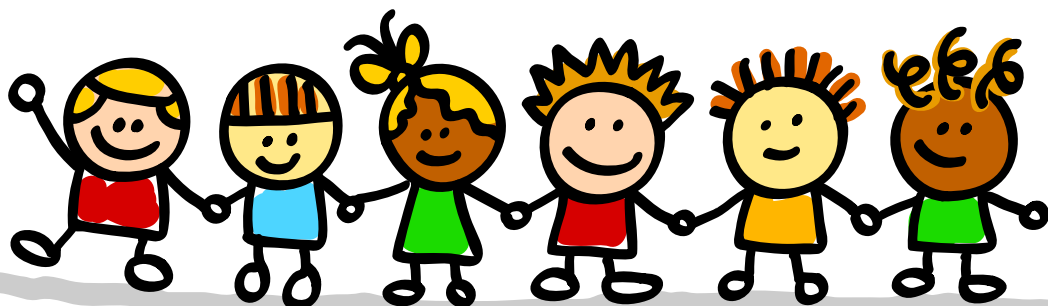


Common Concerns about Normal Development



Guidelines for Referral to
The Community Paediatric Physiotherapy Service

These guidelines are intended for:

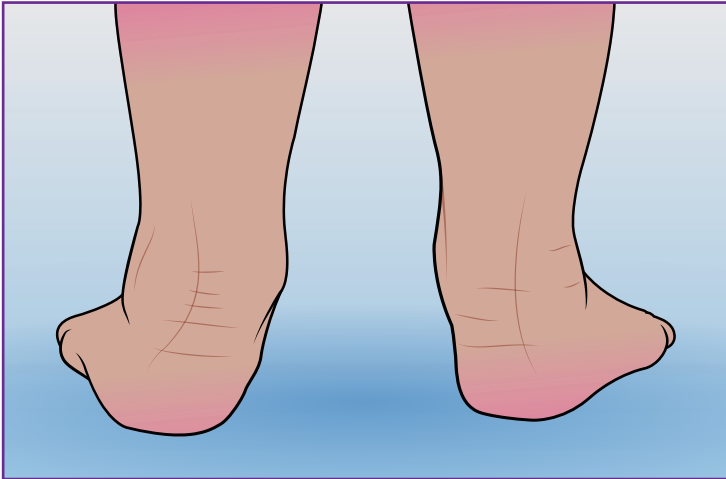
Consultants, GPs, Health Visitors, Nurses and AHP's who are considering a referral to Physiotherapy for a child with:

- Flexible flat feet
- In-toeing/Out-toeing
- Bow legs & knock knees
- Tip-toe walking
- Curly Toes
- Delayed Gait
- Plagiocephaly and Head Turning Preference

These guidelines are intended to ensure that Physiotherapy is the appropriate service for the child. Appropriate referrals will be accepted from anyone, including parents/carers.

Flat Feet

Babies starting to stand, toddlers and young children may have flat feet due to the presence of fatty tissue on the soles of their feet. The whole of the medial side (inside boarder) of the foot may be in contact with the floor. The medial arch of the foot may not develop until 4-5 years of age.



No referral required if:

- Asymptomatic flat feet (no pain)
- No tightness in Achilles tendons
- Medial arch is present when on tip-toes

Refer to Children's Physiotherapy:

- Tightness in Achilles (If the child is unable to squat with their heels on the floor)
- There are signs of pressure on the foot

For further information about flat feet:

<https://apcp.csp.org.uk/documents/parent-leaflet-flat-feet-young-children-updated-2015>

Tip Toe Walking

Toe walking is only normal as a transient phase in the early stages of walking independently.

Long-term toe walking can cause the fore-foot to broaden, and the calcaneus (heel bone) to be under-developed, which leads to issues with finding footwear to fit.

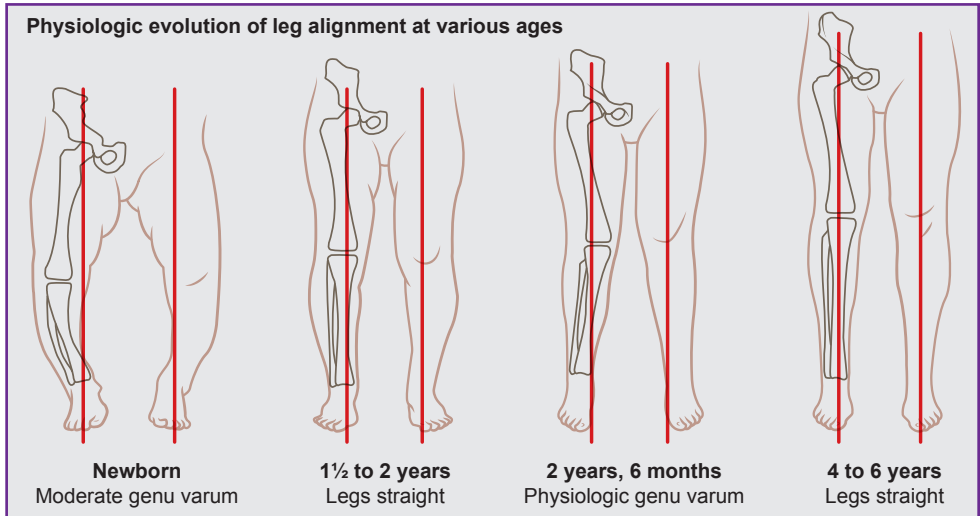


Refer to Paediatric Physiotherapy if:

