If you require further advice contact the physiotherapy or podiatry service at your local clinic.

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This leaflet can also be made available upon request in Braille, audio cassette, large print or in other languages.

Chinese
此份單張備有中文譯本，請垂詢索取。

Kurdish Sorani
کوردی، دەنەکەی شەوەکەی رەمسەڵی شەوەکەی وەکەی دەنەکەی. شەوەکەی وەکەی چەندە بەردەوامەکەی. شەوەکەی وەکەی چەندە بەردەوامەکەی.

Lithuanian
Paprašius, šį lankstinuką galima gauti ir lietuvių kalba.

Polish
Niniejsza ulotka może być na życzenie dostępna w języku polskim.

Portuguese
Este folheto também pode estar disponível, sob pedido, em português.

Russian
Эту брошюру можно также получить по желанию на Русском языке.
What causes it?

Idiopathic/habitual
The cause is often unknown and this is called idiopathic toe walking. Some health professionals believe it may be due to habit (habitual toe walking) and these children usually adopt a more adult heel-to-toe walk as they get older. If your child can walk from heel-to-toe when asked to there is usually nothing to worry about.

Tight Achilles tendon
They may have tightness of the tendon that attaches the calf muscle to the back of the heel. Tightness of the calf muscle can raise the heel and stop it making ground contact when walking.

Muscle and nerve problems
In some cases there may be an underlying muscle or nerve problem that can cause tightness of the muscles. An assessment by a doctor, physiotherapist or a podiatrist will make this clear.

Developmental delay/Developmental disabilities
In some cases toe walking can be due to balance and developmental disabilities and assessment by a health professional will confirm this.

Toe walking on one side/unilateral toe walking:
If a child suddenly starts to toe walk/limp on one side it is usually due to pain caused by a minor and easily treated injury. It can be caused by pain anywhere along the leg such as blisters or tired muscles. Sometimes it can indicate a more serious problem and therefore should be assessed by a doctor, physiotherapist or Podiatrist.

Treatment
Treatment depends on the age of the child, the severity and the cause of their toe walking. For idiopathic toe walking in young children some clinicians like to watch and wait as the child may “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 child and their family will be shown how to do these.

Supportive footwear
Wearing shoes, boots or trainers with a firm heel-stiffener and rocker-sole with secure fastening will help to encourage your child to develop a heel to toe gait and prevent them from being able to stand on the ball of their feet.

Plaster cast
If stretching is not helping plaster 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.

Braces or splints
These are often called AFOs (ankle foot orthotics); they are used either during the day to limit the child’s ability to walk on their toes and/or at night to stretch the Achilles tendon.

Botox injections
These may be used in some circumstances to temporarily paralyse and relax the calf muscle and may be used with casting or splinting.

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.