

Please speak to your health visitor or GP who can refer your baby to the Acute Paediatric Physiotherapy Department for further assessment and advice, if needed.

Babies with MA are routinely referred for a hip ultrasound scan. This should be performed when they are six weeks old.

Please speak to your health visitor or GP if you have not received an appointment for a hip ultrasound scan or if you have any concerns about your baby's hips.

Contact details:



◀ Please scan the QR code for our website

Acute Paediatric Physiotherapy Department: **0300 019 2121**

To read this leaflet in a different language, please visit our website: www.uhd.nhs.uk/visit/patient-information-leaflets and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499** or email patientexperienceteam@uhd.nhs.uk.

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Information for parents about

Metatarsus adductus



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What is metatarsus adductus?

Metatarsus adductus (MA) is a common foot condition in babies and young children that may affect one or both feet.

In MA, the front half of the foot, or forefoot, is curved inwards.

The condition is thought to be related to the position of the baby in the mother's uterus (womb).

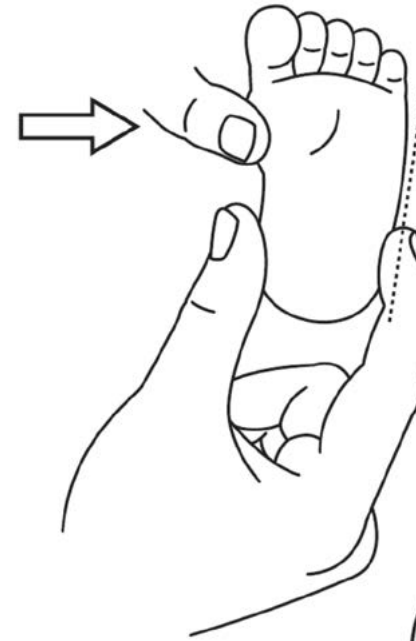
How is metatarsus adductus managed?

- MA resolves without treatment by the age of four in 95% of cases.
- Some babies and young children may need gentle stretches to gain flexibility of the foot.
- In rarer cases further treatment may be needed, such as a series of plaster casts.
- Once the baby is born, they will have more space to move and stretch their feet. Make sure your baby's clothes are not too tight around their feet so they have room to move and stretch.
- Bath time is a good time for a baby to stretch.

Can exercises help?

Gentle exercises for the foot may help. These should be performed often during the day and will be most effective when your baby is relaxed.

- Hold each stretch for 10-30 secs, as tolerated.
- Exercises should never be painful or forced.



Exercise one

Gently move the front of baby's foot outwards so the foot is straight.

Exercise two

Gently stroke and tickle the outside and front of baby's foot and lower leg, to encourage the foot to move into a neutral position.



When to seek further medical advice:

Seek further advice if:

- your baby's foot is stiff or not fully correctable.
- your baby's foot seems painful.
- your baby's foot position has not improved or resolved within a few months.