

PROBLEMS IN CHILDRENS GAIT

As children return to school, perhaps with new shoes and anticipating the start of PE class, now is a good time for parents to familiarize themselves with childhood gait abnormalities. Toddlers have a very different way of walking than adults. As children grow, their legs and feet adjust naturally, but often with some temporary oddities. Although most gait abnormalities are harmless and resolve on their own, it is reasonable for parents to seek a podiatrist's opinion on whether their child's manner of walking indicates a more serious problem.

Certainly, children should be assessed and provided with treatment if they complain of pain. However, children will not attain a normal adult gait until they are between the ages of eight and ten, when they achieve sufficient musculoskeletal and neurological development. As toddlers, children have a wide stance and take short, rapid steps. They commonly limp, are flat-footed, and walk on their toes or with their toes pointed inward. Outtoeing and bowed legs are also common. Besides pain, the other signs of a problem are if the abnormalities are asymmetrical and if they get worse over time instead of better.

The arch of a child's foot does not develop until around the age of five, so corrections for flat feet on children below the age aren't useful. On the other hand, toe-walking should not persist after the age of three. When children do experience problems walking, the cause may be anything from neurological to stomach pain (which could result in a hunched over gait) or muscular. Podiatrists check the muscles and tendons of children's legs for tightness, which could cause intoeing. Interventions for tight muscles are usually non-surgical and could include bracing and therapeutic exercise.

While assessing gait problems, doctors use imaging tests to search for issues with twisted or fractured bones. Orthopedic devices are used to treat torsion of the leg bones, along with changes in sitting habits and posture. Cerebral palsy and other neurological disorders must be considered when children have difficulty swinging their legs and balancing. Inflammation is also commonly associated with joint pain, so recent infections may be relevant to foot and hip dysfunction that has developed suddenly. Juvenile Idiopathic Arthritis is a term used to describe joint inflammation without a clear cause. It is commonly managed with exercise, steroids, and anti-inflammatories. To help rule out as many causes for gait problems as possible, podiatrists will often order blood tests, in addition to testing the child's balance and range of motion. One other cause of limping to be aware of is ingrown toenails, which is why it is important for children's shoes to be replaced as they grow.