

Essential Guidelines on Children's Feet & Footwear PLUS 5 Proven Methods To **ENSURE YOUR KIDS FEET REMAIN PAIN FREE FOR LIFE !**

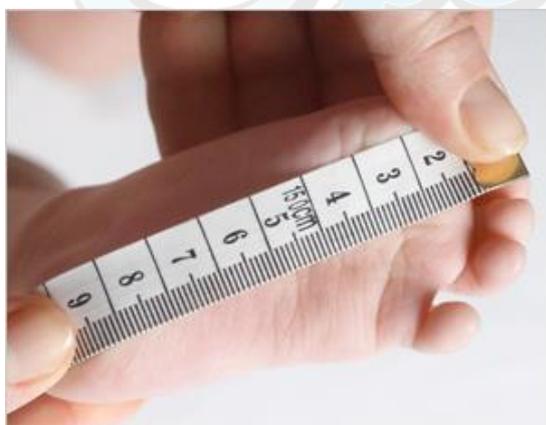
The foot is a complex structure of 26 bones and 33 joints, held together and supported by scores of ligaments. A baby's foot is padded with fat and is highly flexible. Children begin to walk anywhere between eight and 18 months of age. Most toddlers are flat-footed when they first start walking, or tend to turn their feet inwards, because of poor muscle tone and weak ligaments in their feet. This will improve as the feet strengthen.

Foot problems in adult life can often be prevented through intervention in childhood.

By the age of 12 a young person's foot has nearly reached adult size which is why early childhood is an important time for correction of any developmental and structural abnormalities.

Guidelines To Avoid Children's Foot Disorders

- Don't restrict a baby's development with tight bedclothes, booties, socks or blankets. This allows them to kick and exercise their feet and legs.
- Discourage poor sleeping and sitting positions (ie. sleeping on stomach, sitting on the knees with feet pointing back & turned out – the "W" position). Sitting with legs crossed is preferred.
- Baby & toddler walking frames place stress on bones and muscles prematurely. Babies will begin to walk through natural development, usually between 9 – 18 months.
- Babies are bow legged up to 2 years old, then go through a knock kneed stage which can last up to 7 years of age.
- When you child begins to walk, look for signs of abnormalities in structure



Wearing shoes

- A child learning to walk receives important sensory information from the soles of their feet. Shoes with hard and inflexible soles, can make walking more difficult.
- Your toddler doesn't need shoes until they have been walking for a couple of months, and then only to protect their feet from sharp objects.
- It is important to allow your child to go barefoot regularly to help them develop balance, coordination and posture.
- Have your child's shoes professionally fitted, which should include measuring each foot for length and width. Children's feet grow very quickly and their shoe size may need updating every few months.
- Shoes that are too tight can hamper your child's walking and cause problems, such as ingrown toenails and bunions.

Shoes for your toddler should ideally have features including:

- Firm, comfortable fit both lengthways and widthways
- Rounded toe
- Plenty of room for the toes
- Flexible, flat sole
- Heel support
- Laces, straps or equivalent to prevent excessive movement or slipping of the foot inside the shoe.

1. Flat Feet



Definition

For the first two years, your child's feet will seem to have fallen arches. Flat feet are normal in a young child due to weak muscle tone in the foot, a generous padding of fat, and loose ankle ligaments that permit the foot to lean inwards.

As your child masters walking, the ligaments and muscles will strengthen and the fat pads in the arch area won't be so noticeable.

A functional flat foot is quite common and can result in symptoms ranging from sore or tired feet to general leg fatigue and body aches and pain. There is a positive correlation between flat feet and symptoms involving foot pain, leg pain, knee pain, hip pain and lower back pain.

Excessive pronation (feet 'rolling' inwards) causes the arch to collapse and elongate, giving the foot an appearance of being 'flat'. By 5-7 years of age, your child should have normal arches in both feet.

Treatment

Controlling excessive pronation, with orthotics (custom-made shoe inserts) prevents the feet 'rolling' inwards during walking. This prevents 'unlocking' of the 33 joints in the feet, which is often the cause of painful symptoms in the pes planus (flat) foot type.

2. Pigeon Toes (In-Toeing)

Definition

In-toeing is a common lower limb problem in which the feet point inwards, towards the midline of the body. It does not become apparent until the child begins to walk at about 12 – 18 months of age.

Many toddlers walk 'pigeon-toed', with either one or both feet turned inwards. In most cases, this is simply a sign of developing posture and balance, and should resolve by itself (without the need for medical intervention) somewhere between the ages of three and five years. However, if the in-toeing is severe, seems to involve the leg and hip as well as the foot, or isn't improving by the time your child is around one and a half to two years of age, see your podiatrist for assessment. Excessive in-toeing may be caused by a variety of underlying difficulties, such as hip joint problems.

In-toeing



Causes

- Hamstring tightness.
- Abnormal positioning of the bones in the feet (metatarsus adductus), leg (medial tibial torsion), or hip (internal hip position).
- Neurological conditions such as Cerebral Palsy.

