

Long Term

Casting usually stops toe walking. 30-40% of cases may need future casting. This may occur after growth spurts. Orthotics may be used after casting to help retrain walking and reduce the risk of re-occurrence. Families' play a major role in monitoring their child's walking patterns and following up on exercises.

Surgical Management

A small surgical procedure to lengthen the Achilles tendon may be recommended by your Orthopaedic doctor for:

- Adolescent children
- The tightness has reoccurred following plaster treatment
- The tightness is severe

Surgery consists of three small cuts in the skin and tendons to lengthen the tendon. A below knee cast is also put on for 4-6 weeks following this surgery.

What if my child is walking differently after casting or surgery?

Casting aims to lengthen tightened muscles and tendons. This can result in temporary weakness which recovers over time.

Your Physiotherapist will advise practical exercises and activities to encourage good walking habits.

Please contact the Physiotherapy Department if you have any concerns.

For more information

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Non-English speaking: for information in languages other than English, call the interpreting and Translating Centre and ask them to call the Department for Health and Ageing

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Toe Walking

**Physiotherapy
information for
patients, parents and
carers**



Government of South Australia
Women's and Children's
Health Network



Women's
& Children's
Hospital

Toe Walking

Toe walking is not a typical part of development. Most children start to walk between the ages of 12-18 months. Toe walking is a pattern of walking where children walk on their tiptoes and their heel does not touch the ground. Children often take a few steps on their toes and then return to balancing on flat feet.

Toe walking should resolve spontaneously within the first year of walking and should not occur continuously.

Older children should not walk on their toes and should be able to stand and balance with flat feet.



Cause

There are some conditions where children do walk on their toes. However, in many cases the actual cause of the problem is unknown and children are diagnosed with "Idiopathic Toe Walking" (no known reason).

Symptoms

Your child may have no symptoms. Some children may complain of aching or painful legs.

When to see a doctor

Please see your GP to get a specialist referral so your child can be assessed if any of these factors exist:

- If your child remains walking on their toes past the age of two
- If your child can't stand with their feet flat
- If toe walking only involves one side

An evaluation of toe walking should include thorough assessment of birth history, reflexes, muscle tone, behaviour, speech, balance and coordination by a paediatric Physiotherapist.

Treatment options

Toe walking in young children is not a serious condition and often resolves itself.

Non-surgical

Families play a very important role in management of toe walking and monitoring walking patterns and exercises.

Calf stretches, exercises or orthotics may have some effect.

Physiotherapists will often use below knee casts to apply a constant stretch to the calf muscles.

The initial treatment consists of weekly below knee casts for about 4-6 weeks. Your child is encouraged to walk in these casts.

Children may need other equipment e.g. wheelchairs for school for safety. Some children are also provided with trunk strengthening exercises whilst in casts.

Following casting, children are encouraged to return to their usual activities over a 2-6-week period. Too much physical activity too early can cause calf pain due to over use of the weakened muscles.

