What is toe walking?

Tip Toe walking occurs in childhood where the child walks on their toes and is common up to 3 years of age. If you child continues to walk on their toes beyond this age they should be assessed by doctor, physiotherapist or podiatrist to identify the underlying cause. Through discussion and assessment, your physiotherapist has assessed all potential causes and informed you of how to manage the current issue.

What causes it?

1) Idiopathic

The cause is often unknown and this is called idiopathic toe walking and is often a family trait. It is believed to be due to habit and these children usually adopt a heel-to-toe walk as they get older. If your child can walk from heel-to-toe when asked there is usually nothing to worry about. Research has shown that by the age of 10 years, 79% of the children who have been a toe-walker spontaneously develop a normal walking pattern. Diagnosis is by excluding other possible conditions.

2) Tight Achilles tendon

Children may develop tightness in their calf muscle and Achilles tendon (this attaches the calf muscle to the back of the heel). Tightness of the calf muscle and tendon can raise the heel and stop it making contact with the ground when walking. This can occur more so in children when they are going through a growth stage.

3) 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 health professional will be able to identify if this is a possible cause and you may be referred on for further investigations.

4) Developmental delay/ Developmental disabilities

In some cases toe walking can be due to balance and developmental disabilities and assessment by a health professional will help determine this.
Treatment:

Treatment depends on the age of the child, the severity and the cause of their toe walking and is aimed at maximising muscle length and strength whilst your child is growing. For early idiopathic toe walking in young children the child will “outgrow” the condition. If treatment is decided upon there are various options:

1) 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 stretches on the right are designed to stretch both parts of the calf muscle and tendon.

Place one leg behind the other, keeping the back leg straight and lean your body forward without bending the back knee until you feel a stretch in your back calf. Then repeat with the back leg bent. Hold the stretch for 1 minute and do regularly throughout the day (at least 5-6 times)

2) Braces or splints
These are often called A.F.O.s (Ankle-Foot Orthosis); they are used either during the day and/or night to help stretch the calf muscle and Achilles tendon and limit the child’s ability to walk on their toes. These are usually given to help maintain the range of movement in the calf.

3) Plaster/Soft cast
If range of movement is difficult to maintain soft 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. Your health professional will explain more about this if it is required.

4) 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. This type of management is controversial.

If you have any questions or concerns please contact
Acute Paediatric Physiotherapy
Western Sussex Hospitals NHS Foundation Trust, Worthing Hospital
Tel: 01903 286712

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