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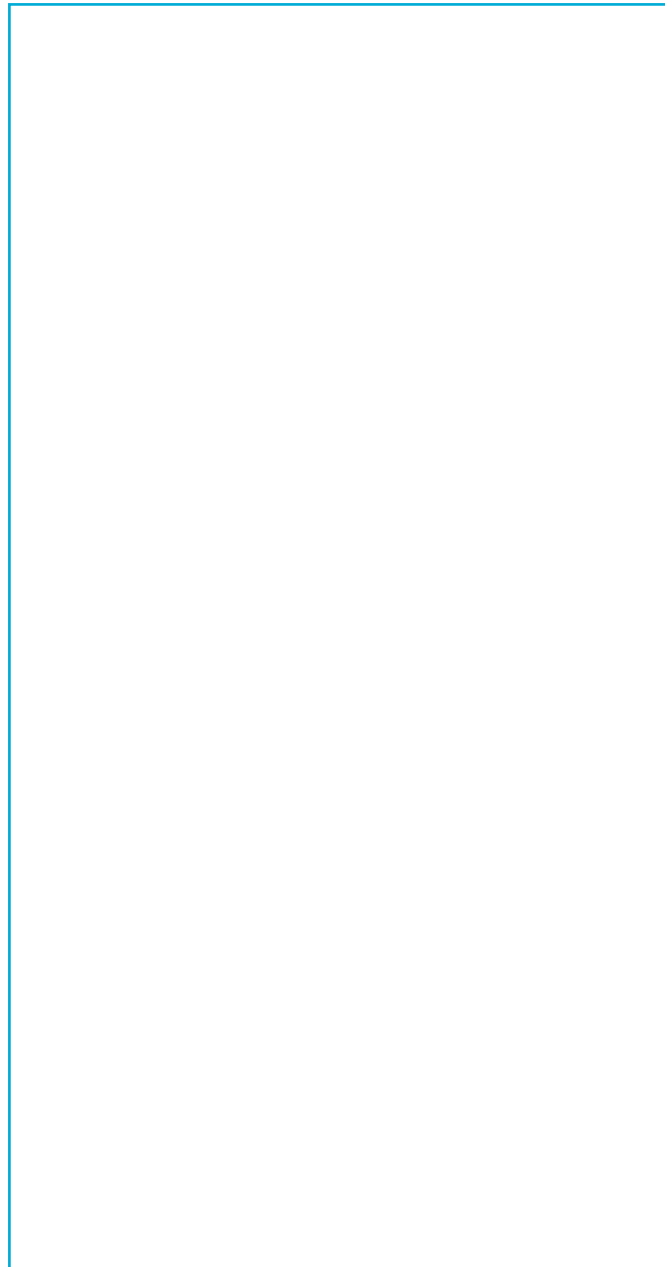
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Contact details of your local podiatry department:



For use by Health Professionals

Podiatry Referral Guidance (Paediatrics)

Introduction

There are a number of common foot and lower limb problems seen in children. This is general advice on when and when not to refer children presenting with some of the most common gait anomalies to a Podiatrist.

If you are in any doubt please contact the Podiatry department to discuss the case.

Flat feet

Flat feet are very common in children (Sass and Hassan 2003). Although parents and health visitors often express concern, children are rarely troubled.

It is normal for babies and toddlers to have flat feet due to the presence of fatty tissue on the soles of their feet. This persists until approximately 4 years of age, and it should always be borne in mind that child development has a wide variation in rate and onset in any given child.

In cases where there is a painless flexible flat foot no specific treatment is required (Sass and Hassan 2003), as the natural course of most flat feet is benign (Jackson and Stricker 2003). Additionally there is no evidence that flexible flat foot leads to deformity and the use of foot orthoses in order to prevent later disability has been described as being without scientific basis (Kidd and McDonald 1998), and is entirely ineffective (Staheli 1999).

Studies of the natural history of asymptomatic flexible flat feet have demonstrated that in the majority of cases, developmental flat foot improves spontaneously independent of any intervention (Staheli 1999). The condition may persist into adult life but does not cause any known disability (Staheli 1999).

Please refer if

- There is associated pain in the lower limbs (Harris et al 2004)
- There are signs of excessive pressure or blistering
- The arch does not form when the child stands on tip-toes
- The foot is stiff (Kilmartin et al 1996 & Staheli 1999).

Intoeing /pigeon toed

In-toeing is a variation of normal and is particularly common in toddlers. It is generally due to rotation in the thighbone.

In such cases the patellae (knee-caps) as well as the feet often point inwards (Sass and Hassan 2003). Up to 1/3 of children aged 4 intoe and commonly the thighbone will unwind as the child grows and the musculoskeletal system matures to improve cosmesis.

Orthoses and exercise will not help speed up this process and surgery is rarely, if ever, required. Referral to Podiatry is usually not appropriate.

Tip-toe walking

It is common for children to walk on their tip-toes up to the age of 3.

Please refer to Podiatry if

- Toe walking is constant
- There is associated developmental delay
- The child is unable to squat or stand with their heels on the floor
- The child is above 2 years of age and is unable to stand from the floor without using their hands
- Toe walking is asymmetrical.

Frequent falls

It is not uncommon for children to fall frequently before the age of 3.

Abnormal gait

A mature gait pattern is not usually established before the age of 7-8. Any referrals for abnormalities must be very specific, based on the referrer's knowledge of normal child development.

Curly toes

This deformity is often without pain and surgery is rarely indicated.

Onward referral is always appropriate if the child is in pain, there is asymmetry or rigidity.