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Appointments:

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HIGH ARCH FOOT IN CHILDREN

(PES CAVUS)

What is a high arch foot?

A high arch foot (medical term: **pes cavus**) is when the arch of the foot is higher than normal.

- Unlike flatfoot, where the arch is low, in cavus foot the arch is very pronounced.
- It can affect one or both feet.
- Sometimes it causes no problems, but in other cases it may lead to pain, difficulty with shoes, or instability.

Causes

- **Normal variation** – some children simply have higher arches, like a family trait.
- **Neurological conditions** – sometimes a high arch foot is linked to problems with muscles or nerves (for example Charcot-Marie-Tooth disease, spina bifida, or cerebral palsy).
- **Previous injury** – trauma to the foot or ankle can cause changes in the arch.

Signs and symptoms

You may notice:

- Very high arch of the foot.
- Difficulty fitting into standard shoes.
- Pain in the foot, ankle, or leg.
- Frequent ankle sprains or instability.
- Hard skin or calluses under the ball or heel of the foot.
- Toes that curl (claw toes).

When should I be concerned?

Seek medical advice if your child has:

- Persistent pain or limping.
- Recurrent ankle sprains.
- Weakness, clumsiness, or frequent tripping.
- One foot different from the other.
- Family history of neurological conditions.

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How is it diagnosed?

- **Clinical examination** – looking at the foot shape, walking pattern, and muscle strength.
- **X-rays** – to check bone alignment.
- **Neurological assessment** – sometimes needed if nerve or muscle disease is suspected.
- **Referral to a specialist** – in many cases, a paediatric orthopaedic or neurology team may be involved.

Treatment options

Treatment depends on the severity and cause:

- **Observation and reassurance** – if painless and flexible.
- **Footwear advice** – supportive, well-fitting shoes.
- **Orthotics (insoles)** – to provide support and relieve pressure points.
- **Physiotherapy** – to improve strength, flexibility, and balance.
- **Casting or bracing** – in some children with progressive or stiff feet.
- **Surgery** – may be considered if the deformity is severe, painful, or worsening. This can involve soft tissue release, tendon transfers, or bone realignment.

Benefits of treatment

- Reduces pain and discomfort.
- Improves stability and balance.
- Makes shoe-wearing easier.
- Prevents the deformity from worsening.

Risks and complications (mainly with surgery)

- Infection or wound problems.
- Nerve injury or numbness.
- Stiffness or reduced movement.
- Recurrence or progression of deformity.
- Need for further operations later.

Everyday care

- Choose supportive shoes with good cushioning.
- Avoid high heels or unsupportive footwear.
- Keep toenails trimmed to avoid pressure from clawed toes.
- Encourage stretching and strengthening exercises if advised by a physiotherapist.
- Watch for signs of imbalance or tripping.

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Long-term outlook

- Many children with mild high arches do not need treatment.
- If caused by an underlying neurological condition, the foot shape may progress over time and need closer monitoring.
- With appropriate management, most children remain active and mobile.

When to seek help

Contact Mr Tang's team on the details above if your child develops:

- New or worsening pain.
- Difficulty walking or frequent falls.
- Significant changes in foot shape.
- Numbness, weakness, or tingling in the feet.

Frequently asked questions

Will my child grow out of high arches?
No – unlike flatfoot, a high arch is unlikely to disappear with growth.

Does my child always need surgery?
No – many children are managed well with supportive shoes and insoles. Surgery is only needed if symptoms are severe or worsening.

Can my child do sports?
Yes – most children with high arches can play and take part in sports, especially if they wear supportive footwear.

If you have any further questions or concerns, book a consultation via the contact details above to discuss this further.