

YOUR INFANT'S FEET AND LEGS

PHYSIOTHERAPY

INFANTS' FEET AND LEG SHAPE CHANGES A LOT AFTER BIRTH. MOST VARIATIONS THAT CAUSE CONCERN, SUCH AS IN-TURNED, OUT-TURNED, OR FLAT FEET ARE NORMAL OCCURRENCES AND WILL CORRECT SPONTANEOUSLY OVER TIME. IF IMPROVEMENT IN THE FOOT POSTURE IS SLOW, A PHYSIOTHERAPIST CAN PROVIDE EXPERT ADVICE AND TREATMENT.

COMMON FOOT POSTURES

FEET THAT TURN IN

Can result from:

- A twist in the foot.
- A twist in the shin bone.
- An in-turned hip.
- or sometimes all of the above.

Sometimes babies are born with feet that turn in, perhaps caused by the baby's position in the womb. Later on, the in-turned posture may be made worse if your child always sits back on the feet or between the feet ('w-sitting'). Correcting these habits may help some feet and legs to straighten. Generally the problem will fix itself but if you are concerned, seek advice from a physiotherapist.

FEET THAT TURN OUT

Some babies are born with their feet turned out. Out-toeing may become obvious when a toddler begins to stand and walk. Again the posture will generally correct itself over time.

FLAT FEET

Flat feet are normal in babies and toddlers because the arch of the foot is not yet developed. By five to six years of age, most children develop an arch. Some children remain flat-footed and it causes no functional problems. Flat feet tend to run in families.



PROMOTING THE DEVELOPMENT OF YOUR INFANT'S FEET AND LEGS

EXERCISING YOUR BABY'S FEET

Play with your baby's feet – rubbing, tickling (as seen on front of card), encouraging your baby to push and kick all help stimulate muscle development.



GOING BAREFOOT

Let your toddler spend time barefoot. Climbing, walking on sand and grass, and up and down slopes helps the development of muscles in your toddler's feet and legs – and should be encouraged.

BUYING CHILDREN'S SHOES

A child is ready to wear shoes once they have been walking for several weeks. Shoes should fit well. There should be enough room to wiggle their toes freely with a gap of about half a finger width between the end of the longest toe and the tip of the shoe.

A shoe with a straight inner border and a rounded shape at the toes is best. The shoe should provide firm support to the back of the foot to stop the heel slipping. The sole should be flexible enough to bend under the ball of the foot. Lace tie-ups or straps should hold the shoe firmly on the foot.

HOW PHYSIOTHERAPY CAN HELP

If you're concerned about your infant's feet or leg shape, see a physiotherapist for:

- assessment of foot or leg problems.
- advice on management of problem.

GENERAL

Physiotherapists who treat children work in hospitals, community centres and/or private practice.

A doctor's referral is not required to see a physiotherapist in private practice. Physiotherapists in private practice are listed in the Yellow Pages, (Check to see if a physiotherapist is a member of the APA) or contact your local Branch of the Australian Physiotherapy Association (APA).

You can also search for a physiotherapist or paediatric physiotherapy service in your area by visiting the APA website: www.physiotherapy.asn.au

Members of the APA are bound by a code of ethics and have access to extensive professional development programs.

HEALTH REBATES

Most health insurance funds offer rebates for physiotherapy consultations.

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Move well. Stay well.

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