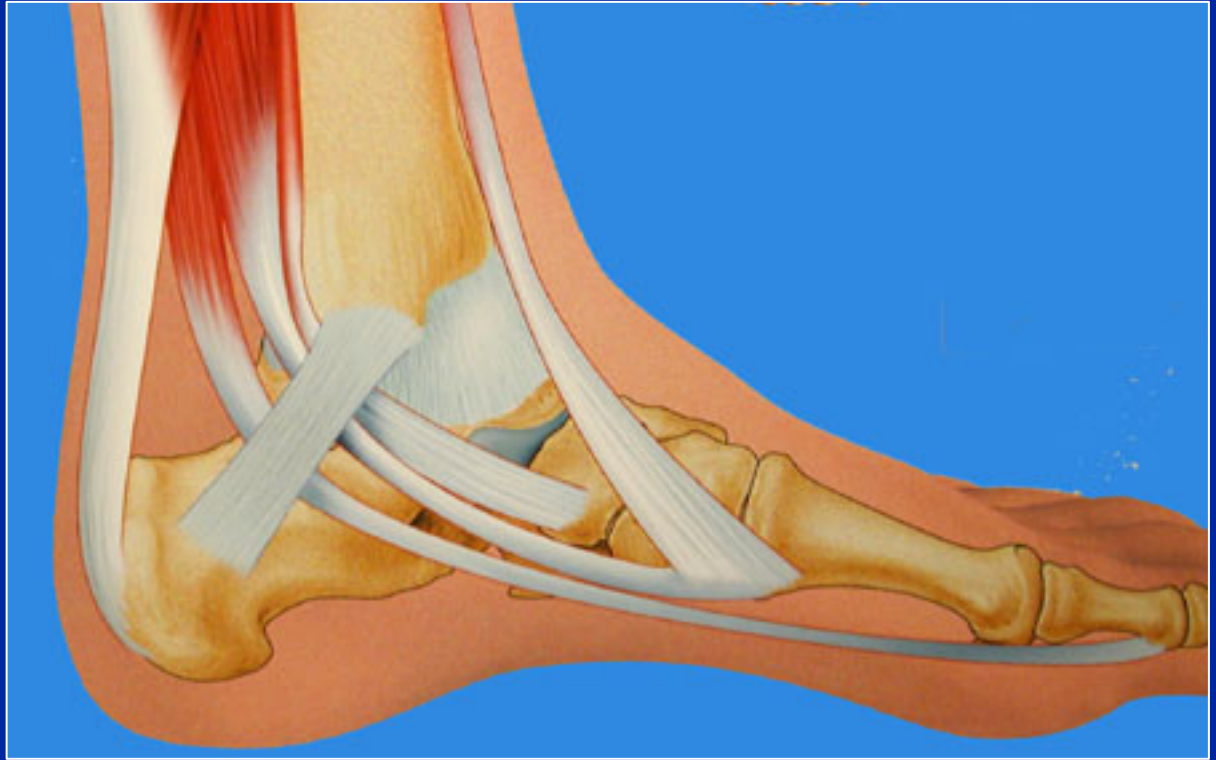
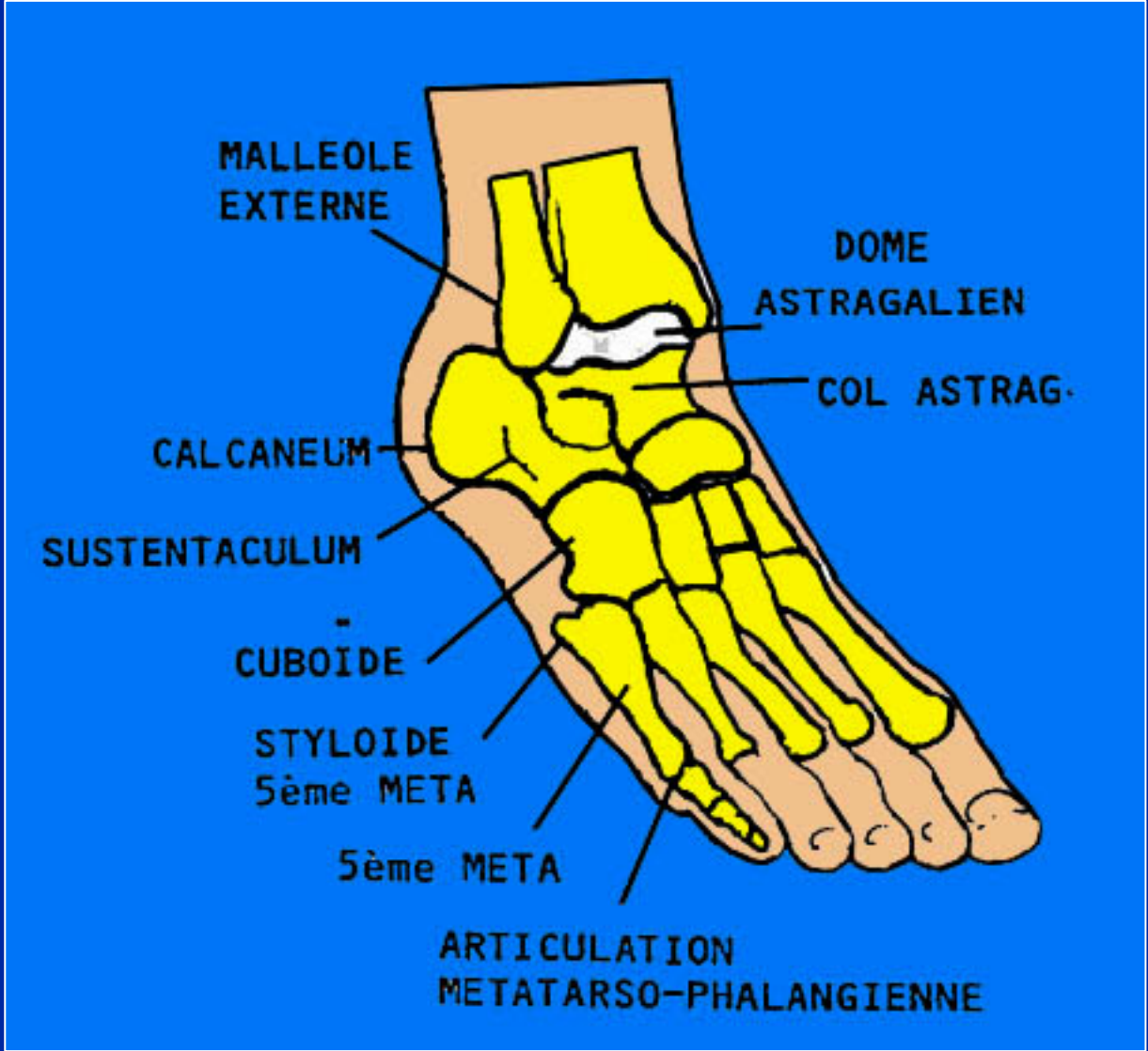
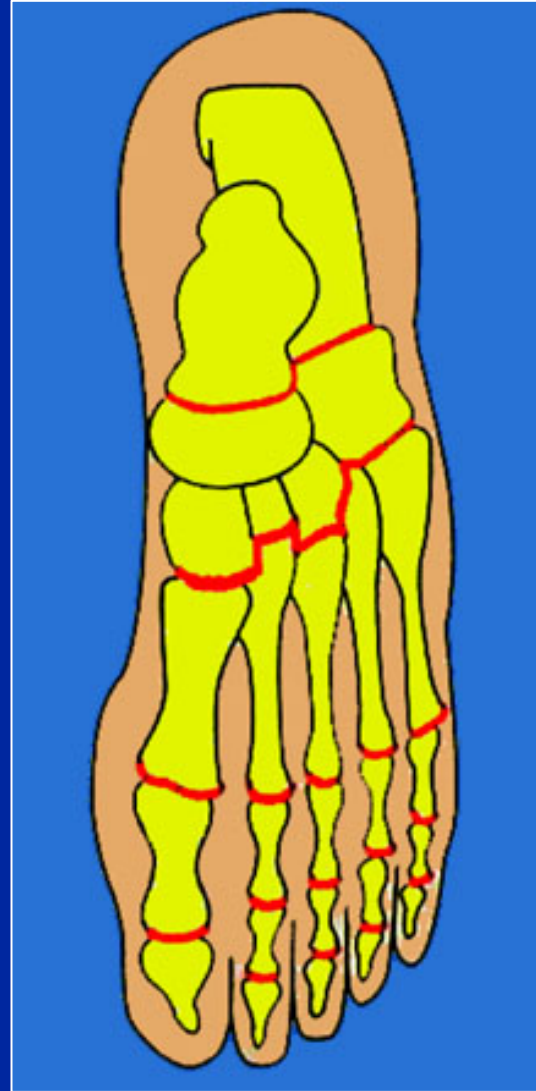
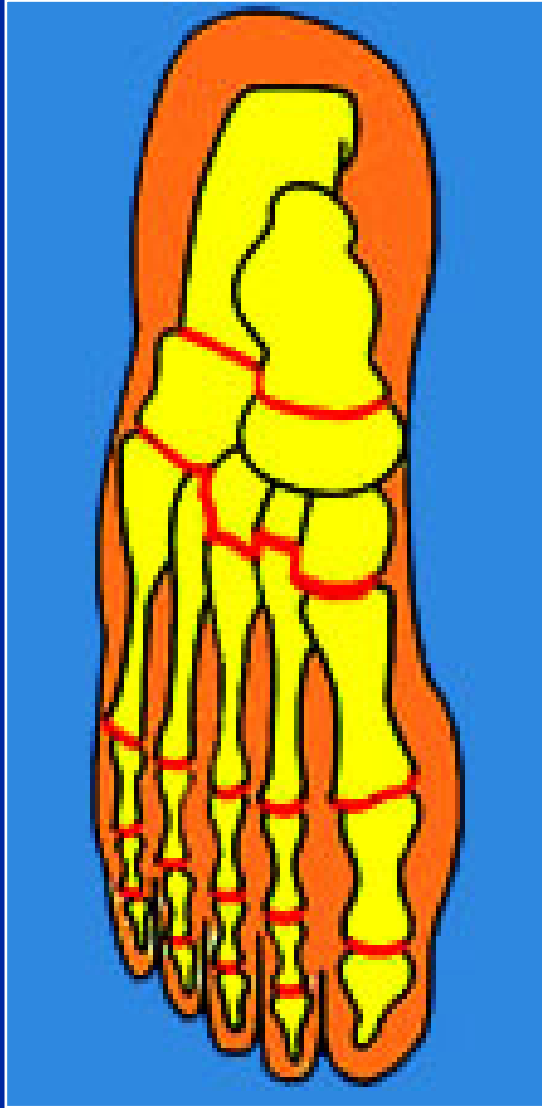


# Piede normale

[www.fisiokinesiterapia.biz](http://www.fisiokinesiterapia.biz)

