

Oral presentation

Open Access

The predictive value of the foot posture index on dynamic function

RG Nielsen^{*1}, M Rathleff¹, UG Kersting³, O Simonsen¹, C Moelgaard³, K Jensen², CG Olesen^{3,6}, S Lundbye-Christensen^{3,4} and S Kaalund⁵

Address: ¹Orthopedic Division, North Denmark Region, Aalborg Hospital, part of Aarhus University Hospital, Denmark, ²Department of Development and Planning: Division of Geomatics, Aalborg University, Denmark, ³Department of Health Science and Technology, Aalborg University, Denmark, ⁴Department of Mathematical Sciences, Aalborg University, Denmark, ⁵Kaalunds Orthopedic Clinic, Aalborg, Denmark and ⁶Department of Mechanical Engineering, Aalborg University, Denmark

Email: RG Nielsen* - ragn@m.dk

* Corresponding author

from 1st Congress of the International Foot & Ankle Biomechanics (i-FAB) community
Bologna, Italy. 4–6 September 2008

Published: 26 September 2008

Journal of Foot and Ankle Research 2008, **1**(Suppl 1):O37 doi:10.1186/1757-1146-1-S1-O37

This abstract is available from: <http://www.jfootankleres.com/content/1/S1/O37>

© 2008 Nielsen et al; licensee BioMed Central Ltd.

Introduction

Keenan et al [1] identified the six-item version of the Foot Posture Index (FPI) as a valid, simple and clinically useful tool. The model combines measures of the standing foot posture in multiple planes and anatomical segments. It provides an alternative to existing static clinical measures when dynamic measures are not feasible. Redmond et al. [2] found the model able to predict 41% of the variation in the complex rotation of the ankle joint, representing inversion/eversion, during midstance of walking. To our knowledge no studies have been published on the relationship between the FPI and the movement of the mid-foot during walking.

The purpose of this study was to investigate the use of FPI classification as a predictor for dynamic midfoot kinematics during walking.

Methods

Two hundred and eighty participants randomly selected from the Danish Civil Registration System were included in the study (age 43 ± 14 , BMI 24.2 ± 3.1). Their foot type was determined using the FPI model. A Video Sequence Analysis (VSA) system was used to quantify midfoot kinematics during walking.

The navicular drop (Δ NH) and minimal navicula height (NHL) were extracted from the stance phase. FPI data were collected as in Redmond et al. [2] Correlations and multiple regression techniques were applied for statistical analysis.

Results

The FPI model predicted 45% of the variation in NHL ($p < 0.001$) and 13.2% of the variation in Δ NH ($p < 0.001$) during walking.

Only few of the individual tests constituting the FPI were significantly correlated with dynamic measures. The significant items were the medial longitudinal arch (MLA) and inversion/eversion of the calcaneus. Some combinations of these measures showed a significant regression (Table 1).

Conclusion

The FPI score is a poor predictor of dynamic navicula drop, as it predicts just above 40% of the variation in minimal navicula height during walking. The visual assessment of medial longitudinal arch and inversion/eversion of the calcaneus are similar compared to the FPI model itself. Other tests such as the Longitudinal Arch Angle [3]

Table 1: Predictive values of different tests on Δ NH and NHL (only significant relationships)

Test	P-value	Determination coefficient, r^2
FPI vs. Δ NH	$p < 0.001$	0.132
Inversion/eversion vs. Δ NH	$p < 0.001$	0.127
FPI vs. NHL	$p < 0.001$	0.450
MLA + inversion/eversion vs. NHL	$p < 0.001$	0.451
MLA vs. NHL	$p < 0.001$	0.415
Inversion/eversion vs. NHL	$p < 0.001$	0.261

were shown to predict midfoot kinematics by explaining over 80% of the variance.

Our results indicate that the FPI as well as its components are relatively poor predictors of midfoot movement during walking. Alternative measures are better predictors of dynamic midfoot function.

References

1. Keenan AM, et al.: *Arch Phys Med Rehabil* 2007, **88**:88-93.
2. Redmond AC, et al.: *Clinical Biomechanics* 2006, **21**:89-98.
3. McPoil TG, et al.: *Journal of the American Podiatric Medical Association* 2007, **97**:102-107.

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:
http://www.biomedcentral.com/info/publishing_adv.asp

