



# Toe Walking

## Information Leaflet

### What is toe walking?

Toe walking is when a child walks or stand predominantly on their tip toes. It is common for children when they first begin to walk as it helps with balance; however, they should quickly grow out of it after 2-3 months.

If it persists, then it is called toe walking. Toe walking is relatively common, up to 24% children may toe walk as the get older.

You may hear the term 'Idiopathic' toe walker which is used to describe children who habitually walk on their toes.

'Non-idiopathic' toe walking is the result of an anatomic or neuromuscular condition which is not covered in this leaflet.



### What causes idiopathic toe walking?

- Tight/Short calf muscles - causing the child to lift their heels up when standing/walking as this is more comfortable for them.
- Weak trunk/tummy muscles – toe walking helps to improve their balance when walking.
- Habit – a child may just get used to toe walking for no known reason, but over time, this can increase muscle tightness and make it difficult for them to put their feet flat.
- Because they dislike 'the sensation' of their flat feet touching the floor, this can be associated with autistic spectrum conditions (ASC) if other signs/symptoms are present.



## How is toe walking treated?

- Stretches to prevent tightening of calf muscles.
- Activities and exercises to strengthen the calf and/or trunk muscles.
- Prompting – If toe walking is habitual, encourage your child to walk slightly slower and to walk with their heels down or feet flat.
- Activities to encourage your child to keep their heels down.
- Supportive, well-fastened footwear that can help your child maintain a good foot position. Boots that come up over the ankle are often good.



- Going for long walks in stiff boots such as walking boots or wellingtons can be helpful as these types of footwear make it extremely difficult to walk on your tip toes.
- Serial casting – this is where your child's feet are put into plaster casts below the knee for 3-6 weeks, which are changed every week to slowly stretch out the muscles. This will be discussed in more detail if it is deemed appropriate; only children with very tight muscles will need it. Children can still return to toe walking after this however, so ongoing exercises are still required.
- Orthopaedic referral is rare, but it may be considered for very short muscles that have not responded to serial casting.
- Splints and insoles have found to be ineffective in the treatment toe walking and may only be used after serial casting to maintain effects, if required.
- Unfortunately, treatment for toe walking in children with Autism has lower success rates due to sensory and tactile behaviour components.

## What are the risks of not getting treatment?

Toe walking does not usually cause any significant developmental delays. However, it may lead to tightening and shortening of calf muscles, so they may continue to tip toe walk into adolescence and adulthood. Rather than toe walking, adults tend to have a 'bouncy' walk. They may also experience pain and more frequent falls.



## Whittington Health Islington Toe walking pathway

If your child is referred to our team for toe walking they will follow the following pathway:

- Initial assessment
  - If your child has normal length in their calf muscles you will be provided with advice and exercises and discharged.
  - If your child has reduced length in their calf muscles you will be provided with advice and exercises and their progress reviewed in 4-8 weeks.
- Review assessment
  - If your child has achieved normal length in their calf muscles you will be provided with advice and exercises and discharged.
  - If your child continues to have reduced length in their calf muscles further treatment will be discussed, which will depend on the child's compliance with exercises and sensory tolerance.
- When your child reaches the end of the pathway they will be discharged from the service with advice and exercises.
- Unfortunately, treatment for toe walking is not always successful, particularly when there is an additional diagnosis of ASC (Autistic Spectrum Condition).

Please refer to our website for exercises and advice on how to check your child's calf tightness:  
<https://www.whittington.nhs.uk/default.asp?c=36140>

### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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