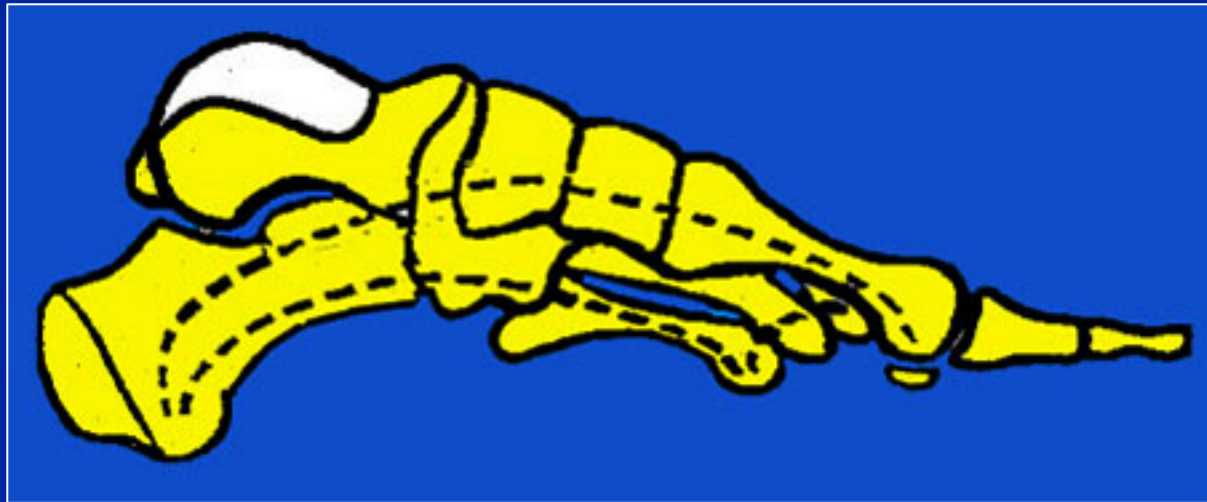






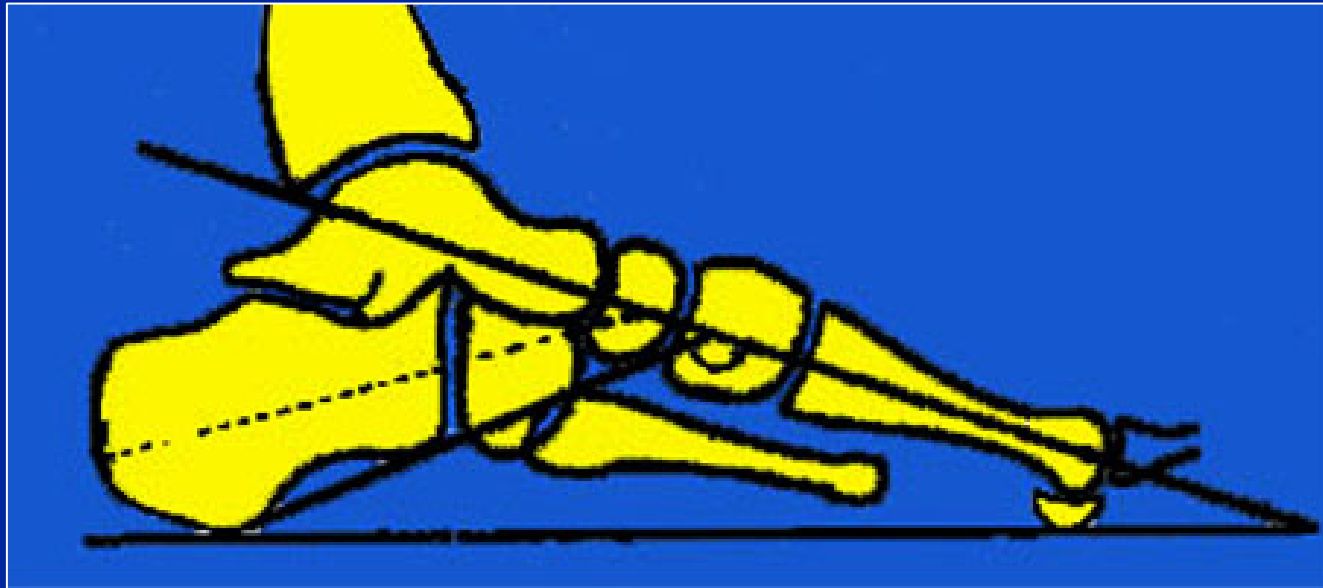


# Architettura plantare



I 3 archi interno, esterno ed anteriore

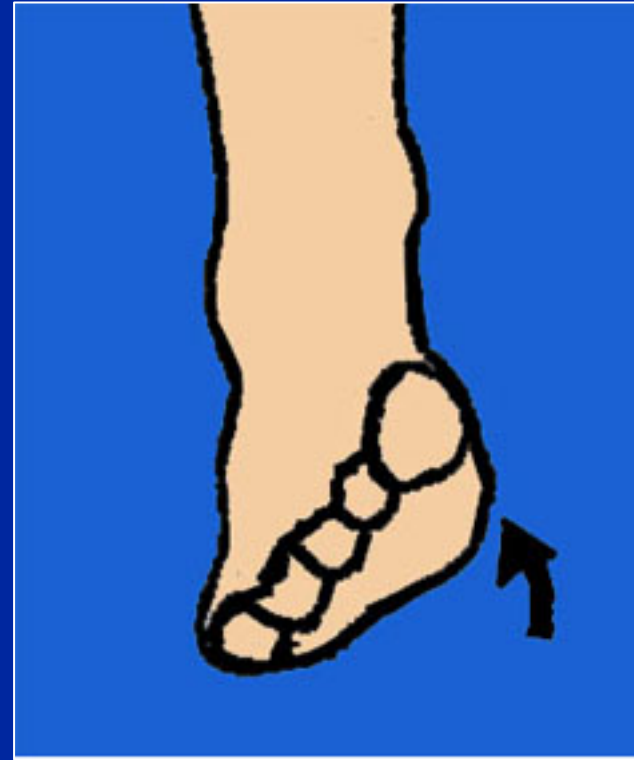
# Radiologia del piede normale



# Movimenti della caviglia e del piede



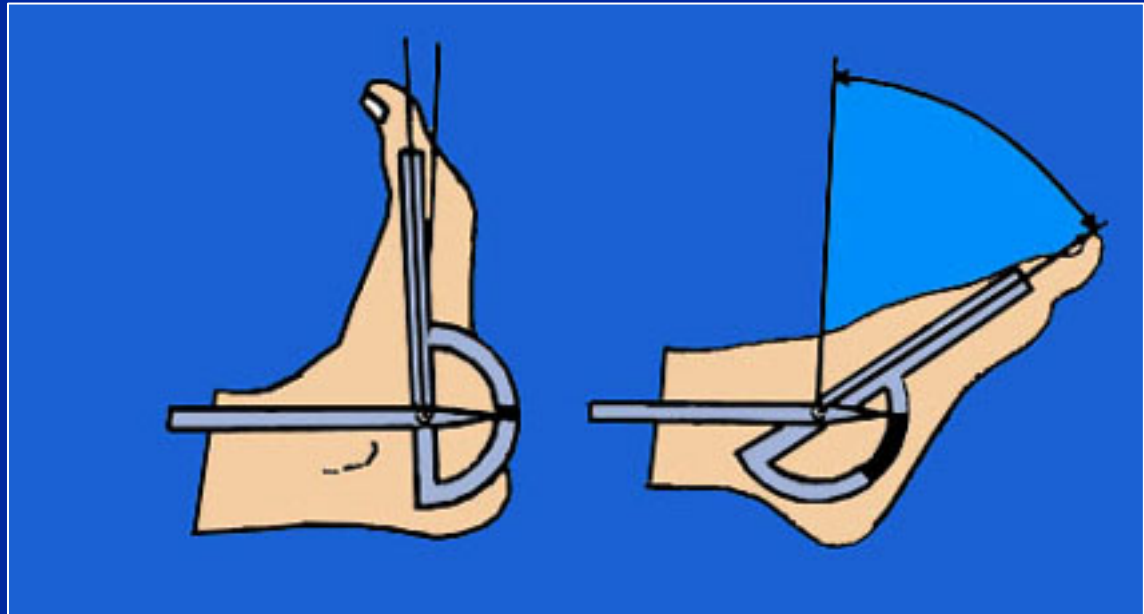
**Eversione**



**Inversione**



# Flessione dorsale e plantare



# Lassità tibio e sotto-astragalica



# Impronta plantare



Foto podogramma



# Impronte plantari anormali



Piede normale



## 3 tipi di piede in funzione della lunghezza delle dita



**Piede egizio**

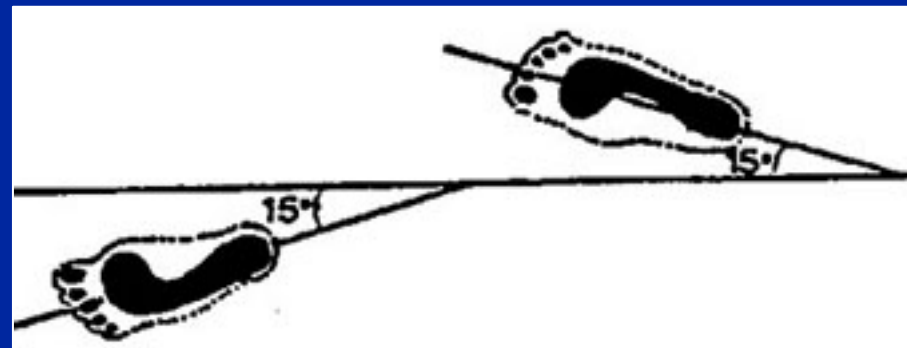
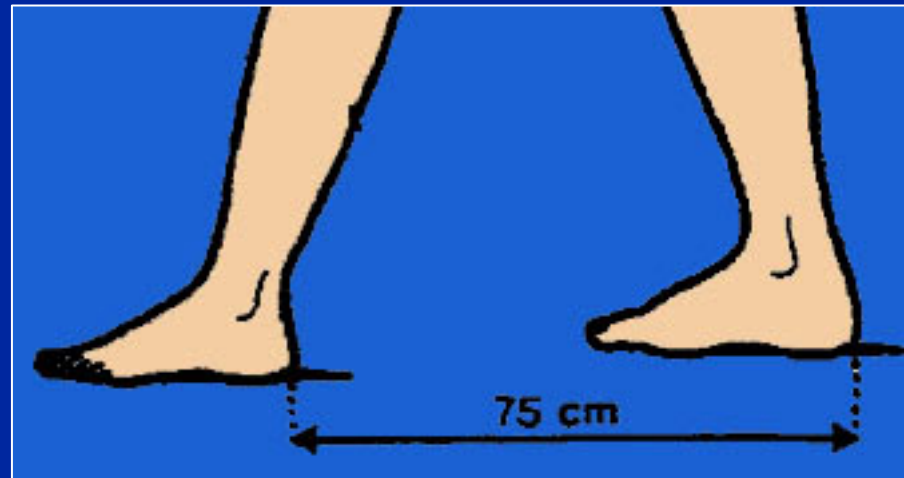


**Piede greco**

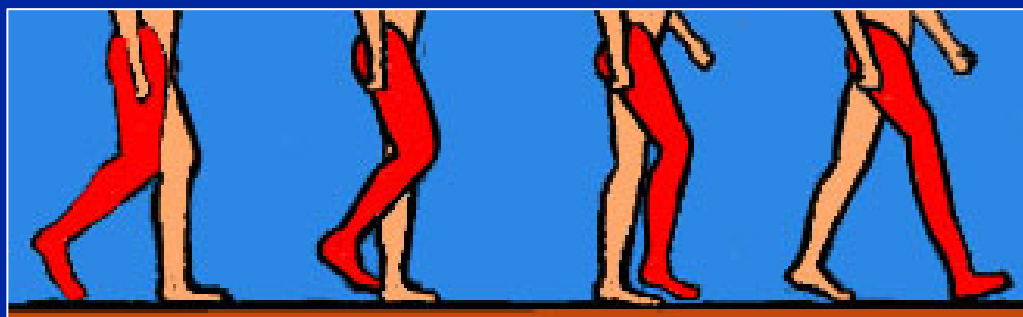
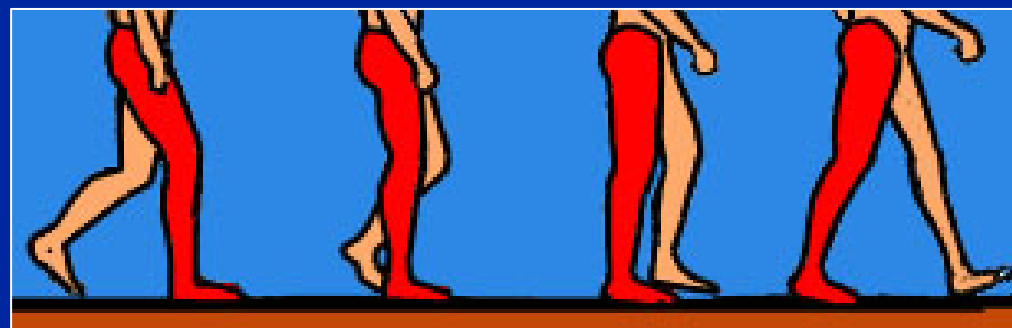


**Piede quadrato**

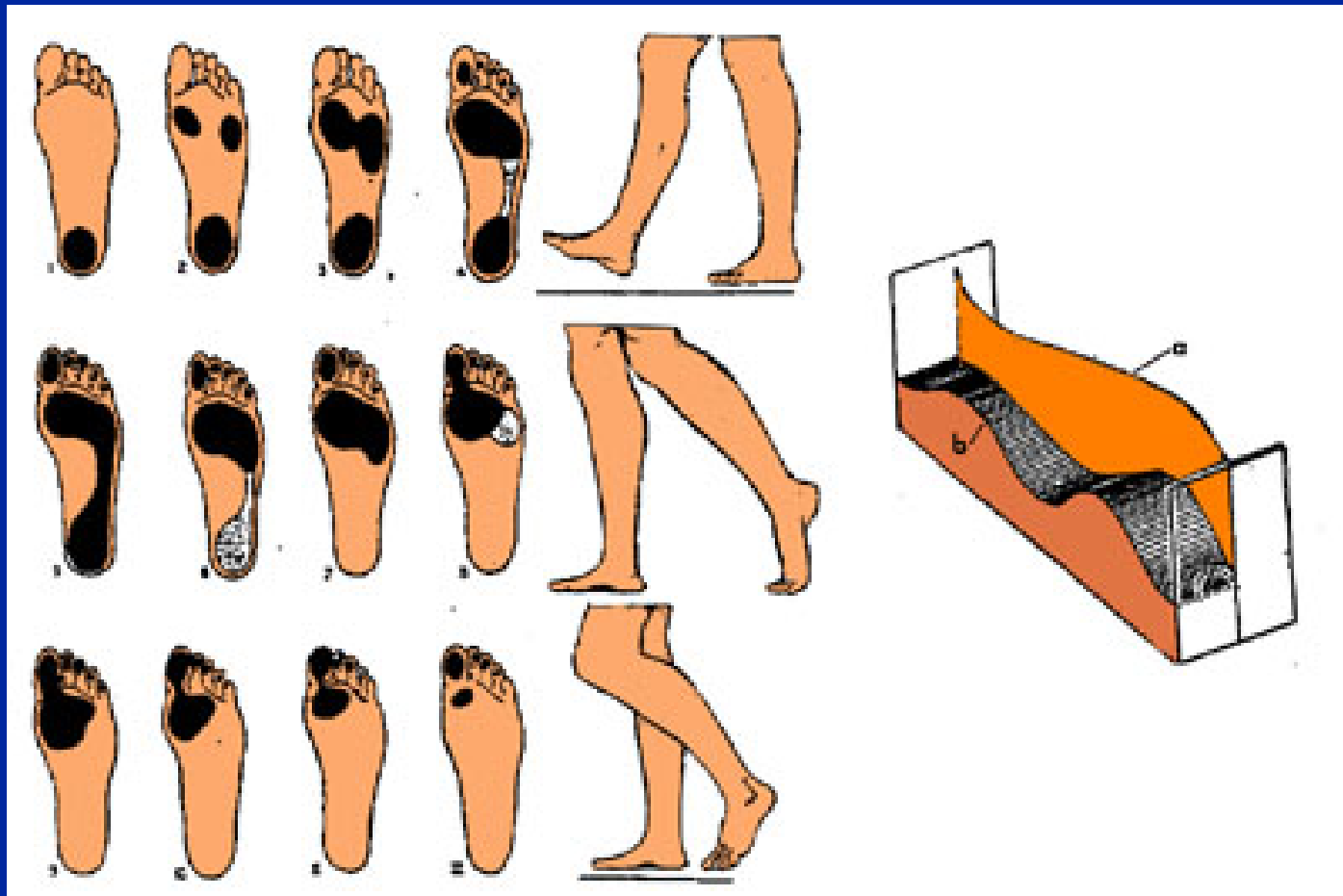
# Marcia normale



# Marcia normale



# Marcia normale





**PIEDE PIATTO**

# Piede piatto valgo statico

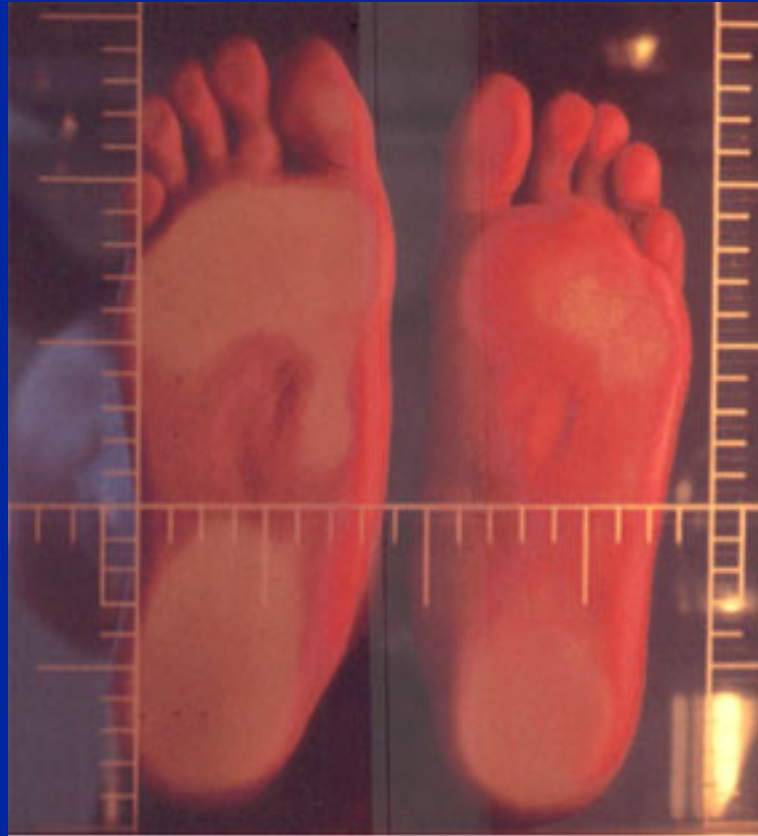


**Valgo del calcagno**

# Piede piatto valgo



# Piede piatto valgo



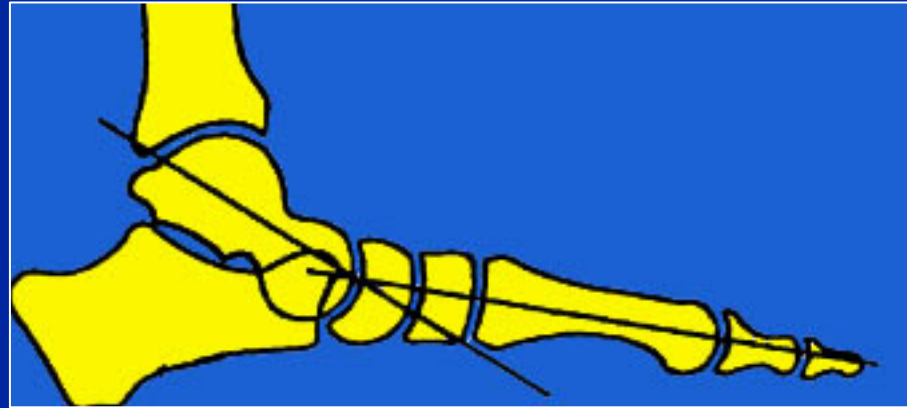
**Podoscopio**



**Piede piatto di grado 1°, 2° e 3°**



# Radiologia del piede piatto

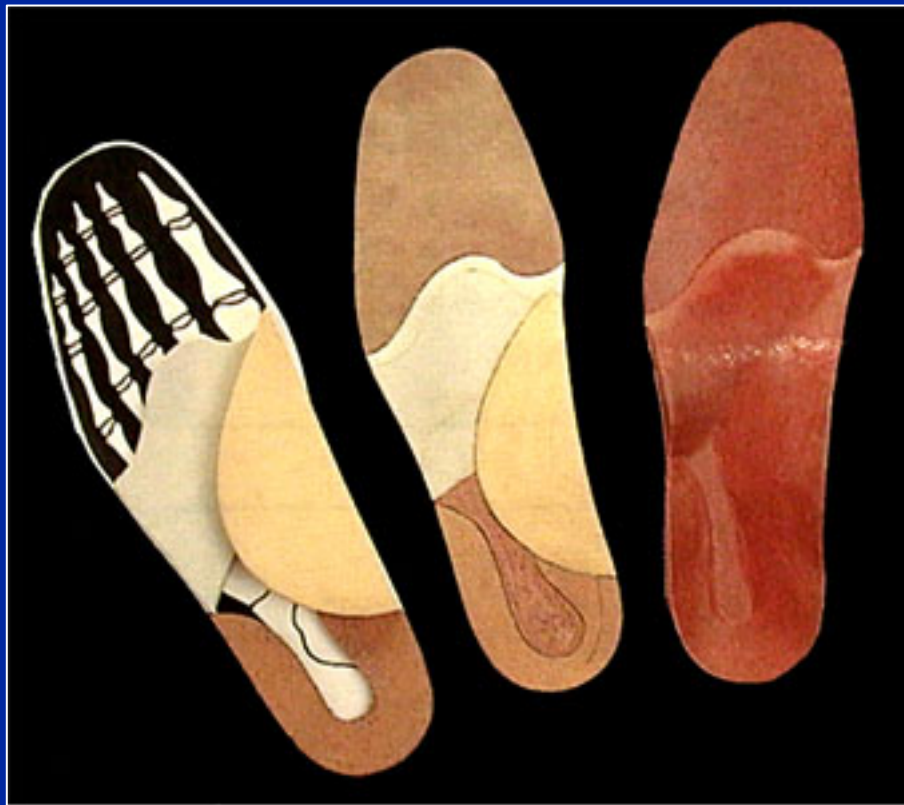


**Astragalo verticale**

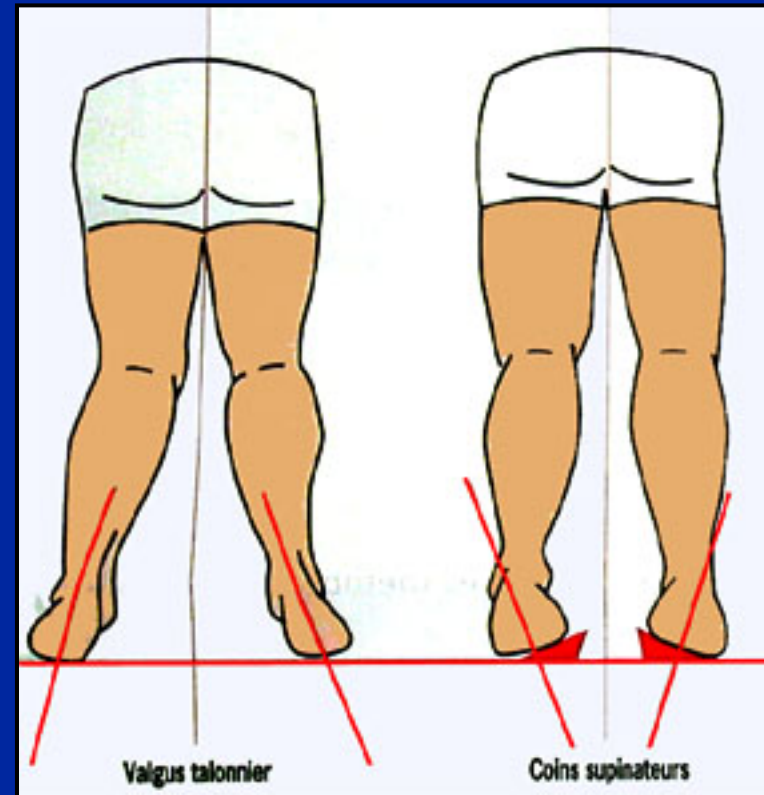
## Piede piatto maggiore in esito poliomelite



**L'uso di plantari ortopedici é indicato nella maggior parte dei casi**

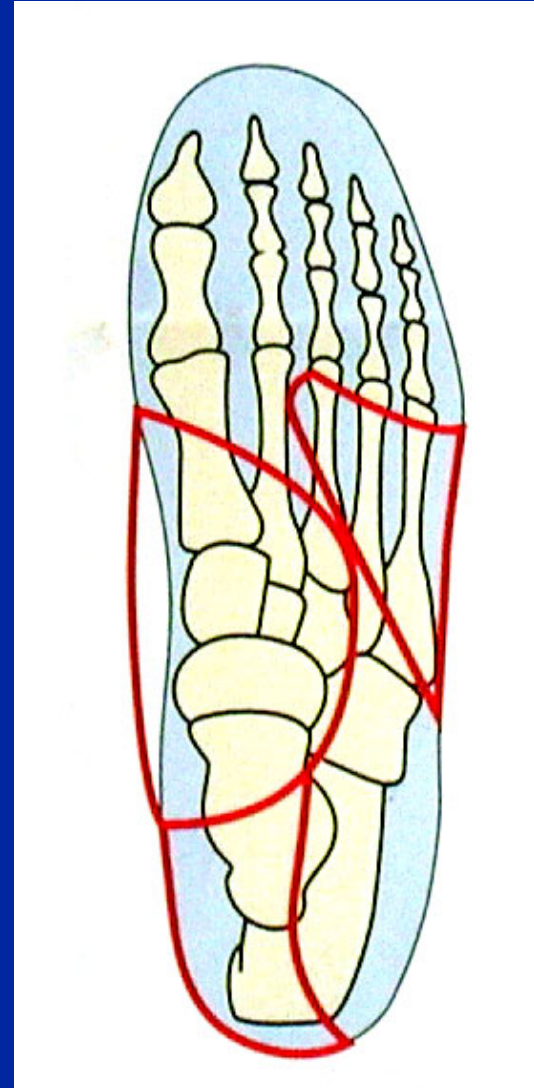
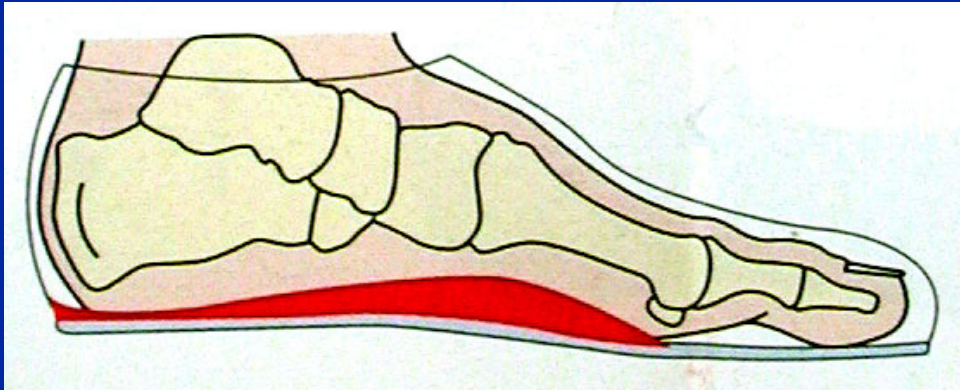


