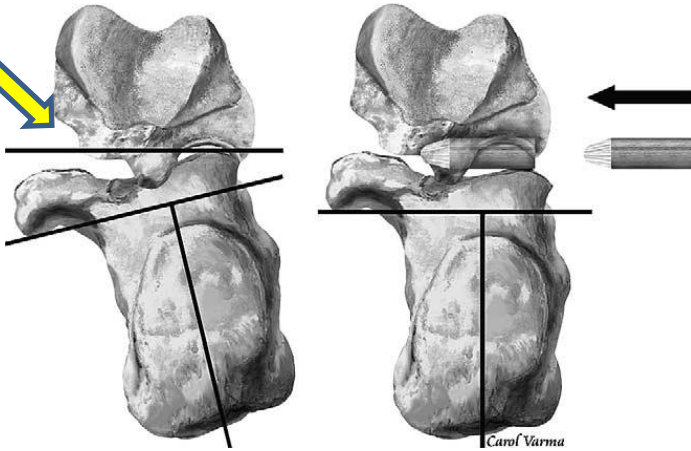
Técnica Quirúrgica

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





CORA



Carol Varma





Coalición Calcáneo Escafoidea izq.





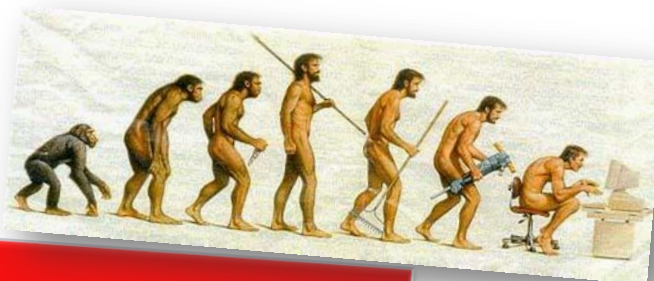
Función

Demandas

Motora

Equilibrio

Amortiguadora





Gracias