- Toe walking is persistent
- Toe walking even in footwear
- Associated developmental delay
- The child is unable to squat with their heels on the floor (tight in Achilles tendons/calf muscles)
- The toe walking is asymmetrical (only on one side)

Knock Knees

This is normal in children from 2 - 4 years old. In this age group, in standing, the distance between the ankles of 8-10cm is considered normal. It should self-correct by 6 - 7 years of age.



Bow legs

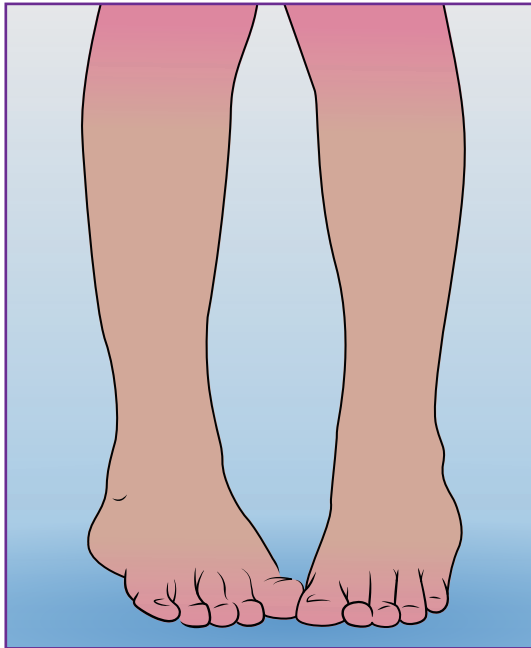
This is normal in children up to the age of 4. It can be associated with obese/overweight babies/toddlers & early walkers. In this age group, in standing, the distance between the knees of 8-10cm is considered normal.

These conditions do not require a referral to Physiotherapy.

In-toeing

It is normal for toddlers and young children to walk with their feet facing inwards. In-toeing is more common than out-toeing and tends to be symmetrical. Resolution should occur by 8-10 years of age. Children who in-toe may appear to trip more often at first but this soon resolves. It can be common in children who 'W' sit and this should be discouraged.

Exercises/stretchers and in-soles are not likely to improve an in-toeing gait and does not require a referral to Physiotherapy.

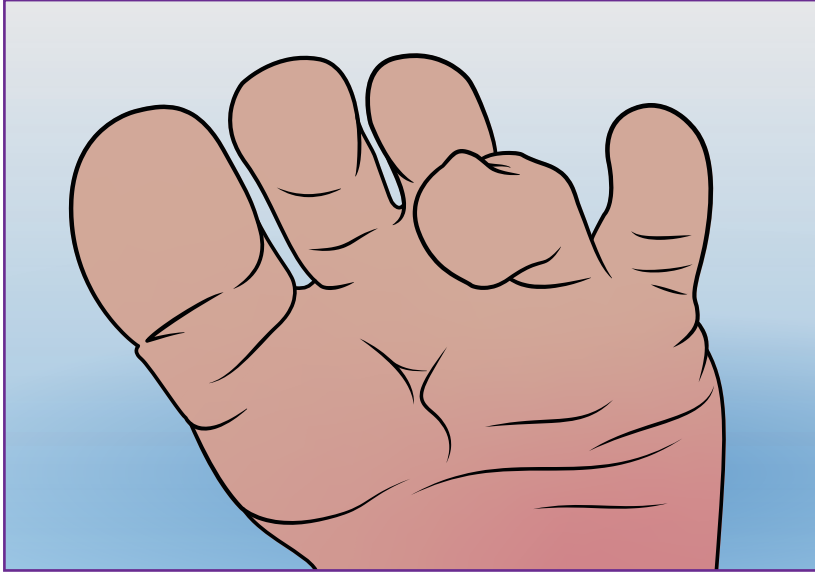


For further information on in-toeing please see:

<https://apcp.csp.org.uk/documents/parent-leaflet-intoing-gait-updated-2015>

Curly / Crossed Toes

Congenital curly/crossed toes can occur on one or both feet and affect 3rd, 4th,5th toes. The toes tend to be flexible and don't interfere with walking. A referral is not required, as Physiotherapy will have no impact on this condition.



Delayed Walking

Normal age for walking is from 9 to 19 months. Walking can be delayed if children use alternative movement rather than crawling, i.e. bear walking, inch worm, bottom shuffling and asymmetrical crawling. These are normal but can delay walking to 18-24 months. A baby walker will not help and is not recommended as it encourages toe walking.