**Sostegno della volta plantare**

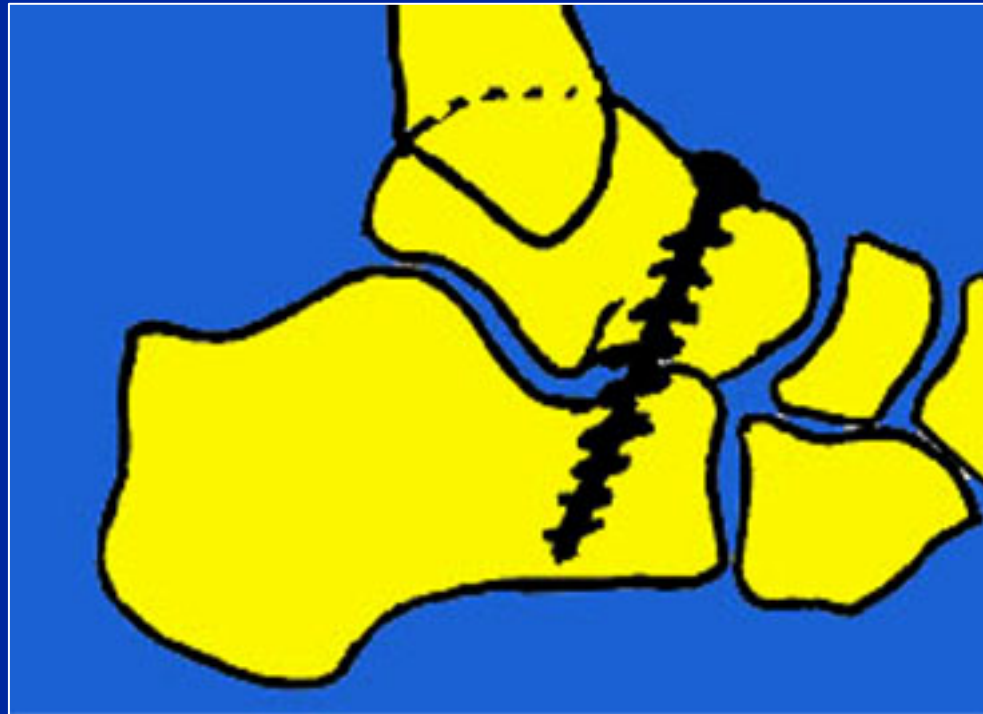


**Talloniera angolare**





# Trattamento chirurgico eccezionale



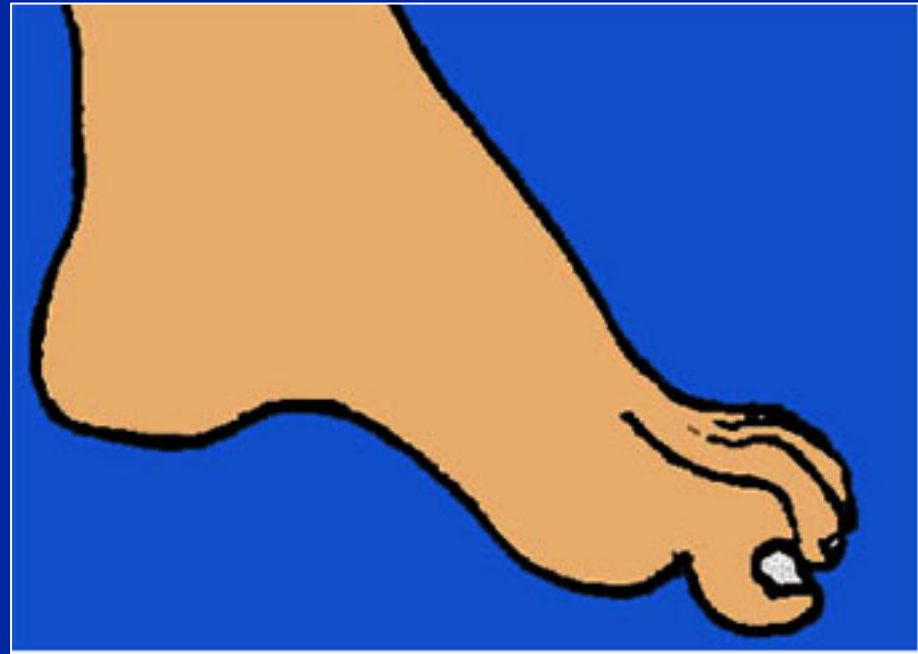
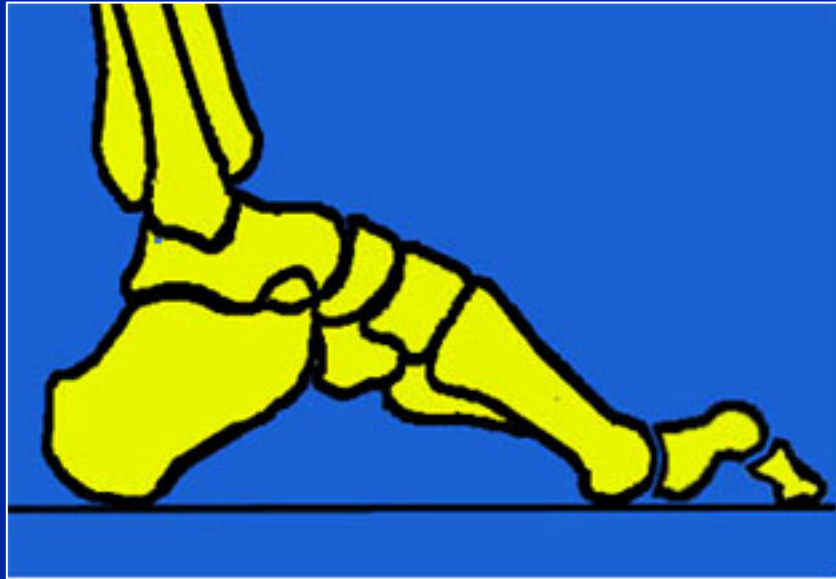
**Stabilizzazione provvisoria astragalo-calcaneare con viti**  
**Intervento detto del Cavaliere (Judet)**

