



Paediatric Physiotherapy Referral guidance for Management of Tiptoe Walking

Tiptoe walking in children can be a normal part of growth and development. It can be very common in children who are first learning how to walk; it is considered to be a normal variant.

Most children do not require any treatment, and it usually resolves as the child develops and consolidates their walking ability and skills.

Tiptoe walkers under the age of 3 who have no other concerns or red flag features are considered to be normal. It is expected that by the age of 3 it has resolved into a regular flat foot walking pattern.

Parental anxiety is understandable but there is no evidence to suggest that pain free tiptoe walking will lead to any complications for the child in the future and will likely naturally correct.

Ongoing tiptoe walking past the age of 3, with ankle dorsiflexion range to plantargrade, without any other concerns does not require physiotherapy treatment.

Referral not necessary if:

- The child is under 3 years of age, well, and there are no red flag features.
- · There are no pain symptoms.
- There is no functional restriction or impairment
- The deformity is bilateral/symmetrical
- Growing and developing normally / gross motor skills are normal
- · Able to achieve ankle DF beyond 5 degrees plantargrade

Management: Universal Offer:

Advise parents that this can be a normal developmental stage which often corrects itself and does not usually cause symptoms.

Direct patient to ELHT Paediatric Physiotherapy Website for future advice and patient information. Advise them to return for review if symptoms develop.

When and Where to Refer: **General Paediatrics Orthopaedics Orthotics** -Morning stiffness, restricted joint movement, -Reduced ankle joint swelling or abnormal joint exam. dorsiflexion range: -Reduced ankle -Other features indicative of an underlying unable to achieve dorsiflexion range: diagnosis, for Cerebral Palsy, muscular plantargrade unable to achieve dystrophy, or connective tissue, Marfan and -Previous episode of Ehlers-Danlos syndromes. plantargrade physiotherapy -Concerns regarding sensory processing unsuccessful disorders or behavioural issues. **Physiotherapy**

- Asymmetrical tiptoe walking
- Tripping or frequent falls.
- Limp
- Reduced ankle DF range: able to achieve plantargrade or >5 degrees DF
- Marked hypermobility
- Regression or delayed motor milestones
- Functional limitation
- Lower limb muscle tightness

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