Refer to Physiotherapy:

- If there is delay in other areas of development
- If the child is showing no signs of pulling to stand by 18 months

For further information:

<https://apcp.csp.org.uk/documents/parent-leaflet-babywalkers-are-they-necessary-updated-2014>

<https://apcp.csp.org.uk/documents/parent-leaflet-choosing-footwear-children-updated-2016>

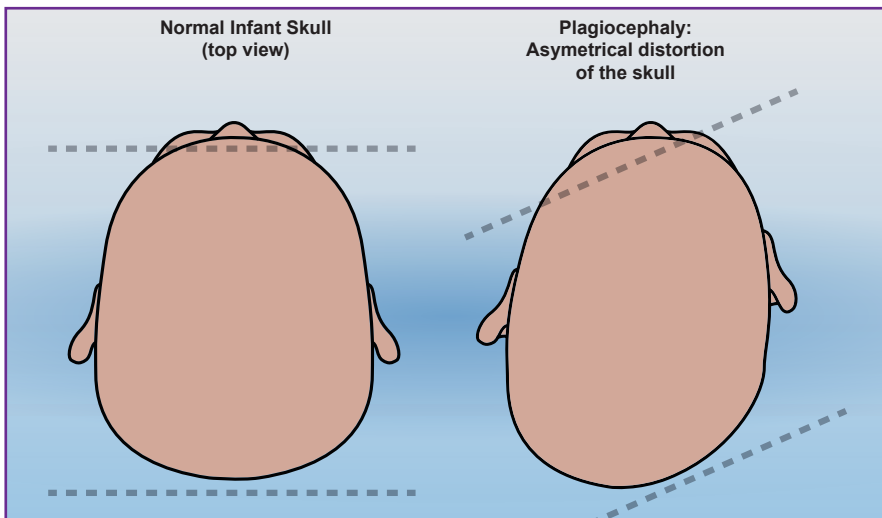
<https://apcp.csp.org.uk/documents/parent-leaflet-promoting-physical-development-lying-sitting-2015>

<https://apcp.csp.org.uk/documents/parent-leaflet-symptomatic-hypermobility-2012>

Plagiocephaly and Head turning preference

Plagiocephaly is a term used to describe flattening of one side of the head or the back of the head. Babies' skull bones are very soft until about 1 year of age. Flattening is often caused by lying with the head in the same position. It should improve as the child spends more time in sitting and on their tummy.

Plagiocephaly can also occur due to a head turning preference. Plagiocephaly has become more common since the Back to Sleep Programme. We would encourage back to sleep and tummy to play.



Refer to Physiotherapy (prior to 8 months):

- For positioning advice
- For further assessment as required

For further information and advice on plagiocephaly please see:
<https://apcp.csp.org.uk/documents/parent-leaflet-head-turning-preference-and-plagiocephaly-2011>

These referral guidelines are issued by GGC SCS Community Paediatric Physiotherapy Service. Local teams can be contacted at the follow centres.

Referrals can be made via EMIS, SCI GATEWAY (Acorn, Aranthrue, Skylark and The West Centres) or by sending in the attached referral form.

Acorn Centre Child Health Suite Vale of Leven Hospital Main Street Alexandria G83 0UA 01389 817 246	Aranthrue Centre 103 Paisley Road Renfrew PA4 8LH 0141 314 8995
Bridgeton Child Development Centre 201 Abercromby Street Glasgow G40 2DA 0141 531 6554	Skylark Centre Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN 01475 505 798
Southbank Child Centre Gorbals Health & Care Centre Sandiefield Road Glasgow G59 9AB 0141 201 5196	North West Sector The West Centre/ William Street Clinic 60 Kinfauns Drive Glasgow G15 7TS 0141 207 7100 0141 314 6257

References:

APCP Parent Leaflets

Weston Area Health, NHS Trust, Referral Guidelines for Young Children with Gait Anomalies

Oxford University Hospitals, NHS Foundation Trust, Referral Guidelines for Children's MSK Physiotherapy

Community Paediatric Physiotherapy Referral Form

Child/young person's Name	
D.O.B	
Address	
N.b. Is this a LAA Child?	
Post code	
Hospital Number	
CHI Number	
Home Tel Number	
Mobile Number	
Diagnosis	
School /Nursery	
Referrer's Name & Designation	
Referrer's Address	
Referrer's Tel Number	
GP name & address	
Urgent (if yes please provide reason)	Yes / No
Parent aware of referral	Yes / No
Other Professionals involved	1. 2. 3. 4.

Reason for Referral	Please Comment
What is the relevant medical history and current developmental level?	
Is there abnormal muscle tone or other neurological signs? What is the current management of these?	
Are there obvious limitations in 'Joint Range of Movement' and /or 'Muscle Power'?	
What is the functional impact of these problems on the child that you consider physiotherapy can help with at this time?	
<p>Additional Information: e.g. Will this family have difficulty accessing this service?</p> <p>Is an interpreter required?</p>	

Signed: _____

Date: _____

Print name and designation: _____