**PIEDE CAVO**

# Piede cavo



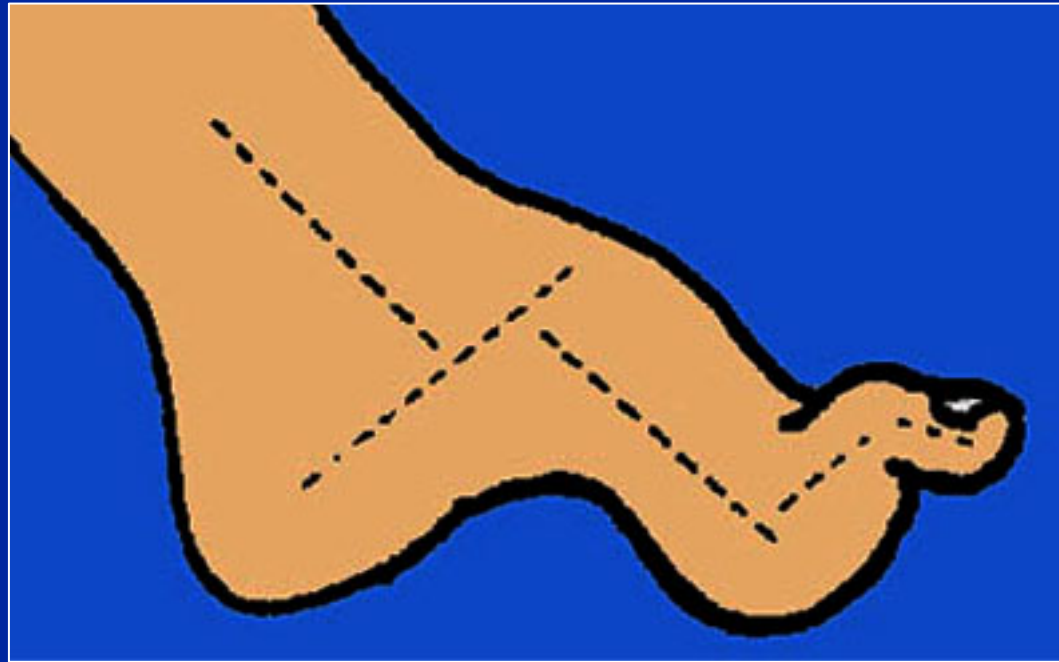
# Piede cavo



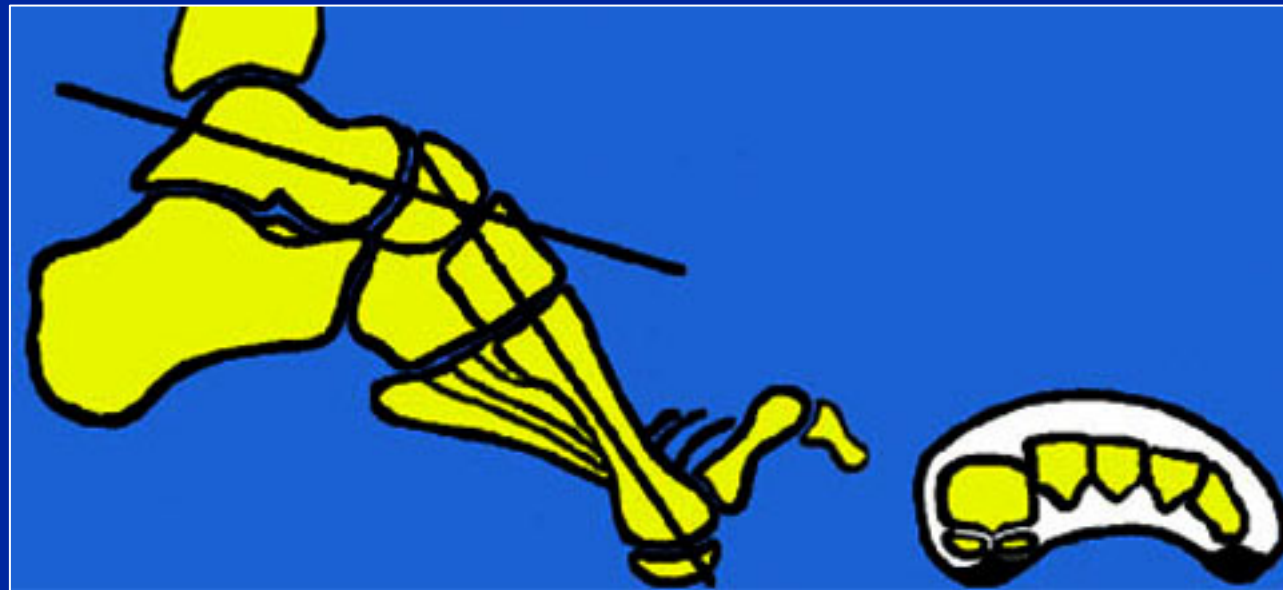
# Piede cavo: Griffe delle dita



# Perdita di appoggio delle dita



# Sovraccarico delle teste metatarsali







**Piede cavo : Stadio 1°, 2° e 3°**



# Sovraccarico delle teste metatarsali

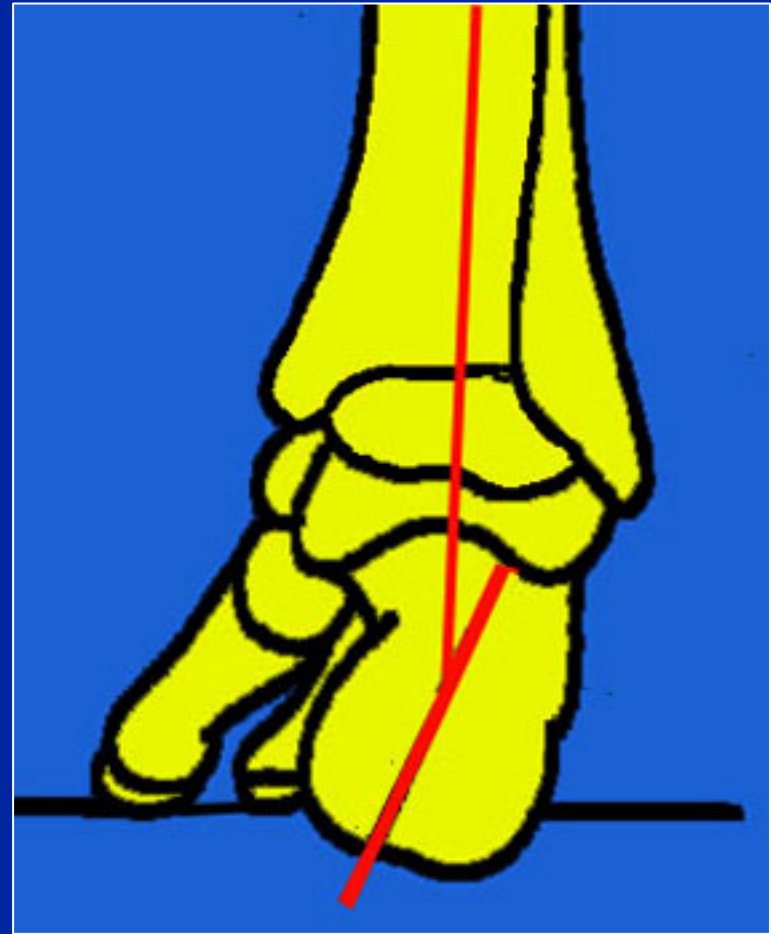


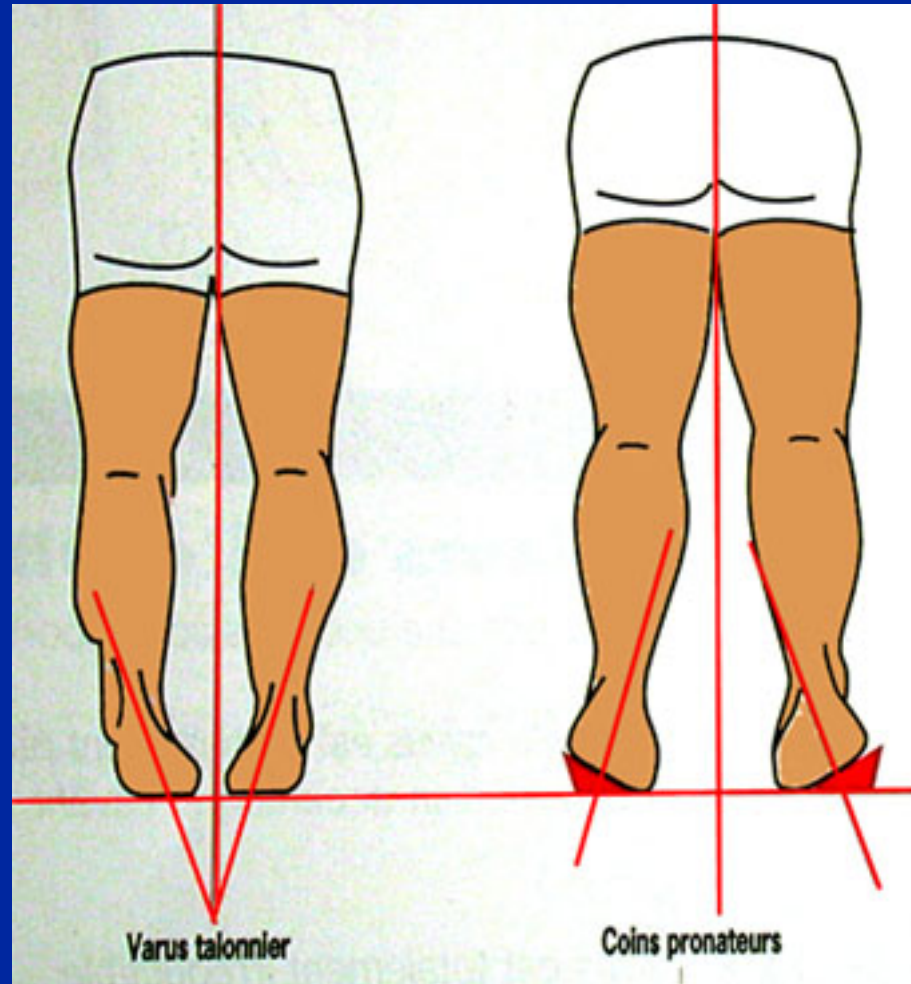
# Piede cavo varo



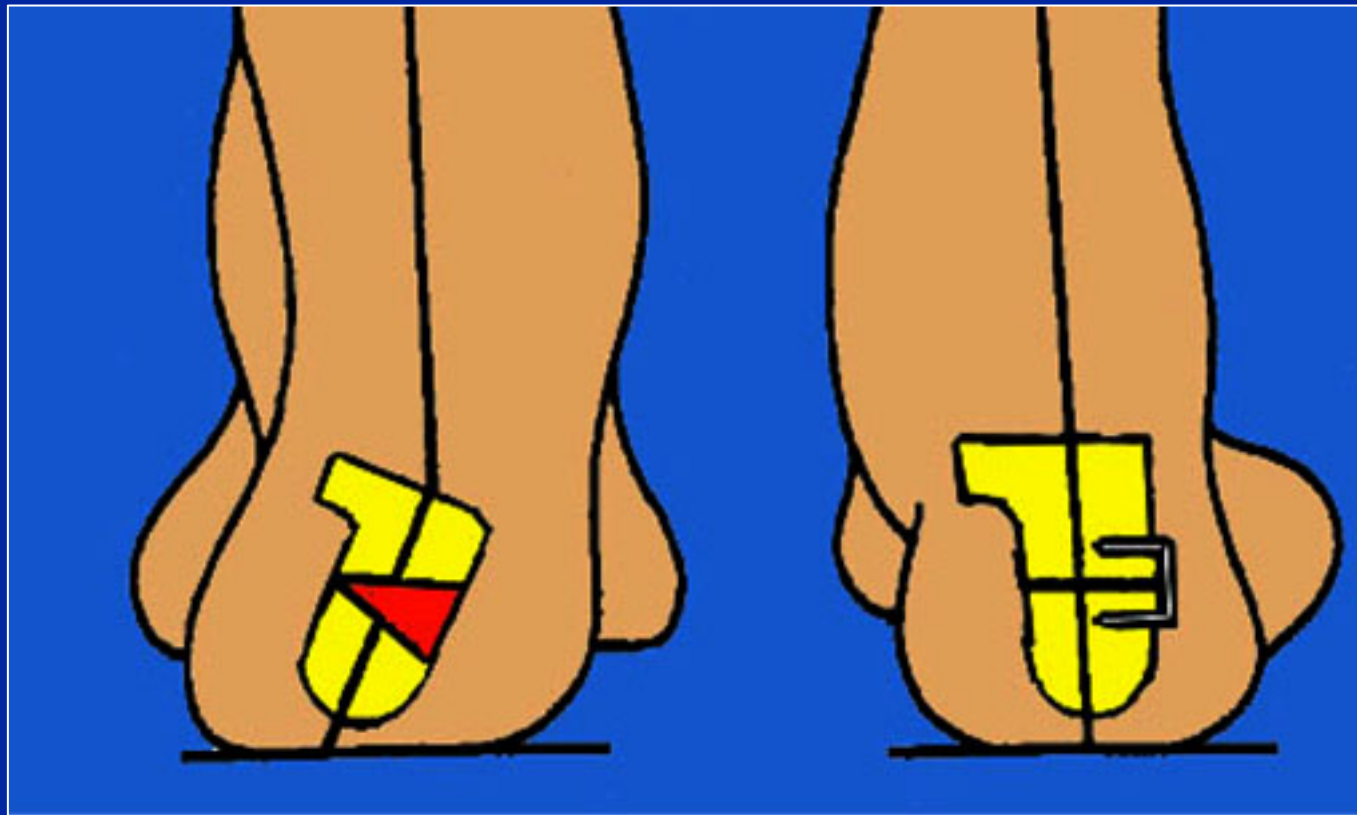


# Varo del retro-piede



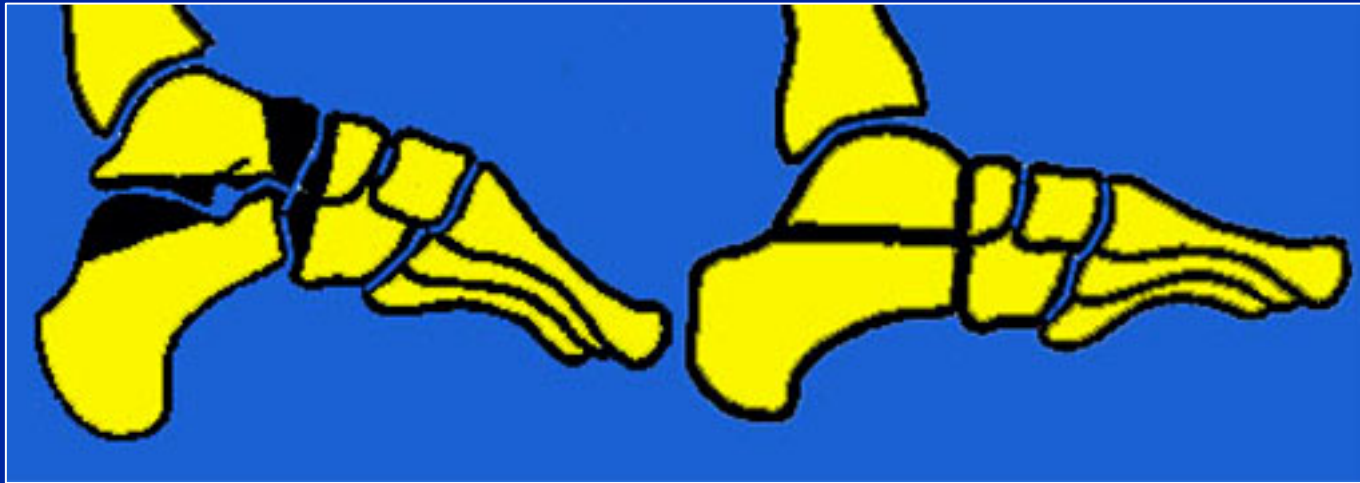


# Osteotomia del calcagno





## Artrodesi sotto-astragalica e medio-tarsica



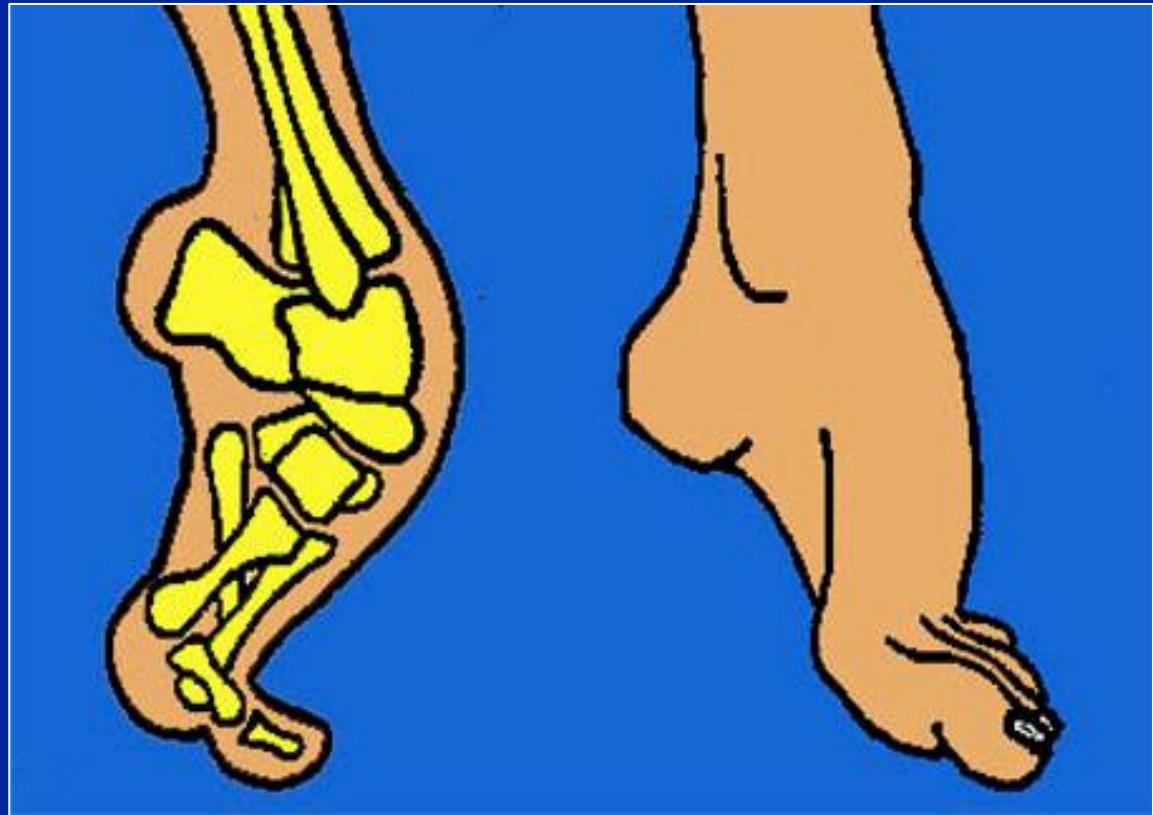
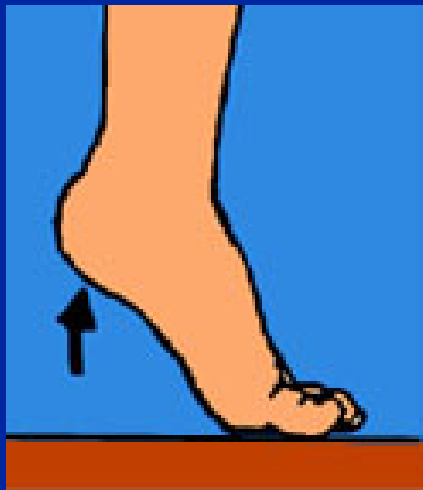
# Metatarssectomie



# Tarsectomie



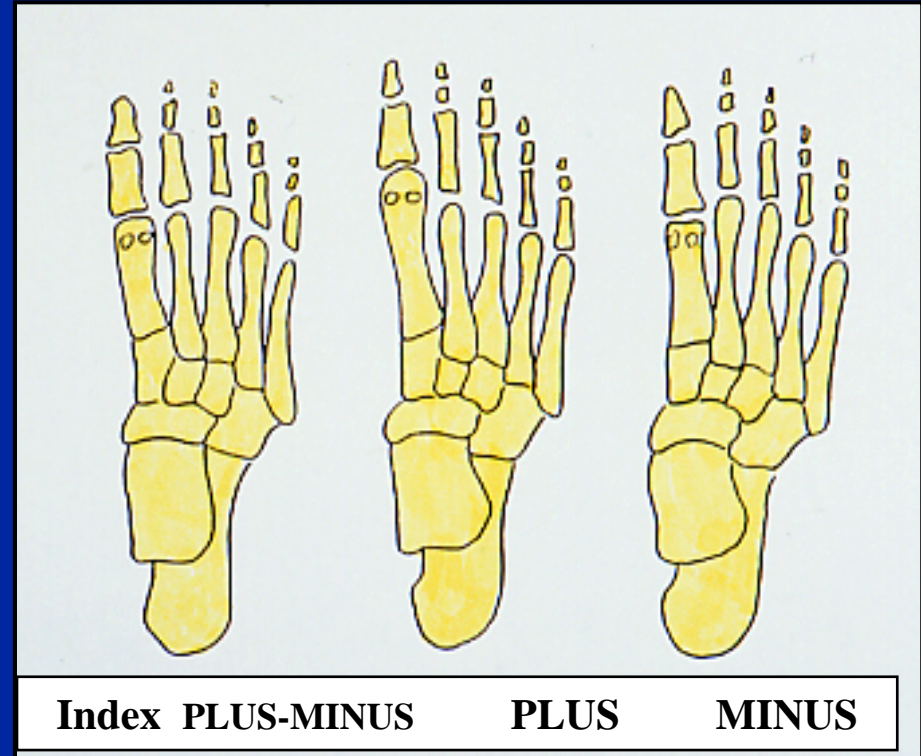
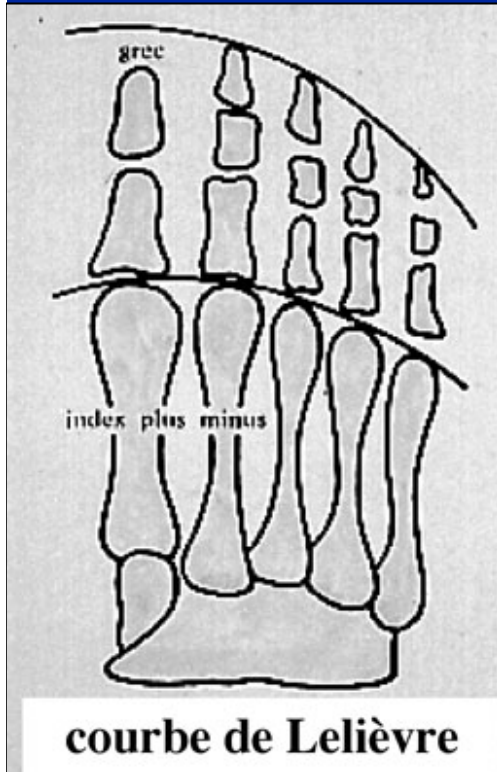
# Piede cavo con equinismo



# Metatarsalgie

# Morfologia dell'avampiede

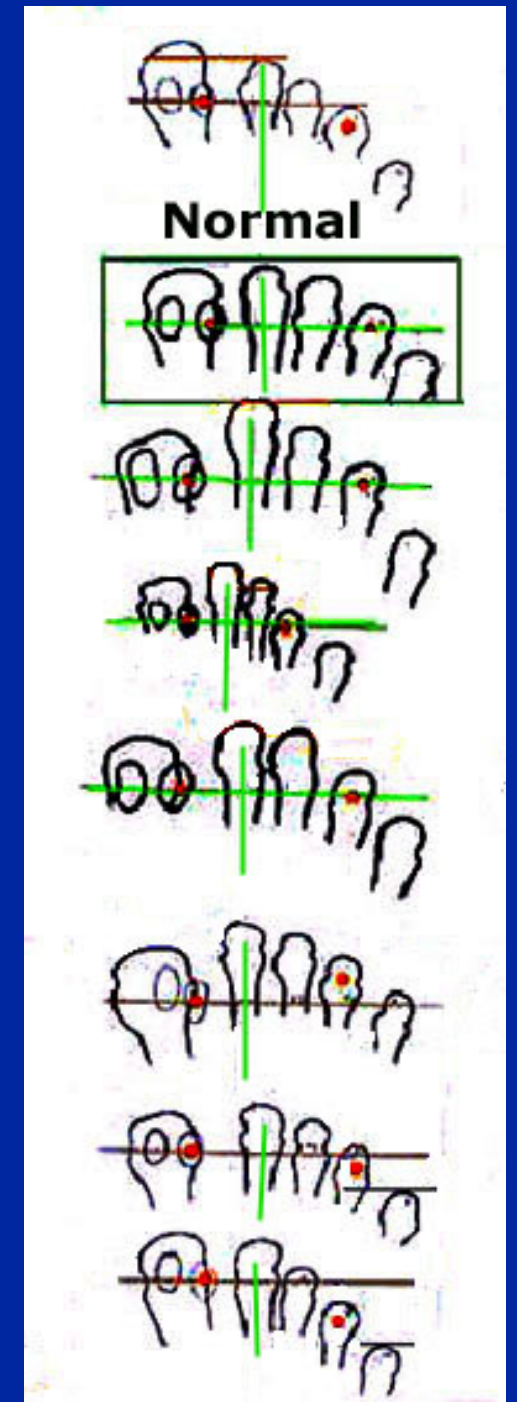
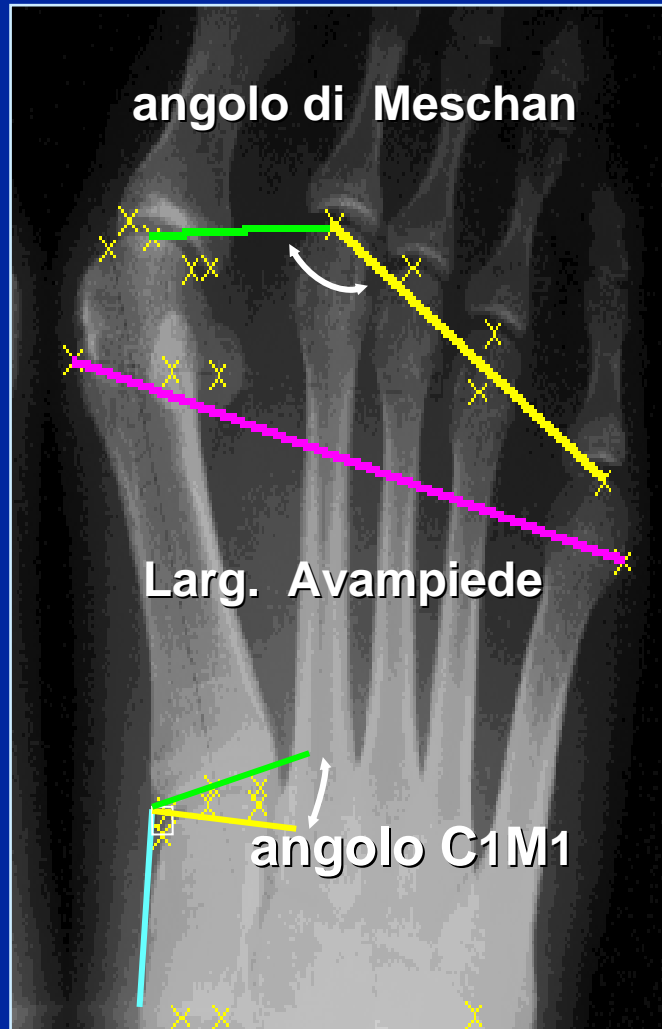
Allineamento ideale delle articolazioni metatarso-falangee ?



