



# Foreword



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*Consulting Editor*

Ah...the topic of Flatfoot Surgery, and the debates never end. Nothing has garnered as much interest and discussion in the Foot and Ankle space over the past 20 years. Every scientific meeting on foot and ankle surgery includes a track on this topic. The study of the Flatfoot Deformity has spilled over into several other specialties, where researchers from basic science and biomechanics have published papers to further support or dispute our clinical outcomes.

As a young extern and resident in the late 1980s to the mid-1990s, I remember the majority of Flatfoot cases being managed with a triple arthrodesis. It was definitive and the standard at the time, yet came at a cost to movement. In a short time, there seemed to be a paradigm shift where the new question was “How could we get the same control of a triple arthrodesis by doing less?” The concept of double and single fusions started to be debated. As the distinction started between flexible and rigid deformities, the evolution of extra-articular osteotomies and joint salvage procedures became more popular. Soon thereafter, multiple joint-sparing procedures were used in combination versus fusions, and this debate continues today. Other common debates involve treating the medial versus the lateral column, soft tissue versus osseous procedures, isolated versus combination procedures, and the role of equinus, to name a few. The list goes on.

As our foot and ankle community has evolved in understanding the complexities of this deformity, our terminology and classification of Flatfoot have also matured. The literature has also reflected this evolution. In the 1970s, the commonplace term seemed to be Flatfoot Deformity. In the 1980s, the term Posterior Tibialis Tendon Dysfunction became more mainstream. Moving into the 1990s, the term Adult Acquired Flatfoot Deformity fell into favor. Shortly after, the Collapsing Pes Valgo Planus foot was often seen in describing this entity. Within the past few years, we have once again witnessed a change, the Progressive Collapsing Foot Deformity (PCFD). The recent Consensus statement on PCFD is another valuable addition to the conversation.

I felt it was time again for some continued discussion. Dr Cain has always shown passion for this topic. He has brought together a talented and richly experienced group

of writers and created a valuable update to this timeless topic. I look forward to continuing the dialogue. I hope you enjoy this issue.

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