



MID-JERSEY PEDIATRICS

www.midjerseypeds.com

**33 Brunswick Woods Drive
East Brunswick, NJ 08816
(732) 257-4330**

**25 Kilmer Drive
Building #3, Suite 107
Morganville, NJ 07751
(732) 972-6888**

WHAT PARENTS SHOULD KNOW ABOUT SHOES, TWISTED OR BENT LEGS, AND FLATFEET IN CHILDREN

SHOES

Barefoot people have the best feet! Your child needs a flexible, soft shoe that allows the foot to develop normally.

POINTS IN SHOE SELECTION:

1. **Adequate Size** - Shoes are much better too large than too small.
2. **Flexible** - Stiff, supportive shoes are not good for feet because they limit movement that is needed for developing strength and retaining foot mobility. A child's foot needs both protection and freedom of movement.
3. **Flat, non-skid sole** - Falls cause many injuries. A flat, non-slippery sole may prevent a fall.
4. **Soft, porous upper** - A material that breathes may be best, especially for warm climates.
5. **Avoid odd shapes** - Avoid open toed shoes or sandals, they can catch and cause the child to trip.
6. **Good shoes needn't be expensive** - Your child will outgrow the shoes very quickly.

FLATFEET

Flatfeet are normal in infants and early childhood. The arch develops whether the child wears shoes or goes barefoot. So special wedges, inserts, or heels are not necessary for the normal toddler. Children usually have low arches because they are loose-jointed. The arch flattens when they are standing. Wearing a pad under the arch of a simple hyper-mobile flatfoot may make the child less comfortable... and wastes money! The doctor is concerned if the flatfoot is stiff, painful, or very severe. Doctors are most concerned about a high arch.

BOWLEGS AND KNOCK-KNEES

During normal development, children are bowlegged and then become knock-kneed. Special shoes or wedges make no difference. If it is determined that the condition is normal, time is the best treatment.

IN-TOEING: In-toeing is common in childhood and is usually outgrown. there are three common forms of in-toeing:

HOOKED FOOT: Hooked foot (metatarsus adductus) is caused by the position of the baby before birth. Most hooked feet get better without treatment during the baby's first year. A gentle foot exercise, which we can teach you, may be helpful. If not, casting may be necessary.

TIBIAL TORSION: Tibial Torsion is a due to a delay in the normal rotation of the two bones of the lower leg. This delayed rotation to the normal position give the feet the appearance of turning in. Most legs with tibial torsion get better without treatment, after the child has been walking for a few years.

FEMORAL TORSION: The cause of femoral torsion is unknown. Femoral torsion is usually most severe when

the child is about 5 or 6 years of age. Most children outgrow this condition as well. Shoe modifications and braces do not work for femoral torsion. They can make the child uncomfortable and self-conscious, and hamper play. Children with femoral torsion should avoid sitting in the "TV squat" (with feet under or behind them). Activities that cause outward rotation of the legs, such as skiing and skating, should be encouraged.

SUMMARY

Most variations of normal childhood are outgrown. Your doctor will make sure things go well. Most variations only require the magic of time. Mother Nature's treatment is safe, inexpensive, and painless.