SUMMARY

This work include:

Anatomy of the foot: which includes function of the foot, bones of the foot, articular structure of the toot and relation of the foot to the ankle, also the anatomy include neuro-vascular bundle of the ankle and foot and musculo tendinous structures of the ankle and foot.

Biomechanics of the foot

Which include mechanism of walking and its phases.

Pathology of paralytic foot:I comment on muscles imbalance that produce foot deformities and explaine the most common groups of muscles insufficiency as invector insufficiency, evertor insufficiency, dorsiflexor insufficiency, triceps surae insufficiency and intrinsic muscles insufficiency.

Etiological causes which include congenital neurologic disorders of the foot and acquired neurologic disorders of adult foot.

The congenital causes include: foot in myelodysplasia, foot in cerebral palsy, and foot in motor-

unit disease. The acquired causes include central causes and peripheral causes.

The central causes include, foot in stroke, foot in head injury and foot in spinal cord injury. The peripheral causes include:

1) Peripheral nerve injury as lateral popliteal nerve injury sciatic nerve injury and poliomyelitis.
2) Charcot-Marie-Tooth disease.
3) Friedrech's ataxia and related spinocerebellar degenerative disease affecting both upper and lower neurons.

Diagnosis of paralytic foot:

Depends on clinical deformities of paralytic foot according to its cause and on radiological diagnosis which deals with arrangement of bones of the paralytic foot in various types of deformities.

Management of paralytic foot:

In this chapter there is discussion of the basic principals of management of paralytic foot which depends on the following:

- Prevention and correction of deformities.
- Reestablishment of muscle power.
- Stabilization of relaxed or flail joint, also in this chapter there is discussion of specific management of paralytic foot fore each types of deformities according to its cause.