

FACT SHEET – IDIOPATHIC TOE WALKING

What is Idiopathic Toe Walking?

Idiopathic toe walking is when a child walks on their tiptoes for unknown reason beyond 3 years of age. They are often able to stand with a flat foot and can walk with their heels down when prompted but when walking or running they prefer to be on their toes. There may be some tightness to the calf muscles, which may lead to your child preferring to walk on their toes. Daily stretching may be of benefit.

The natural history is for children to come down onto their heels with age and weight. However if it does persist beyond 3 years of age, it is recommended that your child be seen by a health-care professional.

Signs of an Idiopathic Toe Walker:

- Walk on tip toes on both sides
- Are constantly balancing on their toes
- Physically able to keep up with other children
- Walk with straight knees
- Will often be able to stand with their feet flat on the ground
- Often have a family history of toe walking

Identify Early to Help prevent Muscle Problems

With toe walking, children can develop tight calf muscles and have decreased movement of their ankles. The muscles on the front of their legs can also become weak. All can lead to difficulty walking on their heels. Early identification can help prevent these problems.

Some activities to encourage your child to walk with their heels down include:

- Balancing on one leg
- Walk on heels
- Walk heel-toe forward or backward on a line.
- Marching on the spot – have your child bring their knees high and then land with flat foot
- Walking uphill
- Walking on uneven surfaces
- Practicing squats. Feet flat on the floor, hip width apart, and then have slowly bend at the knee and hips while keeping their chest upright
- The use of firm or rigid soled shoes

- Daily home calf stretching program

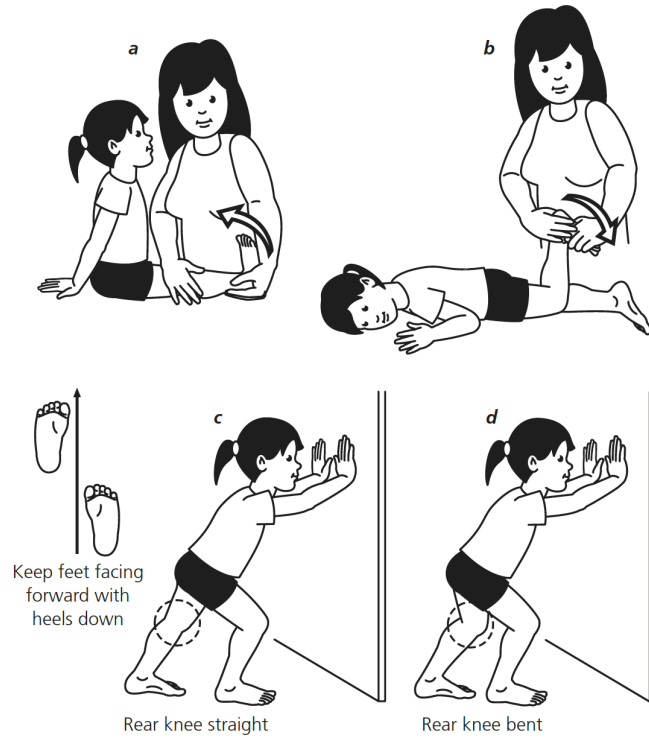


Figure 2. Daily calf stretches may be of benefit for idiopathic toe walking. Hold each stretch for 30 seconds.

Other Treatments

Idiopathic toe walking often resolves spontaneously and does not cause significant problems apart from the cosmetic appearances. Rarely will your child need surgery. In addition to stretching and strengthening, treatments may include serial casting of the feet and ankles, bracing, Botox injections, or a combination of all three.