La curva ideale

$1=2 >3 >4 >5$     o     $1 <2 >3 >4 >5$

# I metatarsi hanno una lunghezza variabile

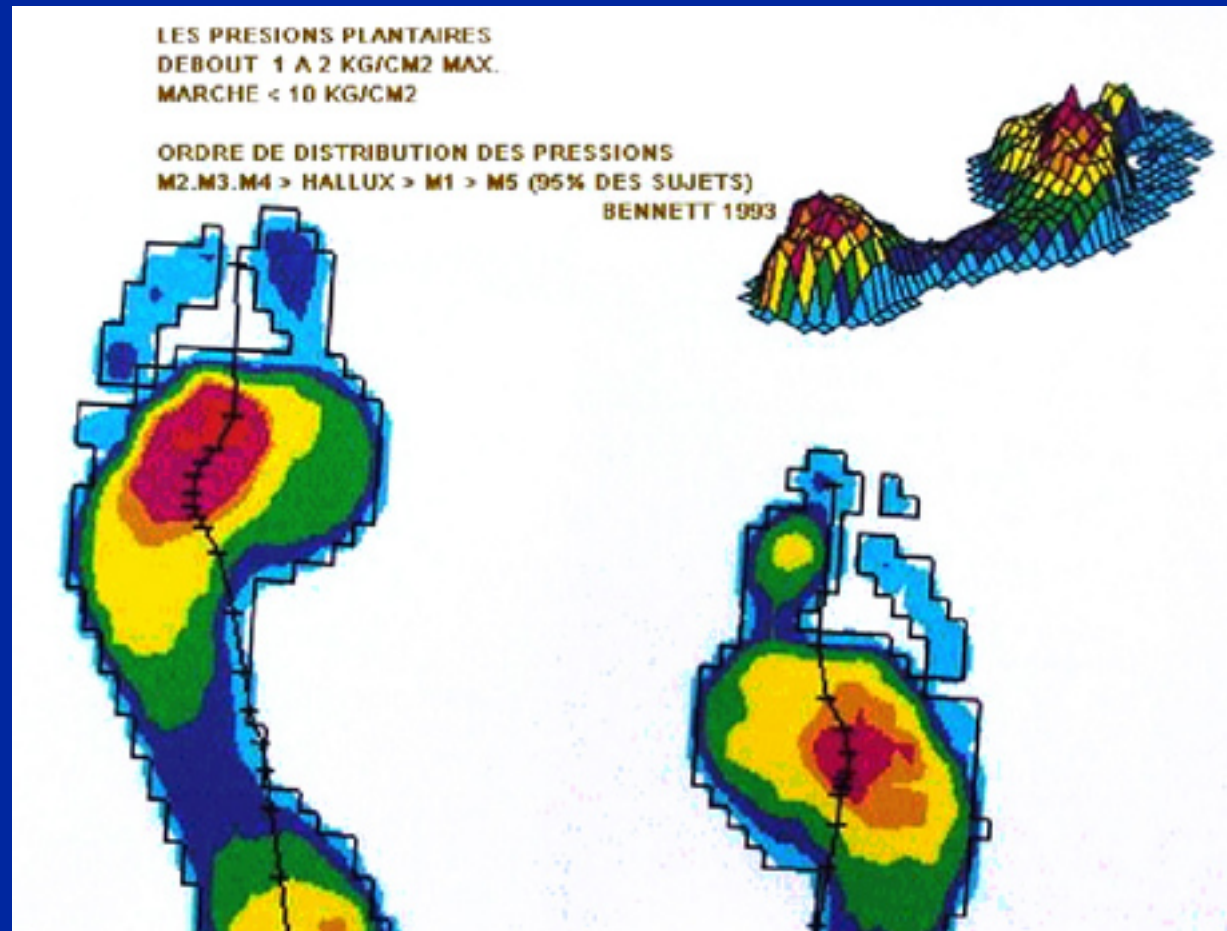


# Lunghezza dei metatarsi

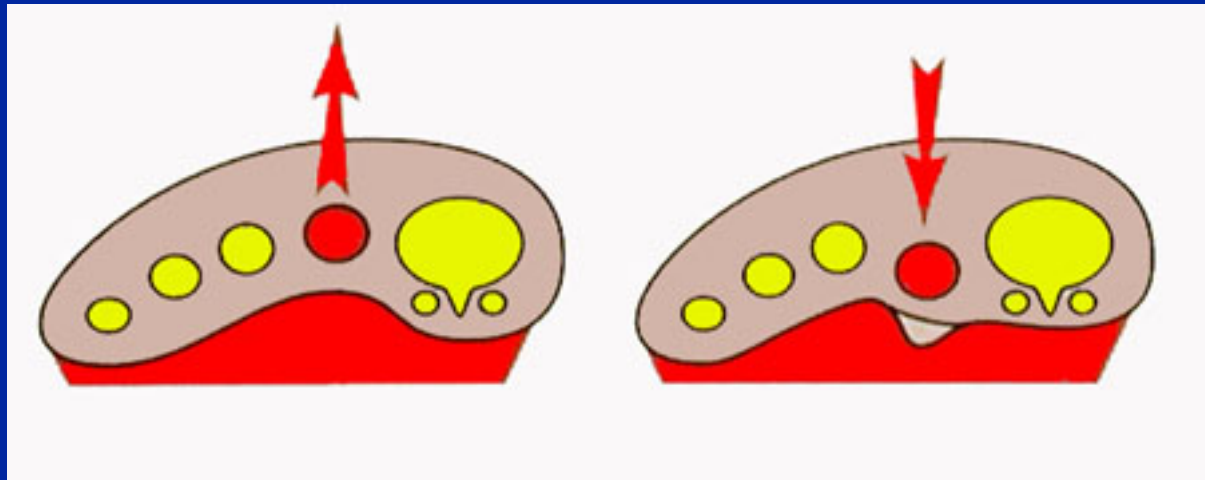
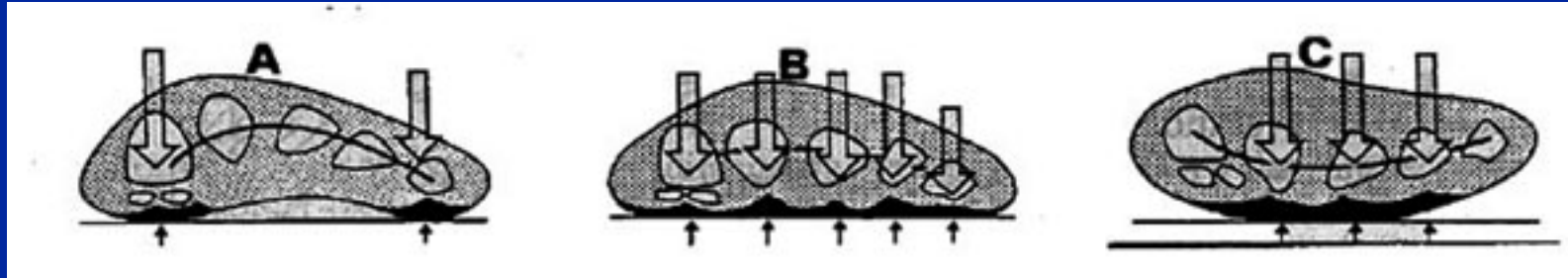




# Distribuzione delle PRESSIONI PLANTARI

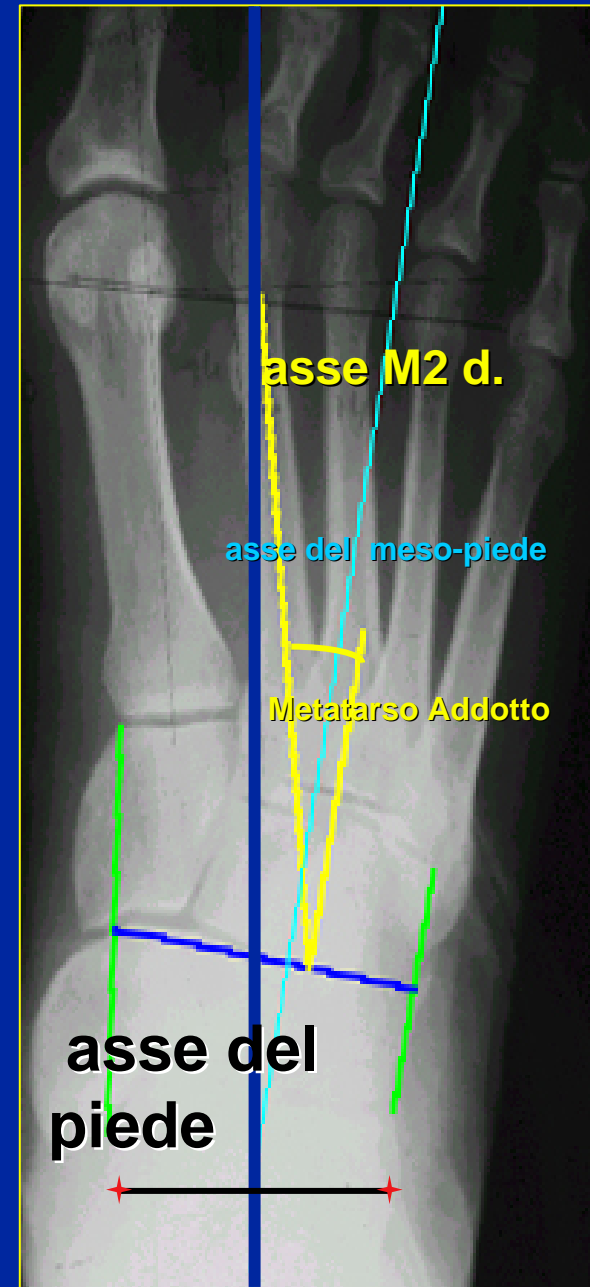


# Sovraccarico delle teste metatarsali

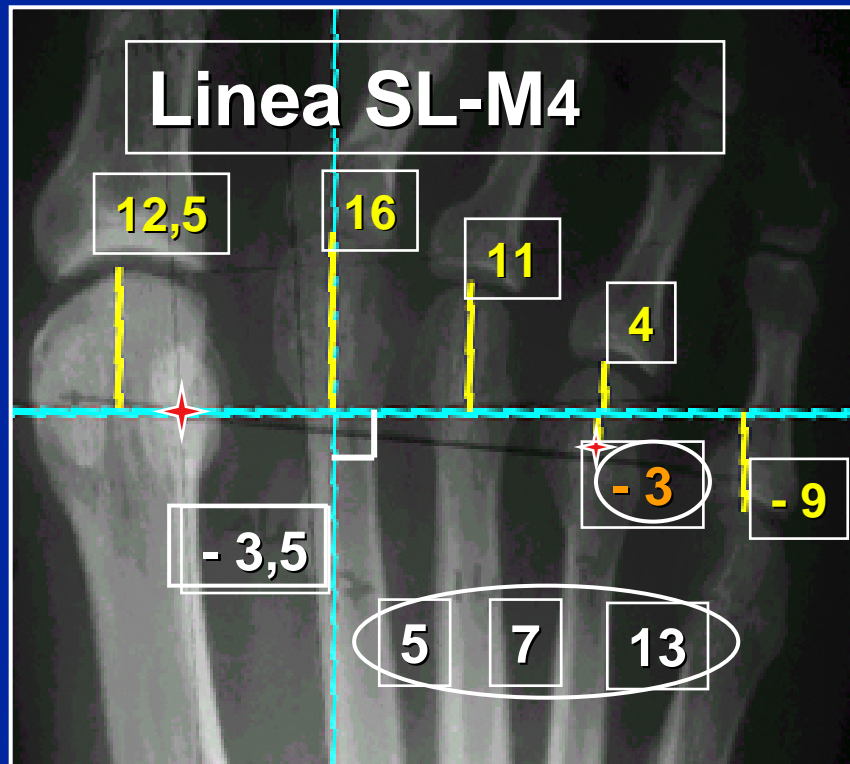


Solette di scarico per le teste metatarsali

# Asse del PIEDE / Asse di M2



( *Maestro Med Chir Pied 1995* )



**dist. SM4 / M4 (-3 mm)**

**d1 = lung. Testa M1 / SM4**

**d2 = lung. Testa M2 / SM4**

**d3 = lung. Testa M3 / SM4**

**d4 = lung. Testa M4 / SM4**

**d5 = lung. Testa M5 / SM4**

**Index M1/M2 = d1 - d2 (-3,5 mm)**

## Criterio di Maestro

**Maestro 1 = d2 - d3 (5)**

**Maestro 2 = d3 - d4 (7)**

**Maestro 3 = d4 - d5 (13)**

# Piede NORMALE

**1 - Linea SM4 passante al 1/3 medio della testa de M4**

**distanza SM4 / M4 : + 3 mm a - 4 mm**

**2 - Progressione geometrica di rang 2**

**M2 / M3 / M4 / M5**

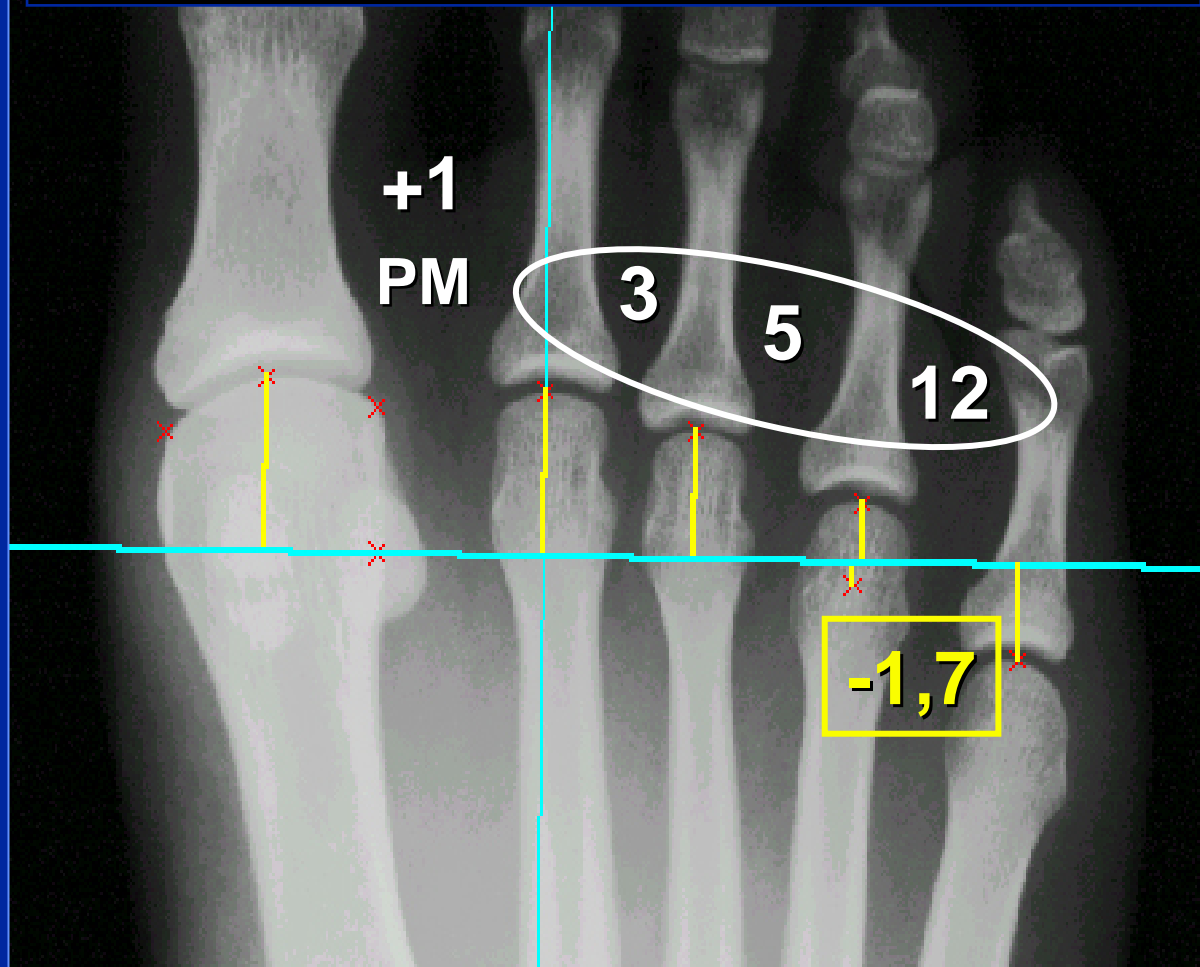
**con una tolleranza di 20 %**

**maestro 1 (M2 / M3) :  $\pm 1$  mm**

**maestro 2 (M3 / M4) :  $\pm 1$  mm**

**maestro 3 (M4 / M5) :  $\pm 2$  mm**

# Piede NORMALE



34%

I metatarsi hanno lunghezze molto variabili

Tracciare la linea  
passante per i  
sesamoidi  
perpendicolare  
all'asse di M2



