

## In Summary

Habitual tip-toe walking usually doesn't cause long-term problems and gets better with treatment. After treatment, children might still walk on their toes sometimes, especially when tired or excited. If your child is feeling pain or discomfort, or has trouble standing up straight, see your GP.

We hope this information helps reassure you about your child.

## Contact details:



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Information for parents and children about

# Toe-walking in children



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## Introduction and causes

Tip-toe walking is common when children are learning to walk. It's normal, and most children stop as they grow. But some children keep walking on their toes for a longer time. If there's no medical cause, it's called habitual or idiopathic tip-toe walking.

This usually affects both feet. Some children walk on their toes only sometimes, while other times they can stand or walk with their feet flat on the ground. It might run in families or happen if a child spent a lot of time in a baby walker or jumper. Tip-toe walking can be worse when children are barefoot, tired, or excited.

It doesn't usually hurt, but some children might say their legs or feet feel sore. It doesn't stop them from growing normally, but they might fall more often. They can still run, jump, and play sports like other children.

## Treatment

Treatment for tip-toe walking depends on your child's age, the cause, and how severe it is. The first step is usually physiotherapy.

- If the muscles are tight, the therapist will start with stretches.
- They will suggest fun games and activities to help children keep feet flat on the floor.
- Advice will be given on the best shoes to wear and other ways to reduce tip-toe walking

It can take several months to see improvements, because the body needs time to learn new ways of moving. If physiotherapy does not work, other treatments might be tried later.

**Serial casting** is when plaster casts are put on below the knees to stretch the calf. Children can still walk with the casts, but they can't run or jump. The casts are usually changed every 2 weeks, and the treatment lasts about 6 weeks.



**Referral to an Orthopaedic consultant:** If the methods above don't work, your child may be referred to an Orthopaedic consultant. They will assess your child and talk about other possible treatments.

## Complete each stretch for 2 minutes each side, twice a day:

### Passive Gastroc Stretch:

- Have your child lie on their back or sit with legs out straight.
- Hold their heel with your hand and rest the bottom of their foot on your forearm.
- Use the other hand to hold the area above their knee steady.
- Slowly move the child's foot so the toes point up towards their body.



### Passive Hamstring Stretch:

- Have your child lie on their back, with both legs straight.
- Stretch one leg towards the chest, keeping it straight at the knee, while the other leg stays flat.
- Rest the child's straight leg on your shoulder.
- You can use a towel over the flat leg and hold it down with your knees if needed.



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