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Skeletal Structure Adductus

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Introduction

The bones of the foot are made up of thirty-three bones, twenty-six joints and more than a hundred muscles, tendons and ligaments. The foot serves primarily as a weight-bearing joint and provides a solid foundation for support to stand on. The lines are attached to the bones that form the joints. The anatomy of the foot is divided into 3 categories: Forefoot, Midfoot and Hindfoot.

The skeletal structure can be a set of bones in the middle part of the foot. Each foot has 5 metatarsal bones, all of which are connected to the phalanges on the toes. The skeletal structure of the adductus refers to a state in which the bone marrow of the skeletal area turns to the center of the body. This causes obvious paralysis, and the unit of each foot area is often affected. Foot deformity in children consists of a disability that is not inherited or does not benefit from a foot inheritance. 2 common examples of the area of the foot unit equinovarus, commonly called talipes, and the adductus bone structure, called the skeletal structure varus. With the adductus structure of the bone, the normal clinical condition of pain within the bases of the lateral metatarsal region and the cuboid region can be difficult to treat. This condition is diagnosed as periostitis which can be a depressive disorder. It is classified as cuboid syndrome or inflammation of the fourth and fifth metatarsocuboid joints. If your child has an adductus skeletal muscle, you will notice that his or her foot contains a line. The front part of the foot (forefoot) points inwards and will be slightly rotated below. The inside of the foot looks sharp, and the top of the foot is added. However, not like talipes, there is no fall of the feet. Causes of Adductus Bone Structure - The definition of adductus bone structure is unknown. No relationship was found with the age of the pregnancy at birth, the mother's age at birth or by birth order. One theory holds that this condition is due to the fact that the craniate is firmly attached to the uterus throughout development. This can cause abnormal posture and paralysis of the foot. Diagnosis of Metatarsus adductus can be obtained by physical examination. Telltale's symptoms of this condition include a high arch and a split hallux separated. Conservative treatment is recommended for metatarsus adductus flexibility, taking into account management, balanced and adequate footwear. Surgery is performed on a traveling patient when conservative treatment is unsuccessful. The procedures described in the literature examining soft tissue removal, metatarsal osteotomies and medial epiphysiodesis of the metatarsal base provided positive results in the short term, but they were unable to avoid recurrence of deformities and foot growth disorders. Thus, permanent correction was obtained with osteotomy close to the joint of Lisfranc. Surgical procedures range from opening the wedge osteotomy to medial cuneiform, calcaneo-cuboid fusion and rehabilitation of the inner end of the calcaneus, all operating on one side of the paralysis. Combining the opening of the cuneiform wedge osteotomy and closing the Jawish described wedge osteotomy allows for metatarsus adductus stiffness of the anterior foot flexion. With respect to the corresponding heel valgus, it is well repaired on Z-shaped feet after a double cuneiform/cuboid osteotomy. However, in clubfoot some treatment of the back tarsal is required, as valgus is considered an invalid deformity related to the imbalance in the back of the feet. The doctor will check the level of the adductus bone structure by examining whether it varies with the foot movement. There are 2 unit styles for this scenario: they are versatile and unchanging. The physician may assess the level of metatarsus adductus by examining the movement of the foot. Most functional defects are automatically corrected shortly after birth, can be helpful with foot deception by parents, but 5% of metatarsus adductus is stable and lasts until the age of walking. In young children ages 6 or 7, the treatment was a shoe repair and release of soft and soft tissue. However, the complications behind all these procedures were rare, related to internal adjustments using screens and pins, and impairments associated with growth disruption were also insignificant. In the flexible metatarsus adductus, the foot can be directed manually. In a stable manner, the foot is strong and does not return to its normal position with the force of the hands.

During the flexible bone adductus, the foot can be directed manually. Within the fixed range, the foot is strong and does not return to its original position with the force of the hand. Treatment Exercise can be recommended in some cases of adductus skeletal muscle. However, the condition is self-limiting for many children. Treatment with a lump or special shoes is sometimes required. Surgery is not required but can be recommended for children four years of age or older who have a severe disability. There are many unit procedures that provide access to foot shaping. They all involve cutting out the vertebrae (osteotomy) and fixing them with plates or screws in a straight line.

Congenital metatarsus adductus, a deformity in the joints of the tarso metatarsal when metatarsals are diverted inwards toward the shortcut plane prioritizing the "pigeon-toed" tendency. Treatment is aimed at achieving a normal normal foot with excessive adjustment in the areas of disability.

The bone structure of the adductus is treated by stretching medical help. This can often be used to help move an animal's foot in the traditional position. This broadcast can be suggested if the foot does not start to adjust on its own or if the MTA is heavy or hard to get into the right (solid) position. Surgery for versatile skeletal structure adductus, light stretching of the foot many times per day can facilitate. This may be accomplished by holding the infant's hind foot in one hand, the animal foot within the alternative, and stretching the middle foot, gap the “C” formed curve and slightly overcorrecting it. Versatile skeletal structure adductus tends to persist till one – a pair of years old-time. Within the majority of cases, the foot goes back to traditional. During a little portion of cases, the foot stays moderately unsafely. In rare cases, the foot continues to be stiff and unsafely even once treatment.

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Conflict of Interest

The authors declare that there is no conflict of interest.