## Esempio della diversità dei morfotipi del piede

### M2 lungo



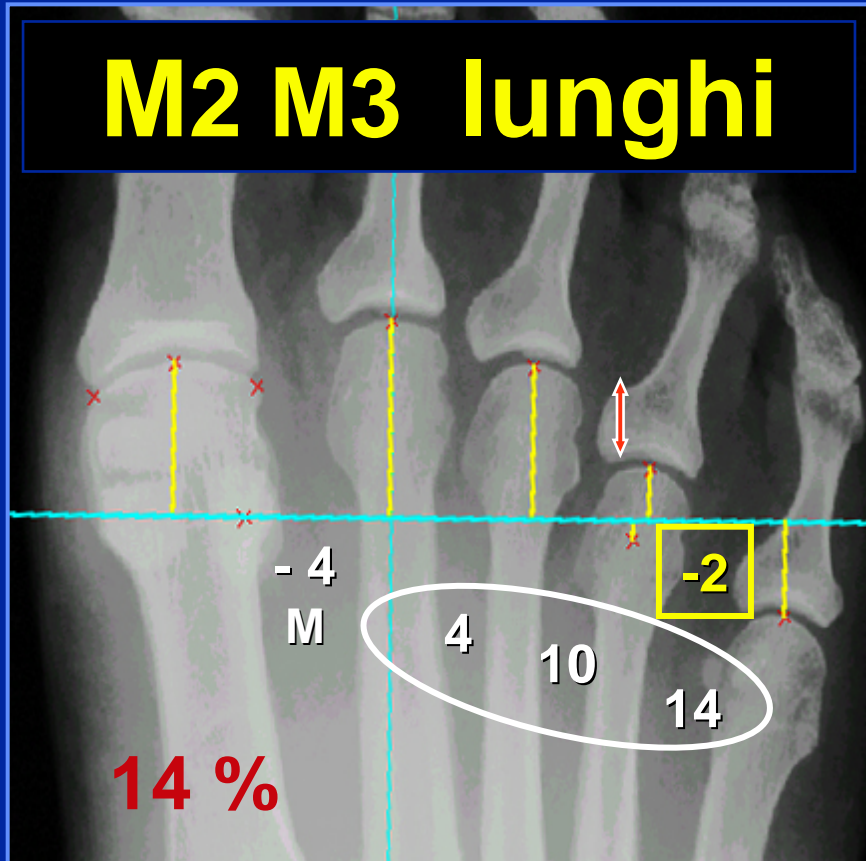
### M3 lungo



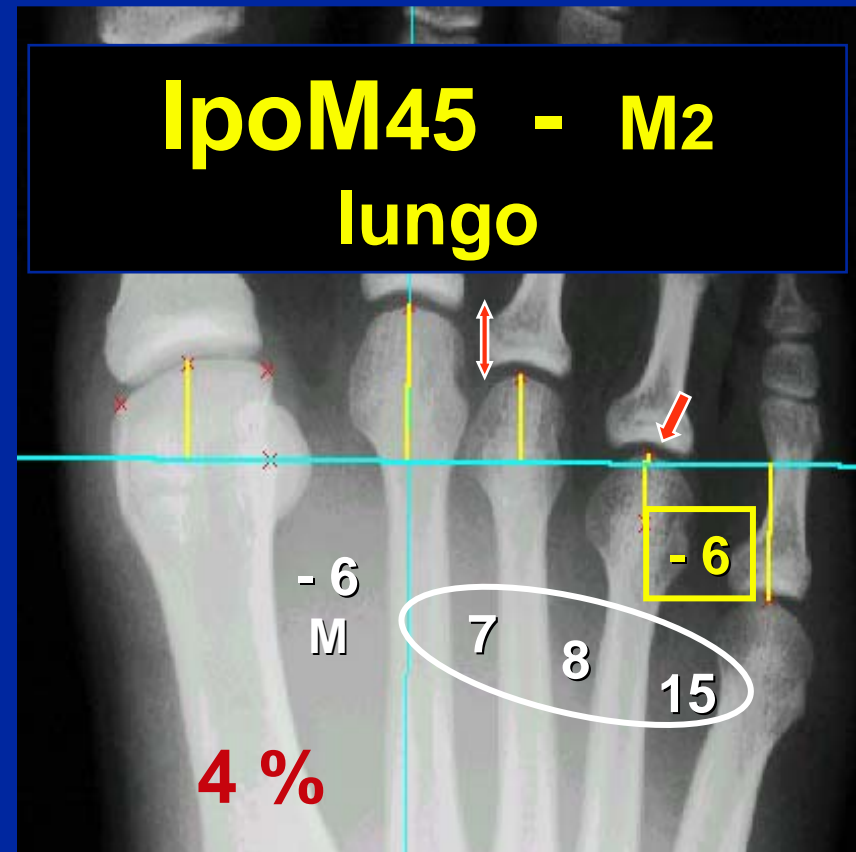


# Esempi della diversità dei morfotipi del piede

## M2 M3 lunghi

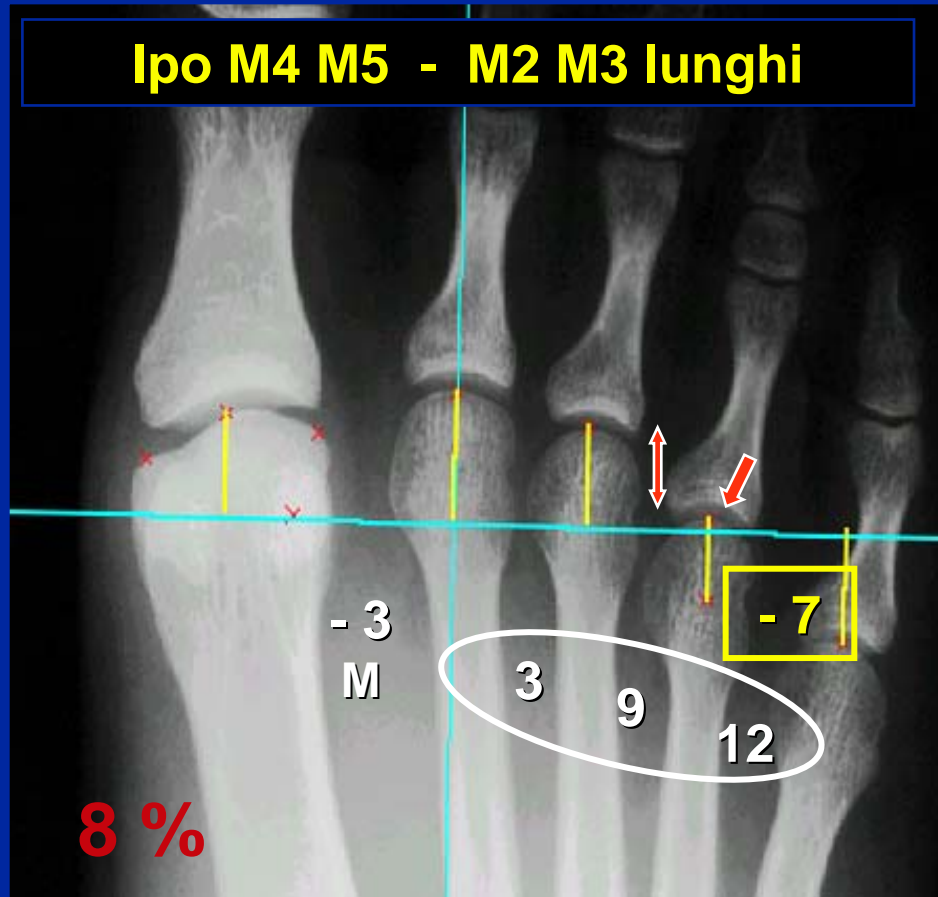


## IpoM45 - M2 lungo

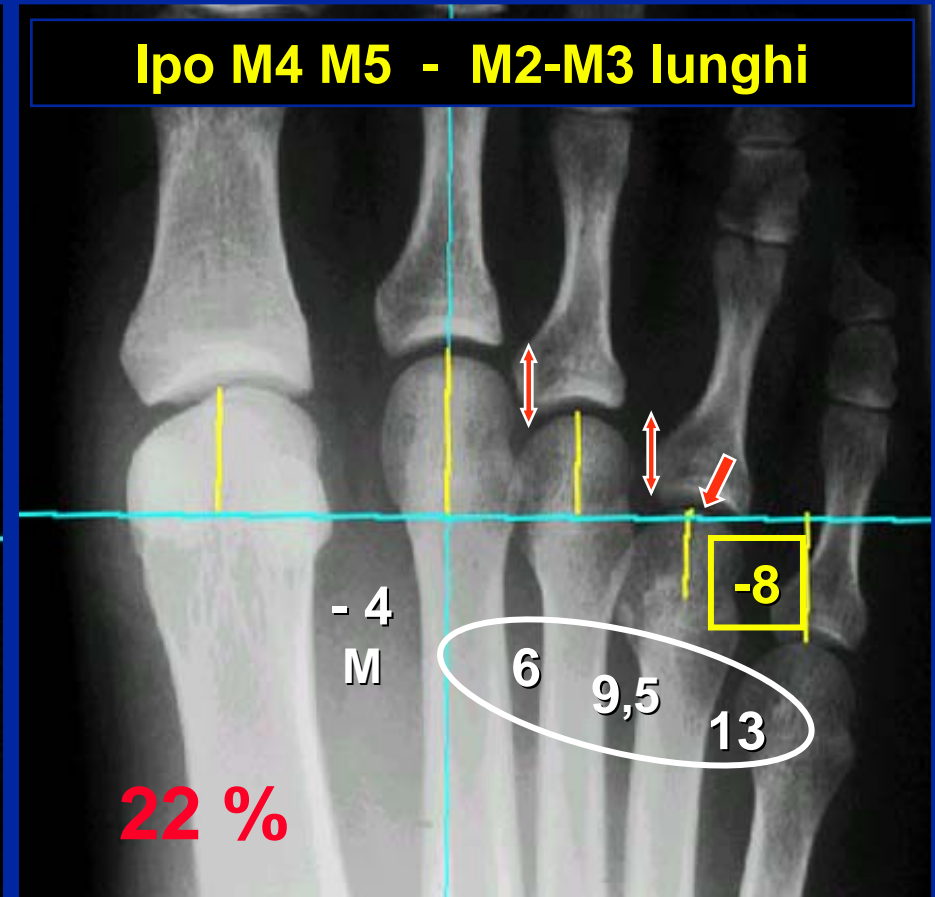


# Esempi della diversità dei morfotipi del piede

Ipo M4 M5 - M2 M3 lunghi



Ipo M4 M5 - M2-M3 lunghi

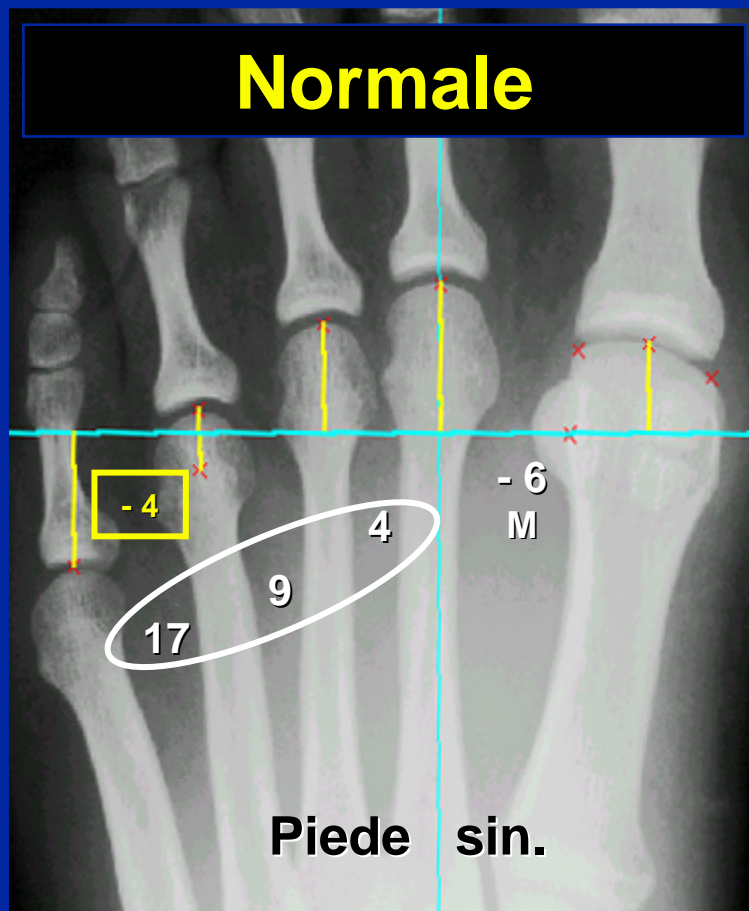


## Esempi della diversità dei morfotipi del piede

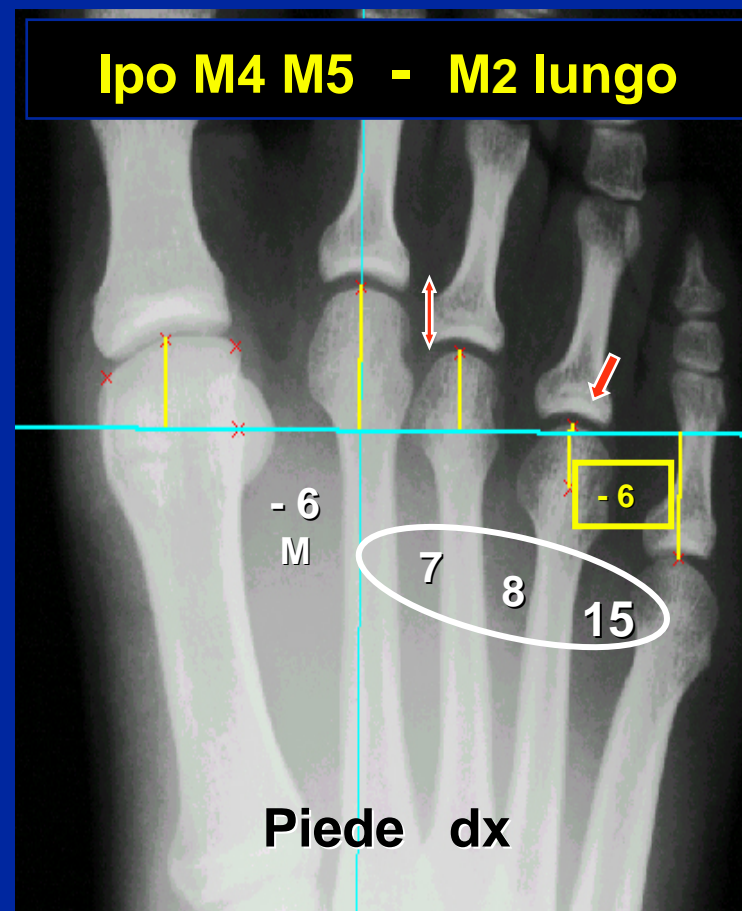


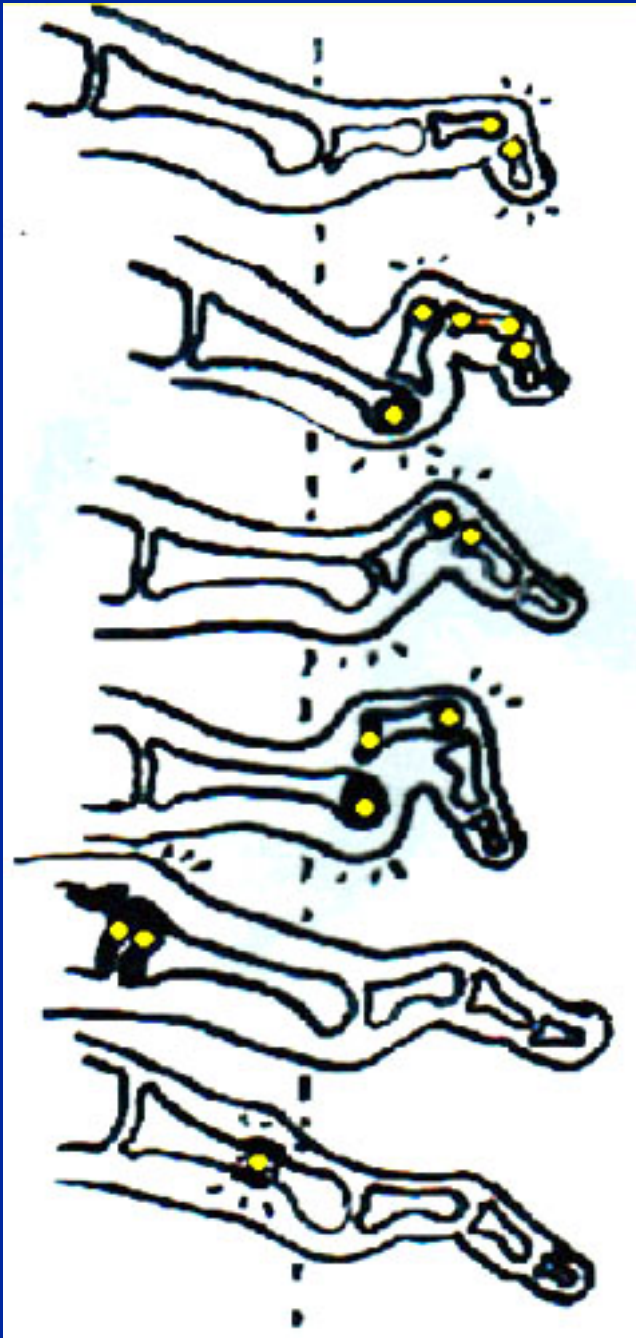
# La metà dei soggetti hanno dei piedi simmetrici

**Normale**

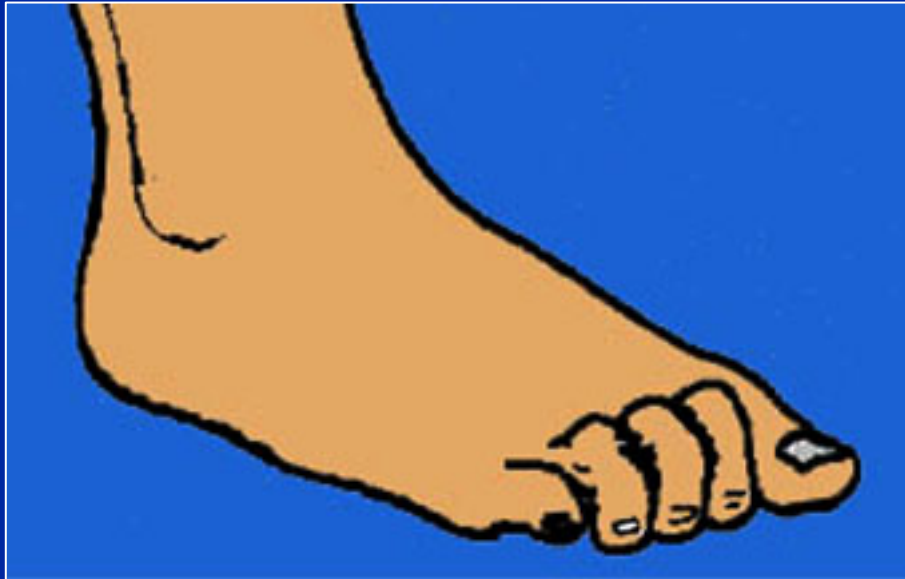


**Ipo M4 M5 - M2 lungo**

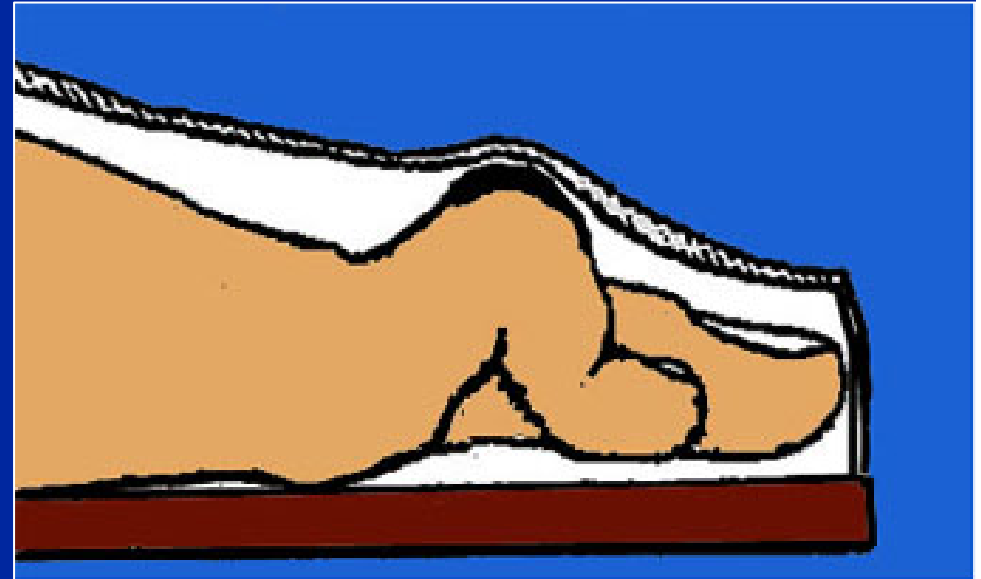




**Deformazioni delle dita dei piedi  
sono la conseguenza di retrazioni  
delle parti molli e di anomalie di  
lunghezza dei metatarsi**

