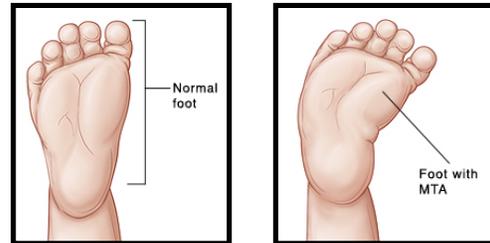


Information for Families – Metatarsus Adductus

Introduction

Your child has metatarsus adductus (MTA). This is a foot condition where the front part of the foot is turned inward. The back part of the foot and ankle are normal. It may affect one or both feet. It is a fairly common condition, causes no pain, and often resolves as your child grows.



What Causes Metatarsus Adductus?

MTA tends to run in families. In many cases, the position of the foot in the uterus during pregnancy contributes to development of MTA.

How Is Metatarsus Adductus Diagnosed?

MTA is usually diagnosed by looking at the foot when the child is born, but sometimes only becomes apparent when the child is walking. The doctor will differentiate MTA from other congenital foot problems.

How Is Metatarsus Adductus Treated?

In the majority of cases, MTA resolves on its own within the first 3 years of life.

Stretching - Parents may be given stretching exercises to help the foot move into a straighter position. The physiotherapist will guide you in how to do the stretches and how frequently. Your child may be given a boot to wear (Bebax boot) which holds the stretch for a longer period of time

Casting may be recommended if the foot doesn't begin correcting on its own or if the MTA is rigid (stiff, hard to move). The casts help move the foot into position. They are changed usually weekly guided by your physiotherapist

Surgery is only in rare severe cases, where MTA doesn't resolve & causes other problems.

What Are the Long-Term Concerns?

The majority of children with MTA get better with no treatment. If your child needs treatment, it is usually quite successful. In most cases, the child's foot and leg will look normal and both feet will be perfectly functional. But if the MTA is severe and doesn't go away, it can lead to foot problems such as bunions or hammertoes in later life.

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