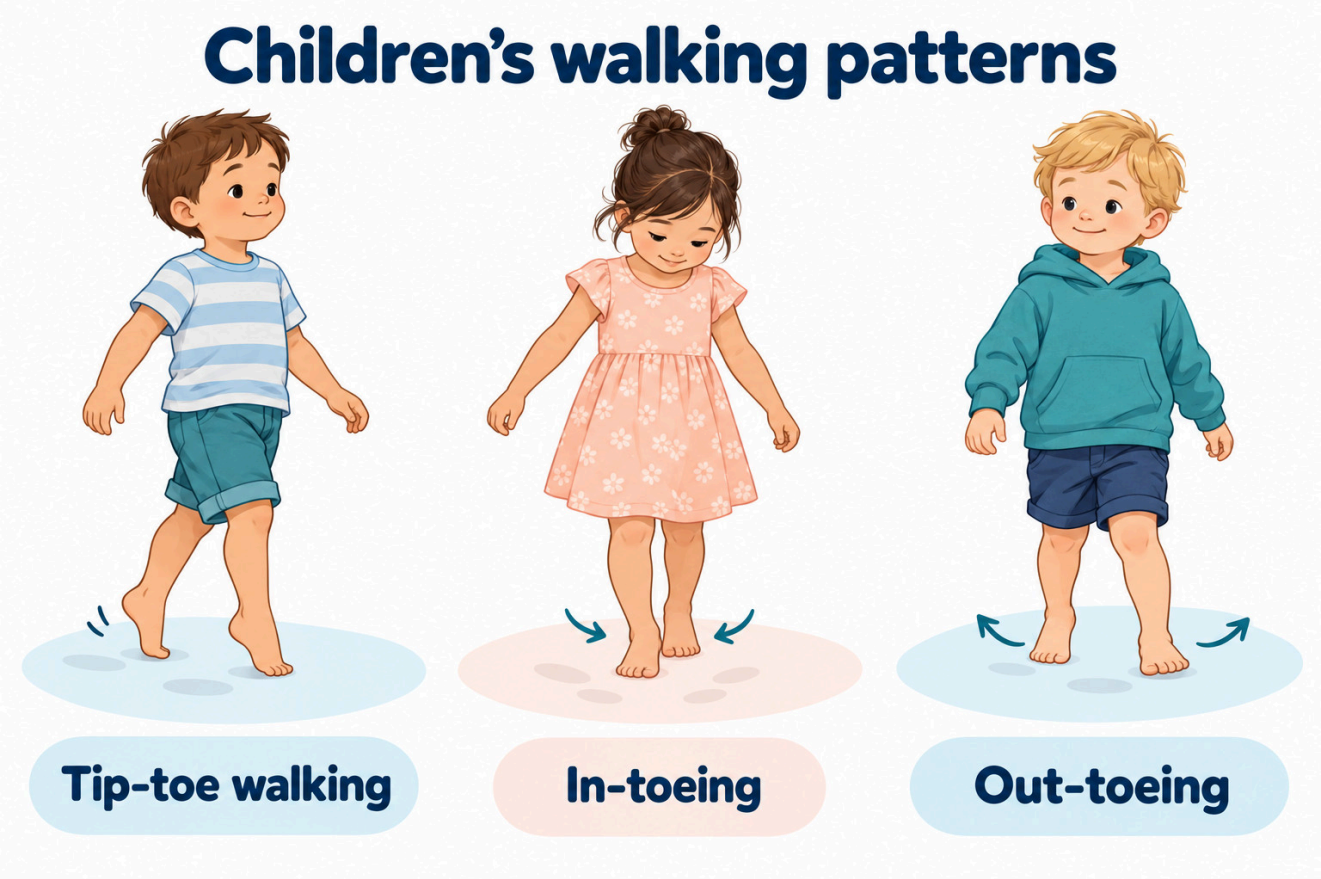
Children’s Walking Patterns

Information for children, parents and carers

Children’s Walking Patterns

A guide to symptoms, treatment and recovery



Understanding the condition

Children may walk on tiptoes, with feet pointing inward (in-toeing) or outward (out-toeing). These patterns are often part of development and may improve as your child grows.

Supporting your child

Encourage comfortable normal walking and active play. Seek assessment for persistent patterns, pain, frequent tripping, weakness, delayed development or a difference between the two legs.

Symptoms and assessment

Understanding the cause and when to seek help

Tip-toe walking

The child walks on the balls of the feet without putting the heels down. It can occur in early walking or with tight calves; rarely, a neurological condition is involved. Most children develop heel-toe walking by age 2-3.

In-toeing

Feet point inward during walking or running. Causes include an inward curve of the foot, inward twist of the shin, or inward rotation of the thigh bone. It is common in young children and often improves with growth.

Out-toeing

Feet point outward during walking or running. This can relate to thigh or shin rotation, flat feet or foot alignment. Many cases improve naturally; persistent patterns may need assessment.

What improvement may look like

Inward-curved feet may improve by age 1-2, shin rotation by 4-5, and thigh rotation by 8-10. Individual development varies; symptoms and function guide review.

When to seek advice

Arrange review for toe walking after age 3, one leg moving differently, pain, frequent falls or tripping, balance problems, weakness, delayed motor development or difficulty walking.

Key message

Encourage comfortable normal walking and active play. Seek assessment for persistent patterns, pain, frequent tripping, weakness, delayed development or a difference between the two legs.

Treatment and daily care

Activity guided by your child’s healthcare team

Before starting activity

Most children can enjoy normal activity. Exercises are only used when appropriate to the cause; ask a physiotherapist to demonstrate any recommended stretch.



Activity guidance

Walking: encourage comfortable normal movement.
Play: support enjoyable, age-appropriate physical activity.
Stretching: calf stretches may be advised for toe walking.
Review: persistent or troublesome patterns need individual advice.

Important precautions

Do not force the feet into a different position. Ask for assessment if there is pain, weakness, frequent falls, delayed development, difficulty walking or an unequal pattern between the legs.

Treatment and next steps

Caring for your child and finding support

Tip-toe walking support

Many children stop toe walking naturally. Calf stretching or physiotherapy may help if the pattern persists or causes problems. A specialist assesses possible underlying causes when indicated.

In-toeing and out-toeing support

Most children need no treatment and can continue walking, running and active play. Physiotherapy may be advised for selected problems. Surgery is rarely needed; treatment depends on the cause and severity.

Monitoring as your child grows

Watch comfort, balance, falls and ability to join activities. Arrange assessment for persistent out-toeing around age 4-5, and for toe walking after age 3. Seek earlier advice for symptoms or asymmetry.

Questions or concerns?

Speak to your clinician about pain, frequent tripping, difficulty walking, one-sided changes or delayed development. Most patterns improve naturally, and assessment helps identify the children who need support.

B-Well Physiotherapy Services

0300 303 4811

bwell.mskberkshire@nhs.net

www.bwellberkshire.co.uk