

Are my child's foot changes normal?

Birth –2 years

The first year is a crucial time of development of your child's feet, during this period they will grow to approximately ½ the full adult length and width. So it is important that any observed abnormalities be referred to a suitably qualified health professional as problems noticed at birth will not always resolve. It is recommended that these problems be assessed before the infant begins walking

As carer for an infant you can assist normal development by some recommended methods

- (1) Ensure that bed covers are loose enough to allow for normal movement
- (2) Exercising – kicking prepares the legs for weight bearing and walking
- (3) Alter the baby's position frequently so legs and feet are not put under excessive and continuous pressure

WHAT IS NORMAL?

At the time of birth the baby's legs will have a bow-legged appearance, this is normal and should disappear by the time the child reaches 2 years of age.

All babies have the appearance of "flat feet"; during the first few months, this is due to the presence of a fatty pad within the arch, the arch is developing as muscles and bones strengthen so that it will develop till properly formed at about the age of 3.

WHAT IS ABNORMAL?

The position of the fetus in the womb can cause pressures on the feet, this may cause a baby to be born with its feet turned inward; this may cause misalignment of the metatarsal bones and/or contraction of tendons and muscles. This is known as Metatarsus Adductus.

While severe forms of this condition are usually recognized immediately after birth, it may not be until your infant starts standing (8 – 12 months) that a less severe form of the condition is noticed due to in-toed shape and awkwardness on standing or stepping.

Early recognition may be corrected with stretching and manipulation, modification of sleeping habits or specialised booties.

An overriding 2nd digit is a common condition, especially in pre-walkers, it may correct itself as the infant begins to walk but it is advisable to seek professional assessment for this condition as if unresolved, future footwear fitting may be a problem. Early intervention can include taping or splinting.

An overriding 5th digit, is generally congenital and generally no treatment is required though future considerations can be corns or callous that will need ongoing attention.

SHOULD THEY BE WEARING FOOTWEAR NOW?

When your toddler begins to walk shoes are not necessary indoors; in fact walking barefoot (or in socks) helps develop muscle strength as toes grasp the ground also it assists in normal foot development.

When walking outside feet need to be protected, so shoes that are light and flexible and are made of natural fibres are recommended.

It is not advisable for toddlers to walk barefoot outdoors as this exposes feet to cuts, contusions, also to viruses such as plantar warts.

Ages 2-4

WHAT IS NORMAL?

In this age group a child should be developing a more steady and confident walking. The bow legs posture should be normal by 3 years of age.

The child should be able to alternate feet while climbing upstairs, kicking a ball, pedal a tricycle, climb and hop on one foot.

A child may exhibit signs of "toe walking". It is not uncommon in 2 and 3 year olds, but normal heel-strike should be demonstrated by the age of 4. Most commonly it is from weak muscles as part of their normal growth phase.

WHAT IS ABNORMAL?

If "Toe-walking" is present between 3-4, it is advisable to have the child assessed by a podiatrist or other qualified health professional as this condition may be due to Muscle imbalance Or may be related to a neurological disorder.

Another common problem is of an "in-toeing or pigeon toe" gait style. It is important to note what part of the leg the internal rotation is coming from. Have your child stand in front of you in their underwear in a relaxed position.

> If the Knees point straight or outwards and the lower legs and feet point inwards, your child needs to be seen before 4 years old.

> If the knees rotate inwards, this indicates it is from the hips and will probably self correct with age

If not sure seek qualified and experienced advice.

Ages 4-6 years

WHAT IS NORMAL?

A child of this age may have an appearance of knock-knees. If this doesn't resolve by the age of 7 years it may continue into adult life. Therefore an assessment by a suitable health professional is advised.

As part of this, (as noted above), there may be an internal rotation of the legs from the hips. This can especially happen through a growth phase as the hamstring

muscles become tight and as a result internally rotate the legs on the hips

WHAT IS ABNORMAL?

If a child is still demonstrating structurally “flat feet” at the age of 4 –5 then this should be assessed by a podiatrist.

Structural problems such as abnormally joined bones may be present, so tests such as radiographs may be indicated. Keep in mind that early diagnosis often means early treatment.

If the arch of your child’s foot collapses while standing this also needs addressing. A common problem can be a “flexible flat-foot”. This pathology is often congenital, arising from a variety of causes and is easily identified by a gait analysis by your podiatrist.

Treatment can include, stretching and strengthening of muscles, exercise modification and orthoses.

Ages 6-12 Years

WHAT IS NORMAL?

A child of this age should be growing out of the knock-knee posture by 7 years old. Sudden growth phases or spurts can lead to unusual walking patterns and postures.

This, while understandable taking into account the resultant tight and weak muscles, does increase the risk of injuries occurring.

WHAT IS ABNORMAL?

If a child is still demonstrating structurally “flat feet” at the age of 4 –5 then a podiatrist should assess their structure and function.

Structural problems such as abnormally joined bones may be present, so tests such as radiographs may be indicated. Keep in mind that early diagnosis often means early treatment.

If the arch of your child’s foot collapses while standing this also needs addressing. A common problem can be a “flexible flat-foot”. This pathology is often congenital, arising from a variety of causes and is easily identified by a gait analysis by your podiatrist.

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