A PODIATRIST can diagnose this and advise on the appropriate course of action.

Treatment

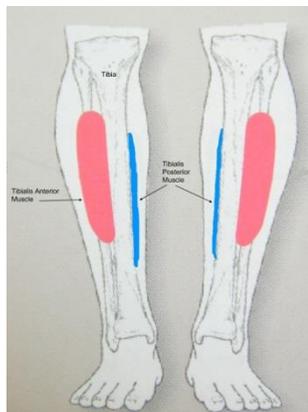
- Adjusting the child's sitting and sleeping positions to encourage normal muscular development
- Stretches for the hamstring muscles.
- Functional orthotics (custom-made shoe inserts) designed to encourage the child to walk in a more 'normal' position (gait plates) may be prescribed by a PODIATRIST.
- In the most serious of cases, serial plaster casting may be required.

A PODIATRIST can advise you on the appropriate course of action.

3. Growing Pains

Definition

Disruption of the growth plates causing inflammation at the tibial tuberosity (small lump of bone below the knee)



Symptoms

- Children will most commonly complain of pain and stiffness in the calf muscles or front of the legs (shins).
- During the night they often awake crying or complaining of leg pains.

Causes

- Children's bone structure is generally more flexible than adults. Therefore, high activity or long hours on their feet commonly causes the muscles to be over-worked and thus, later cause muscles stiffness and pain.
- Excessive pronation (feet 'rolling' inwards) results in some muscles in the feet and legs being over-worked in an attempt to stabilise the child's gait.

Treatment

- Controlling excessive pronation, with orthotics (custom-made shoe inserts), gently stabilises the many bones, joints and soft tissue structures in children's feet and lower legs. Orthotics re-align the young, growing bones and greatly reduces muscle over-use and strain.

A PODIATRIST can also advise you on stretches that can be of benefit.

4. Bow Legs & Knock-Knees

Definition:

Bow legs are normal at birth but should disappear by the time the child reaches two. Knock-knees are normal in children aged from two to seven years (some children may become knock kneed again around puberty). If either of these conditions persist until the age of five to seven, it may be permanent. The knock-knees and bow legs position may cause the foot to roll inwards (pronate) or may place strain on the knee joint.

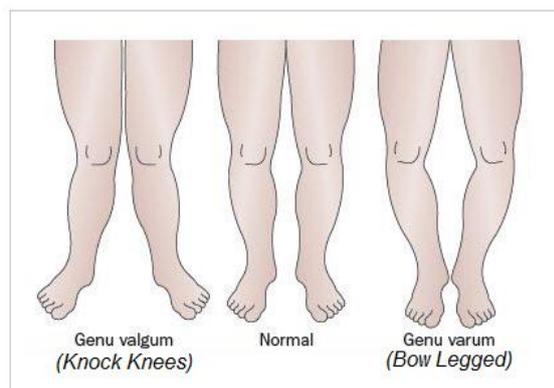
Causes:

The bowed appearance may be caused by a curve in the leg bone 'tibia' or may involve the entire limb.

Treatment:

Bowed legs itself is not correctable but if pain occurs in the knees or feet orthoses (custom-made shoe inserts) may be useful to relieve any symptoms.

Often orthoses are using for knock knees to straighten the foot which can then help straighten the leg but this may be a long-term treatment.



5. Sever's Condition (Achilles Tendonitis)

Definition

Inflammation, pain and / or tenderness of the Achilles tendon.

Symptoms

- Sharp pain at the back of the leg, just above the heel, limited ankle flexibility and inflammation over the affected area are often present.

Causes

- Achilles tendonitis commonly occurs from shearing and traction forces on the Achilles tendon at the back of the heel.
- When the foot pronates (“rolls inwards”) excessively, it can create increased traction or over-stretching of the Achilles tendon. This results in increased shearing forces on the tendon which commonly leads to inflammation and pain. Often a lumpy build-up of scar tissue occurs.
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Treatment

- By preventing the feet rolling inwards, through the use of orthotics (custom-made shoe inserts), this reduces the over-stretching and traction on the Achilles tendon, therefore alleviating the problems.
- Additional therapy and specific stretching may also be prescribed by a PODIATRIST.

Sever's Disease



Conclusion

Always see your podiatrist or doctor if you are concerned about your child's feet or gait.

Podiatrists are trained in the management and prevention of foot problems and can identify the factors, both intrinsic & extrinsic to the feet, which might be the cause of pain.

Services that a Podiatrist can offer include (but are not limited to) manage all nail & skin conditions, diabetic assessment (to assess circulation/sensation/foot health), footwear advice & assessment, biomechanical assessment, gait analysis and prescription of customized orthotic insoles which will help alleviate foot, ankle and knee pain.

Medicare may cover some costs under the Enhanced Primary Care Program (from your GP) and health funds may contribute towards any costs, depending on your level of cover.



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“We Fix Foot Pain” & We’re Serious About Helping Your Children Be Pain Free For Life !