

Toe walking in children Information for parents & carers

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Toe walking is a relatively common condition and a normal part of a child's development.

Toe walking is commonly seen between 10 and 18 months of age. It usually settles naturally. Some children continue to toe walk up until 7 years of age. A very small number of patients continue to toe walk after this age.

You may see the following features:

- A tendency to walk faster or run
- Falling more frequently
- Pain or discomfort

The exact cause is unknown, however, the following could cause toe walking:

- **Habitual/Idiopathic** the child gets used to walking on their toes, over time the muscle adjusts to this length by becoming shorter or tighter.
- **Short calf muscles** these will cause the child to lift the heel up to maintain muscle length as they feel this is more comfortable.
- Weak trunk muscles weakness in the abdominal and bottom muscle can cause children to walk on their toes.
- **Neurological problem** a neurological problem in the brain can cause children to walk on their toes.

Treatment is rarely needed for children under 3 years of age who walk on their toes and doctors will watch for spontaneous correction. Treatment options depend on the child's age, severity of the condition and the cause of their toe walking. Usually treatment will begin with parent education and physiotherapy and can be treated by one or a combination of the following:

General advice

- Gait re-education encouraging your child to walk slowly and prompt them to walk with their heel down or flat feet.
- Supportive, well fastened footwear that helps to maintain foot position and improve walking pattern.

Physiotherapy

- Active and passive stretching of tight muscles to gain length gradually.
- Passive stretching 3 times a day.

- Active stretching game:
 - -Penguin heel walking.
 -Marching like a soldier.
 -Heel to toe touch walking along a line.
 -Moon walking.
 -Giant stomping steps.
 -Backward walking touching toe to heel.
 - -Stomp on pillow.

These exercises are helpful to stretch shortened muscles and tendons and improve the walking pattern.

Orthotics

The child can walk with braces or splints. The aim is gradual stretching of tendons and maintaining the correct position.

Serial casting

Gradual stretching of calf through weekly casting.

Lengthening of the tendon

This is the last option, a small operation to increase the shortened tendon and muscle. The leg is placed in a cast initially as the aim is to maintain the same position for 6 weeks.

Please contact us for further support on the following telephone numbers:

01522 573836/01205 445369.

Department: Orthopaedics

Site: Lincoln County Hospital

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