

Patient information

Tip toe walking

Tip toe walking is very common in toddlers and children under the age of 3, and usually resolves on its own. If it does not correct spontaneously, or begins suddenly, the child needs to be assessed by a health professional such as a Physiotherapist or Doctor, such as an Orthopaedic Surgeon.

What are the causes?

- 1) Idiopathic. Tip toe walking without a known cause is called Idiopathic Toe Walking or ITW. ITW usually persists out of habit and can be a family trait. By the age of 10 years, most children will have adopted a more normal heel toe walking pattern. ITW can have the effect of causing tightness or shortening of the Achilles tendon and muscles in the back of the calf which may require intervention.
- 2) Growth related pain. Children aged between 8 and 12 can commonly experience growth related pain in the back of the heel due to muscle tightness caused by rapid bone growth. As this is painful, some children will offload the tendon and reduce pain by adopting a tip toe walk. This then leads to tightness and shortening which requires intervention.
- 3) Neurodevelopmental disorders. Children may experience problems with muscles and nerves which can lead to tip toe walking due to tightness. An assessment by a health professional will be able to identify if this is a possible cause and you may be referred on for further investigations.
- 4) Autistic spectrum (ASD) and sensory integration (SI) issues. Children with ASD or SI issues will frequently toe walk as it feels more comfortable for them.



Treatment

Treatment depends on the age of the child, the severity and the cause of their toe walking and is aimed at maximising muscle length and strength whilst your child is growing. For early idiopathic toe walking in young children the child will “outgrow” the condition. If treatment is decided upon there are various options:

Stretching exercises

This is usually the first treatment approach and will continue alongside other treatments. The stretches are performed daily at home along with activities to encourage the heels to the floor. The stretches used are designed to stretch both parts of the calf muscle and tendon.



Footwear

While correcting a toe walking pattern it is important that children have well fitting supportive footwear. Some families report it is easier to correct walking pattern when the child wears ankle boots or walking boots.



Braces or splints

These are often called AFOs (Ankle-Foot Orthosis); they are used either during the day and/or night to help stretch the calf muscle and Achilles tendon and limit the child’s ability to walk on their toes. These are usually given to help maintain the range of movement in the calf. An orthotic referral can be made by the Physiotherapist or Orthopaedic Doctor if your child needs this type of treatment.



Plaster/Soft cast

If range of movement is difficult to maintain, soft casting may be required. The foot will be placed in a position to stretch the tendon and the cast may be changed various times in order to get the desired stretch. Children have casts on below the knee on both legs, for 4 to 6 weeks. The child is allowed to walk in the casts and will be given plaster shoes to wear over the cast. While casts are on they need to be kept dry and your child will be unable to participate in usual sports and activities until they are removed. After casting the child will require some support and rehabilitation to re-educate walking and strengthen muscles. AFOs are sometimes required at night time after casting to maintain the range of movement.



Surgical lengthening of the Achilles tendon

This is a last resort and is only recommended if all the other methods fail and if there are worries that continued toe walking was going to cause problems in adulthood.

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

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The Clinical Specialty/Unit that have agreed this patient information leaflet:

Paediatric MSK Physiotherapy Team

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