**TOE WALKING**

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| **Toe walking can be caused by a variety of factors** |
| * Cerebral Palsy
	+ More difficult to treat
	+ Serial casting is more likely
	+ Can recur during growth
* Autism or Pervasive Developmental Disorder (PDD)
* Paralytic Muscle Disease
	+ Caution: Prolonged serial casting can weaken muscles and lead to a decrease in physical ability and loss of ability to walk
	+ Use regular stretching and orthosis together
	+ Muscular dystrophy
		- Be careful not to overstretch and damage the muscle
	+ Charcot Marie Tooth
* Neuromuscular Disorder
* Tethered Cord Syndrome
	+ Spina Bifida
* Clubfoot
* Limb length discrepancy
	+ Limb lengthening can equalize limb length
* Toe walking with only one foot
* Sudden onset

--------------------------------------------------------------------------------------------------------------------------* When a child does not fit into one of the above categories then the diagnosis of **Idiopathic Toe Walking** (ITW) may be used. It is not known why the child walks on their toes. There is no known syndrome, genetic condition, or pathology.
* Toe walk with both feet
* Habitual toe walking
* Ages 2-21 years
* Goals:
	+ PROM of ankle dorsiflexion of 10 degrees or more
	+ Heel strike 75% or more during gait activities
	+ If no other orthopedic or neurological condition exists, then the goal is to attain age appropriate gross motor skills
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| **Treatment options**  |
| * Conservative - Success is related to the severity of muscle contracture of the calf muscle and the amount of time the child toe walks.
	+ Observation since some children outgrow their toe walking
	+ Home exercise program (HEP) from a Physical Therapist
	+ Physical Therapy (PT) for direct treatment
		- School PT - If toe walking functionally affects a student’s ability to walk or navigate stairs in school then school PT may be appropriate
		- Outpatient PT - If toe walking does not functionally affect a student’s ability to walk or navigate stairs in school then outpatient/medical PT may be appropriate.
	+ Night splints
	+ Orthotics (braces)
* More aggressive
	+ Serial Casting (one cast after another for a period of time)
	+ Botox (muscle relaxant) with or without serial casting
	+ Phenol (nerve block)
	+ Operation to correct foot position - last option
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