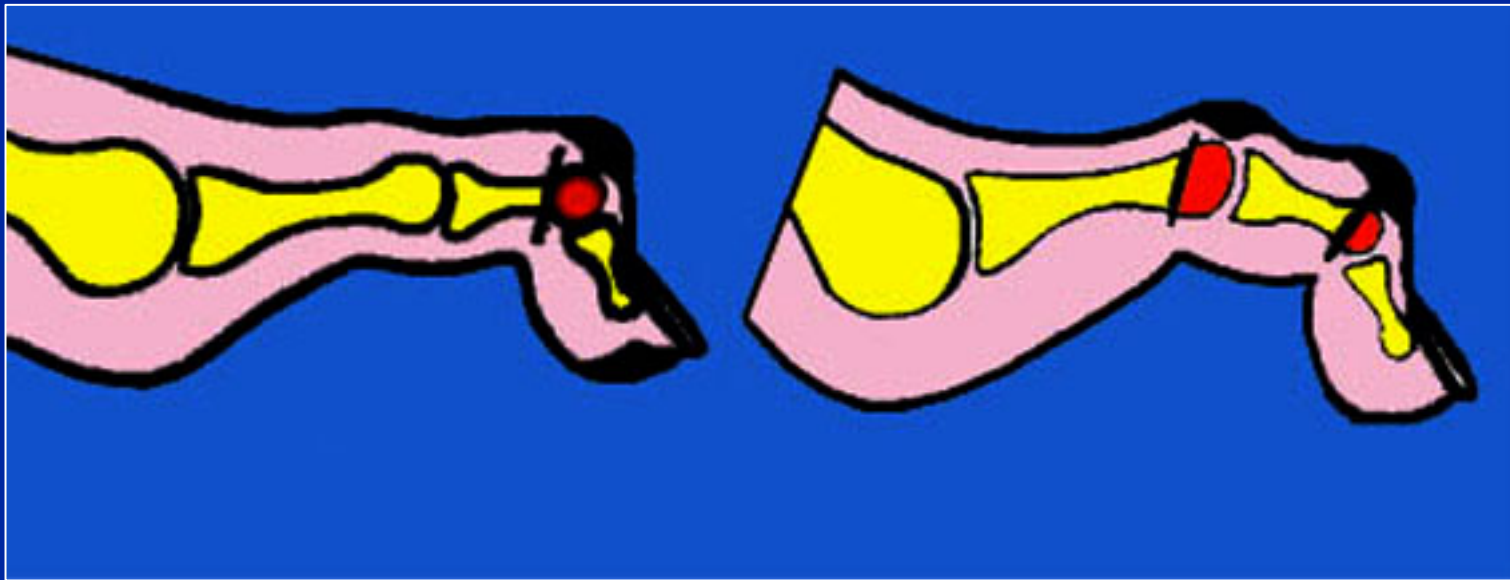


**Dita in griffe**



**Dito a martello**

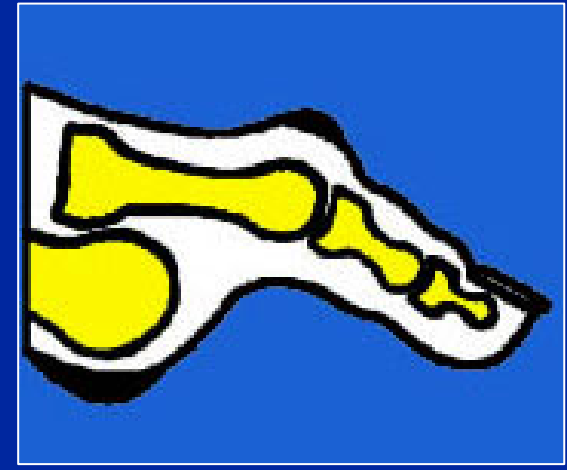
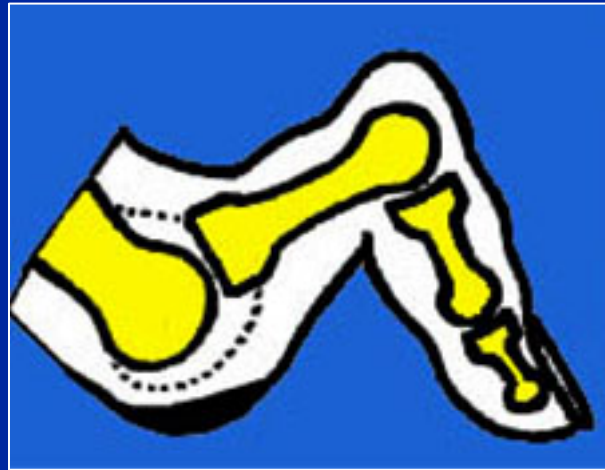
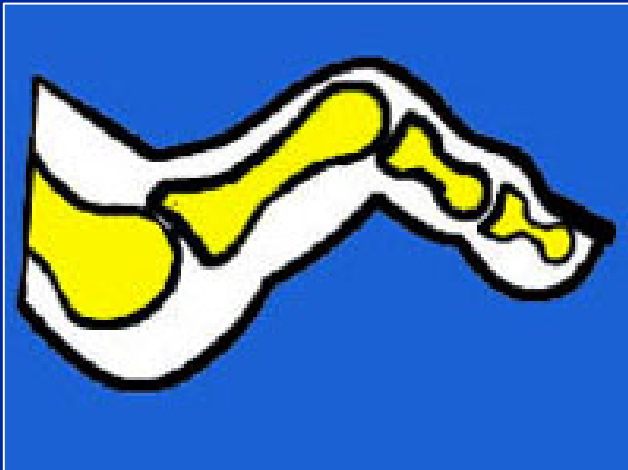
# Trattamento chirurgico delle griffe delle dita



**Griffe distale**

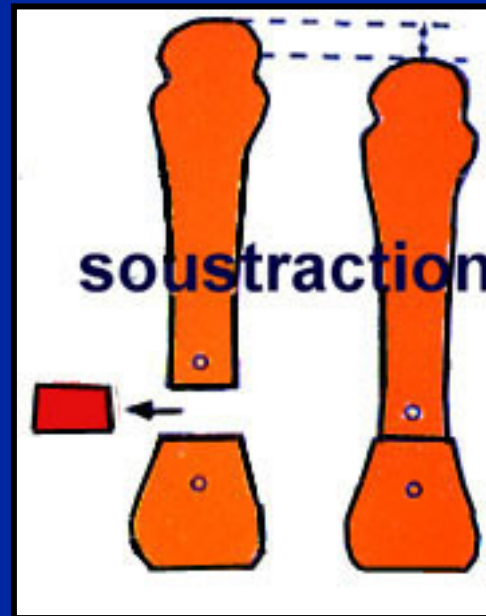
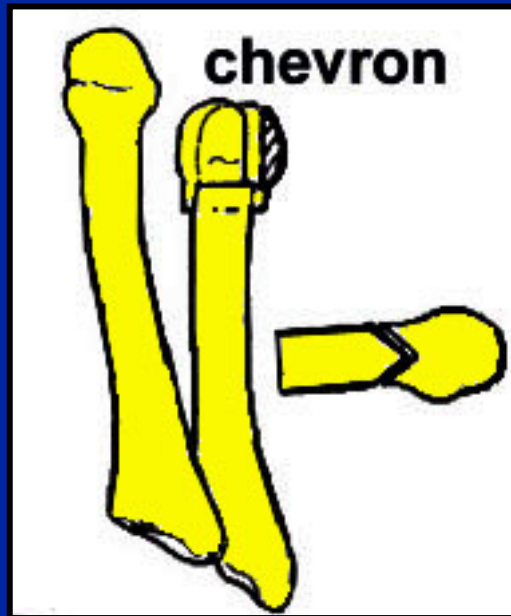
**Griffe totale**

# Lussazioni metatarso-falangee

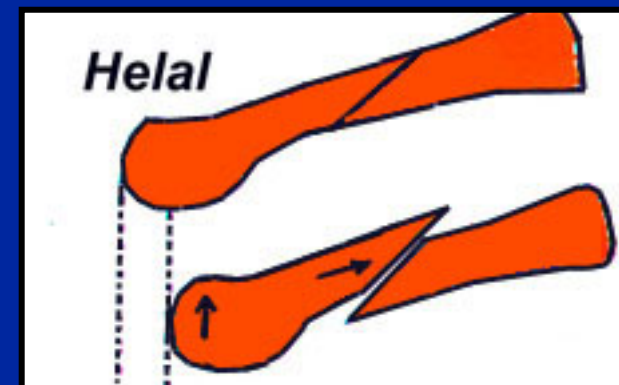




# I metatarsi che sono troppo lunghi: devono essere accorciati



**Osteotomie dei M.T**



**I metatarsi che sono troppo lunghi:  
devono essere accorciati**

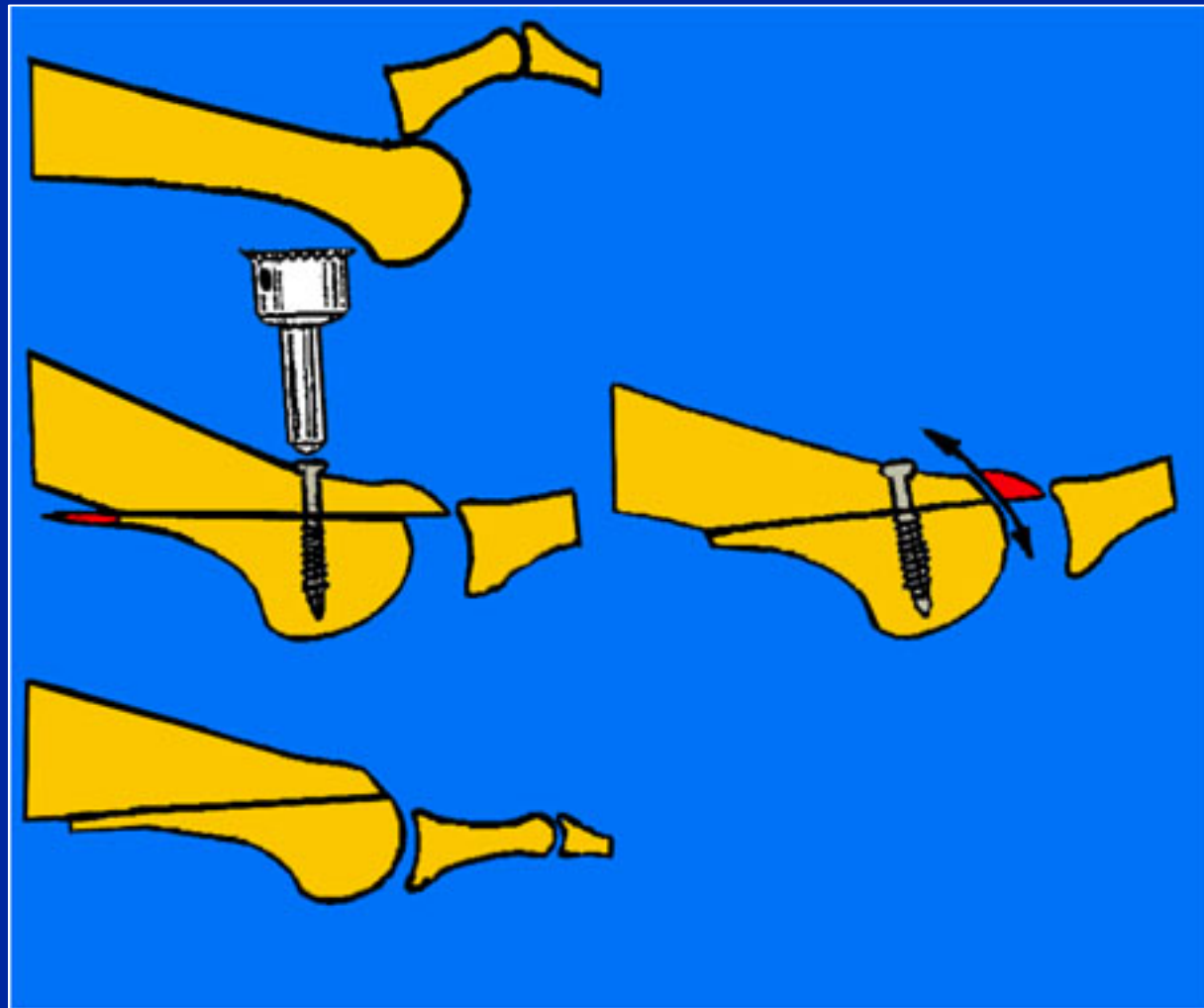


**Intervento di Regnaud**

**I metatarsi che sono troppo lunghi devono essere accorciati**

**Trattamento delle sublussazioni delle MP medie**

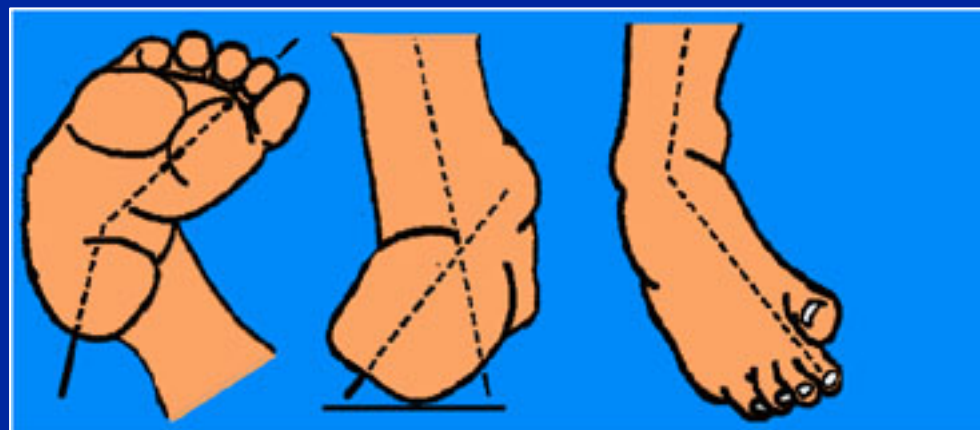
**Osteotomia  
di Weil**



**Piede Torto equino-varo**

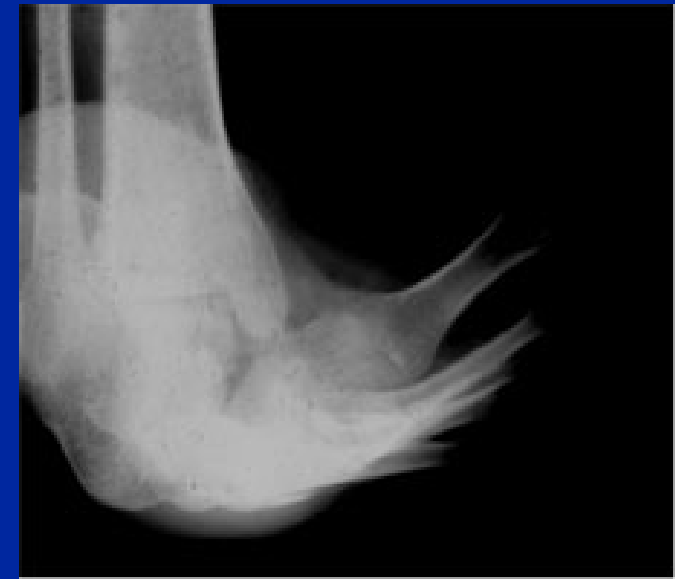
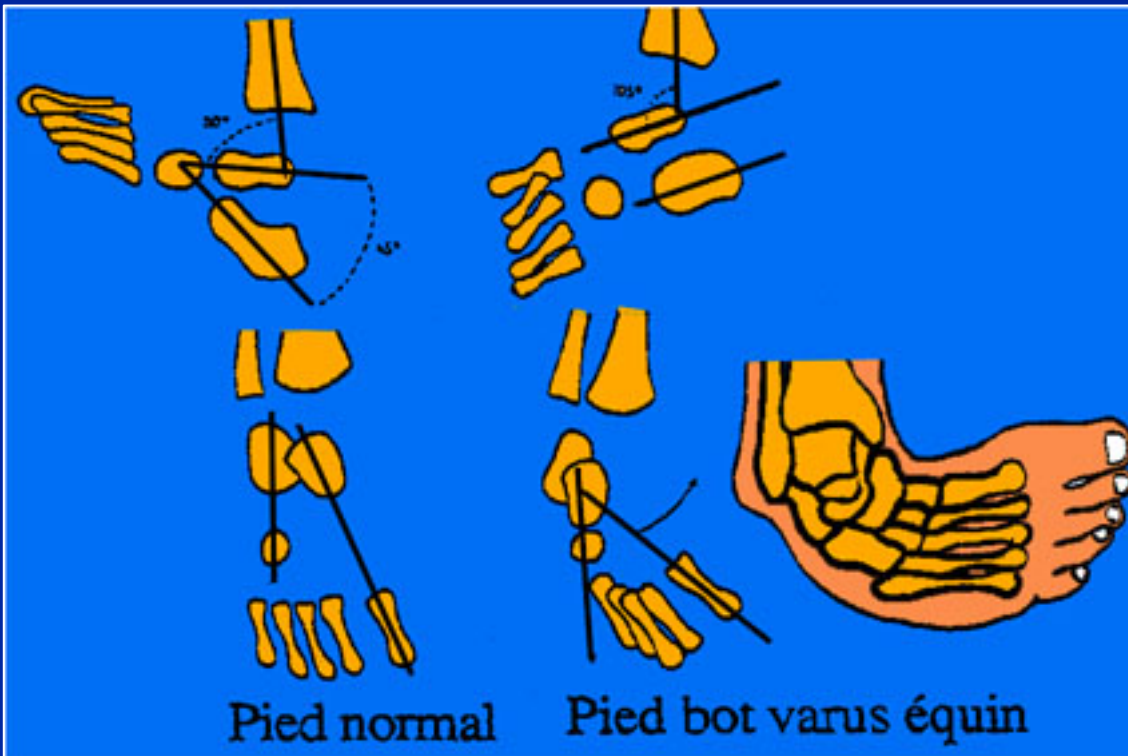


