

Referral to the orthotic department if:

- There is associated pain in the lower limbs.
- If there is swelling in the joints.

No, referral is not necessary if:

- There is no pain in the lower limbs.

In-Toeing –

Is common and is a variation of normal alignment and gait. It is particularly common in toddlers. It is normally due to an excessive twist of the Femur (thigh) or Tibia (shin) bones, This twist will spontaneously resolve and unwind as the child grows and the musculoskeletal system matures by the age of ten years.

Referral to the orthotic department if:

- There is marked asymmetry between each leg.
- If you suspect there are changes in muscle tone/control in the legs.

NB – Insoles and exercises will not speed up this unwinding process and surgery is rarely, if ever required.

Out-Toeing –

Is when a child's feet turn outwards. As with in-toeing this condition usually resolves spontaneously and a referral is usually unnecessary.

Curly/Crossed Toes –

This condition is often a congenital condition. If it presents with pain, please refer to your orthopaedic surgeon. Orthotic intervention is unlikely to be successful.

Orthotic Department Tel: _____



Information for Referrers

A Guide to Referring Young Children with Foot and Gait Anomolies to the Orthotic Department



A Guide to Referring Young Children with Foot and Gait Anomalies to the Orthotic Department

Introduction

There are a number of common foot and lower limb anomalies seen in children. Some presenting symptoms are a sign that there may be underlying pathology present. This leaflet gives the referrer some advice on when to and when not to refer children with some of the most common gait and foot anomalies.

Role of the orthotist:

Orthotics is the clinical discipline related to the provision of orthoses (supportive devices) to people with musculoskeletal disabilities. An Orthosis is “An externally applied device used to modify the structural and functional characteristics of the neuro-muscular and skeletal system”. Orthotists are the clinicians who undertake physical and biomechanical assessment to provide a range of splints, braces and special footwear to aid movement, correct deformity and relieve discomfort. The products used include footwear, insoles, splints and fabric supports

Toe Walking –

Referral to the orthotic department if:

- The toe walking is persistent.
- There is associated developmental delay.
- If the child is unable to squat or stand with their heel/heels on the floor – this may indicate tightness in the calf muscles.
- If the child is unable to stand from sitting on floor and using their hands when normally expected to do so.
- If the toe walking is asymmetrical.

No, referral is not necessary if:

- The toe walking is intermittent.
- The child can squat to play on the floor and is able to keep their heels in contact with the ground.
- If a child is not yet walking independently.
- If a child has no symptoms.

Flat Feet (Pes Planus) –

It is normal for babies and toddlers to have flat feet. This is due to the presence of fatty tissue on the soles of their feet. This persists until approximately 4 years of age.

Referral to the orthotic department if:

- If there is associated pain in the lower limbs.
- If there are signs of pressure on the foot – calluses or blistering.
- If the longitudinal arch does not form when the child stands on tip toe.
- If the foot is stiff.
- If the child falls more frequently than his/her peers in addition to the symptoms above.

No, referral is not necessary if:

- There is no associated pain
- If the longitudinal arch forms normally when the child stands on tip toe
- The child is not independently mobile
- The child is under 4 years of age and with no symptoms

Pes Cavus –

Is the opposite of flat feet (Pes Planus) and is where the arch is extremely pronounced. It is not seen very often and is usually indicative of an underlying neurological cause.

Possible conditions include:

Talipes Equino Varus (Club Foot)
CMT Charcot Marie Tooth
HSMN Hereditary Sensory & Motor Neuropathy

Referral to the orthotic department if:

- Unsteady on feet.
- Weight bearing on the outside border of the foot.
- Calluses on the metatarsal heads.
- Flexion of the toes causing the metatarsals to be prominent.

Knock Knees –

If a child stands with their knees together and their ankles apart. A gap of 6-7cm between their ankle is normal in 2-4year olds. Knock knees usually resolve spontaneously by the age of 6years old.

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- ### **No, referral is not necessary if:**
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Bow Legs –

This is where there is a gap between a child's knees and the ankles when standing with the feet together. This is normally seen in children until the age of three years.