Posizione nell' utero



Elementi della deformazione



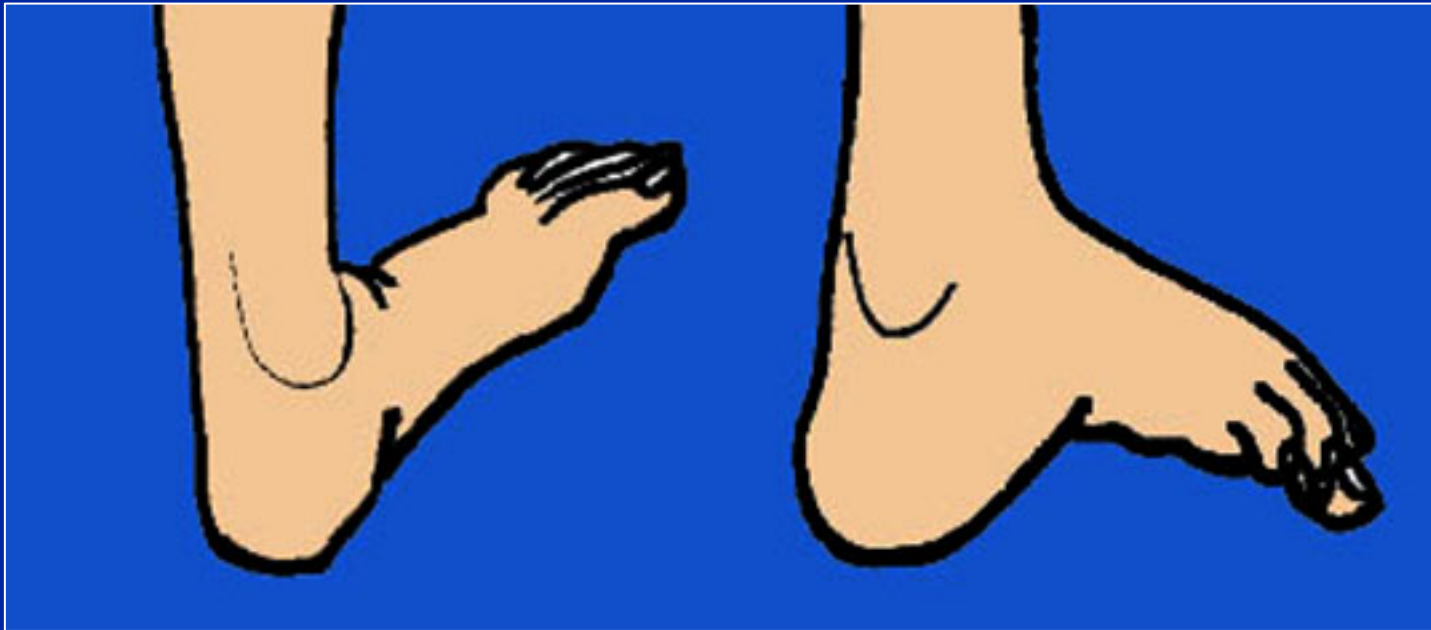


**Piede torto equino varo  
in A.P.**



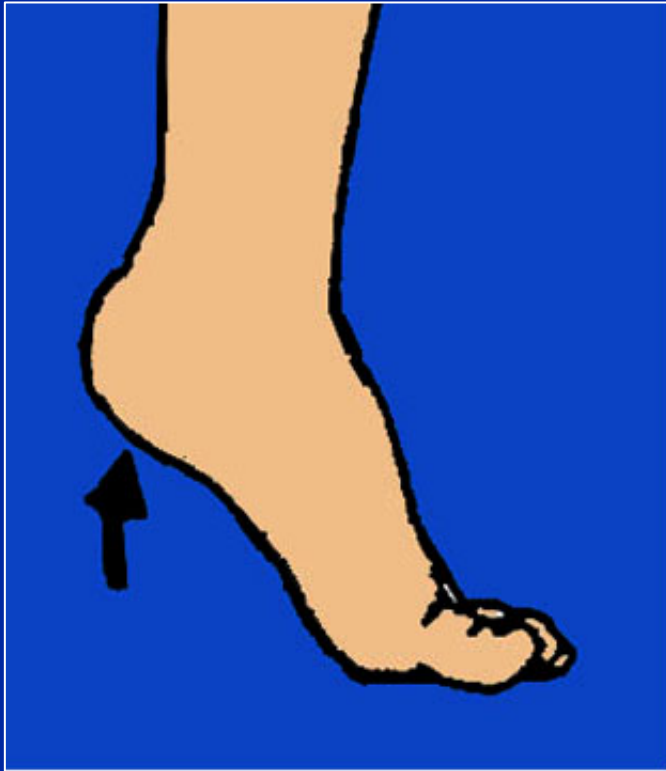
**Piede talo**

**Piede talo cavo**





# Paralisi dello SPE



**Paralisi del tricipite**

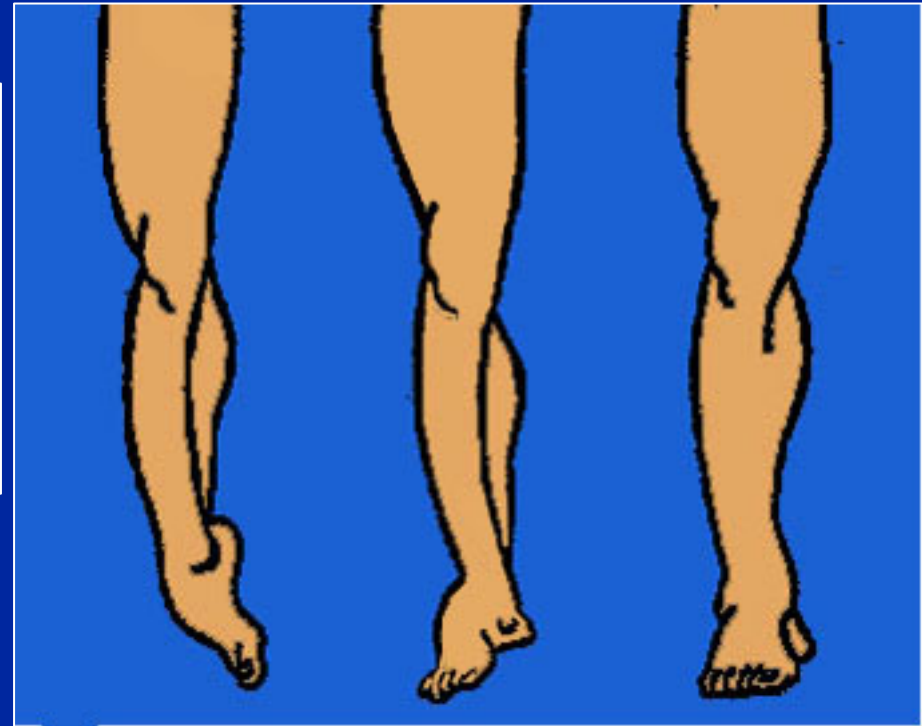
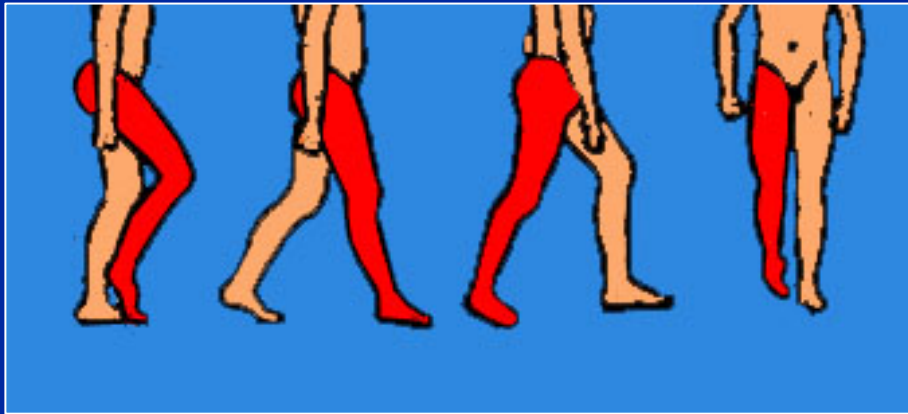
**Impossibilità a mantenere la  
posizione sulla punta dei piedi**



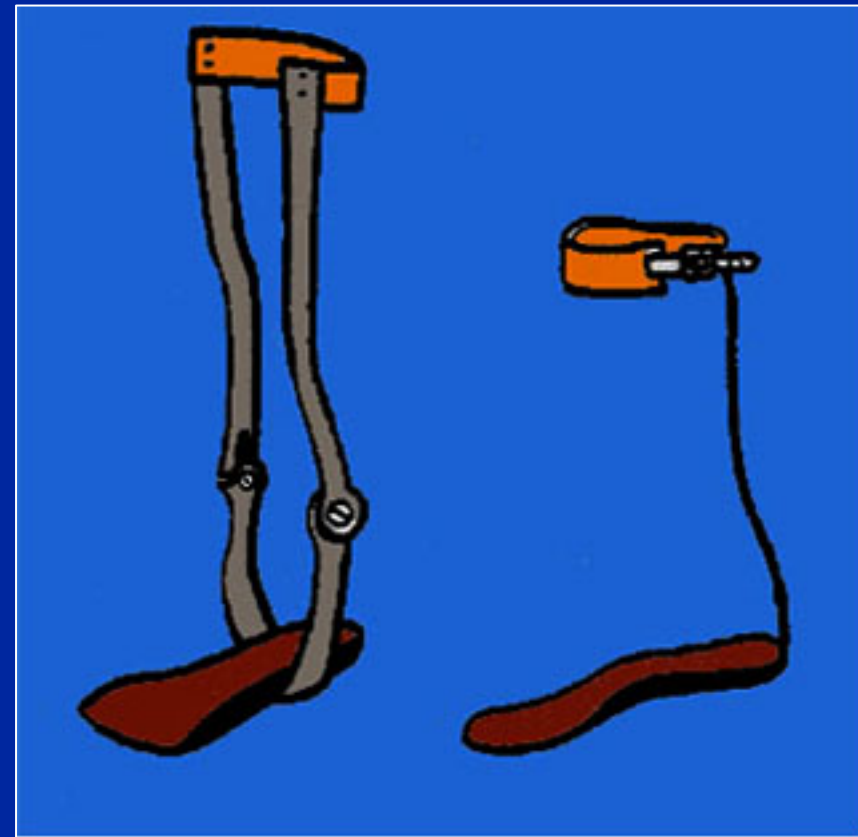
**Paralisi dei peronieri**

**Impossibilità all'eversione**

# Steppage

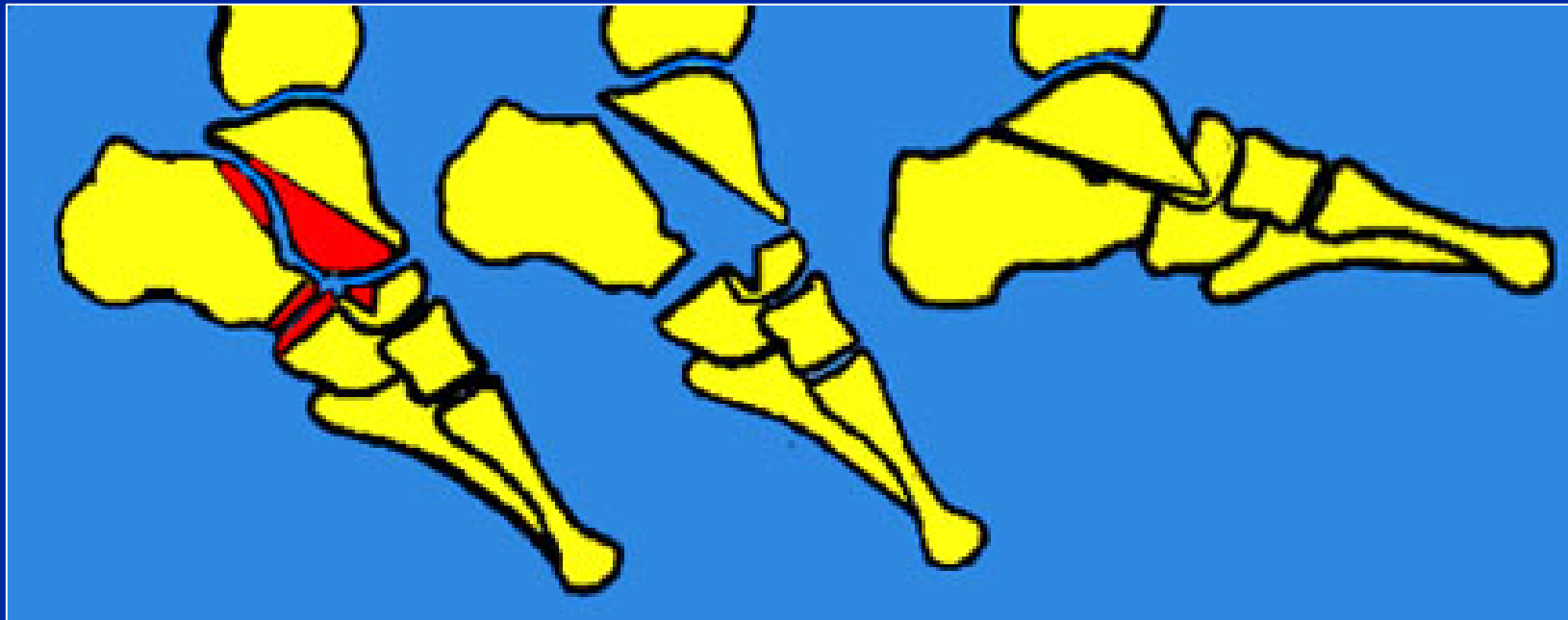


# Procedure anti-steppage





## Artrodesi sotto-astragalica e medio-tarsica secondo Lambrinudi



# Artrodesi tibio-astragalica



# Quinto varo

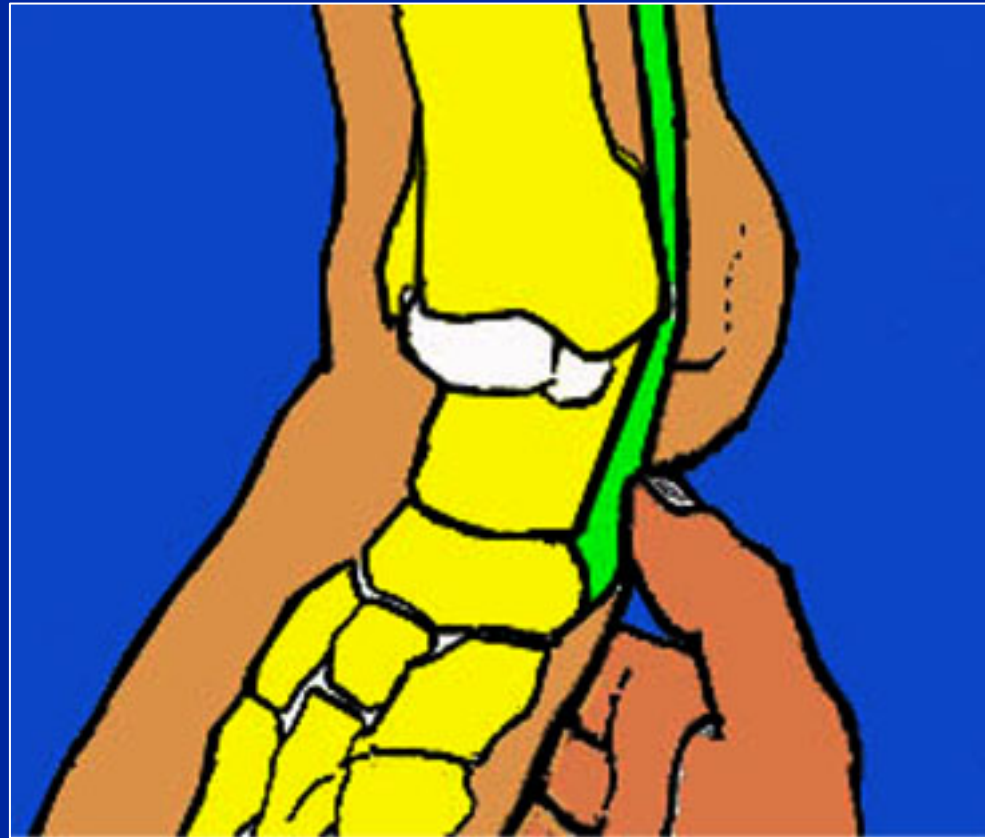


# Unghia incarnita

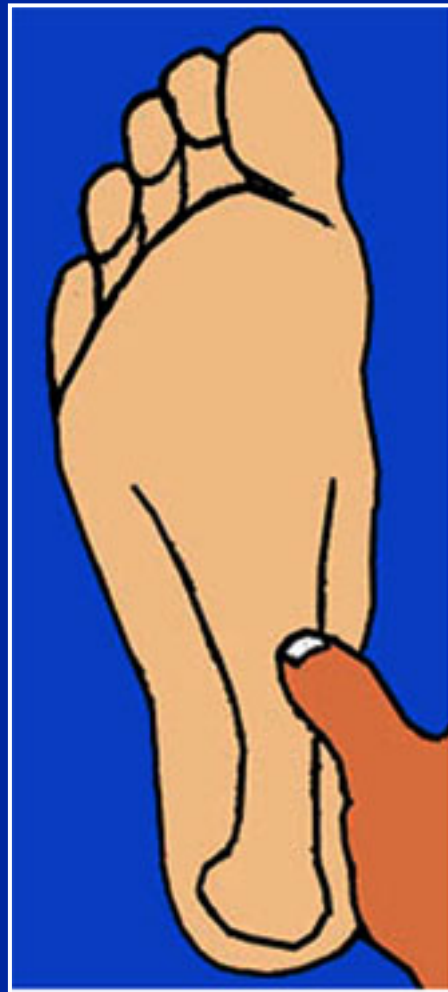




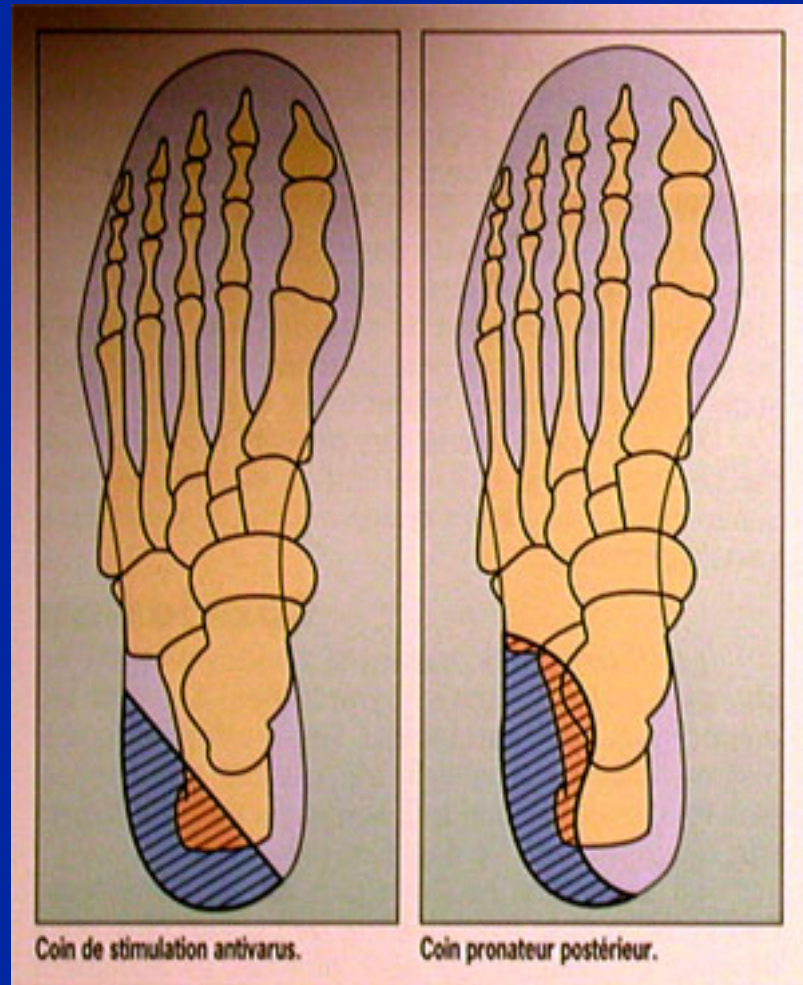
# Inserzione del tibiale posteriore



# Aponevrosi plantare



# Solette orthopediche





## Sinostose calcaneo-scafoidea

