

Metatarsus Adductus

What is metatarsus adductus?

Metatarsus adductus is the inward turning of the forefoot (front half of foot). It causes in-toeing and may affect one or both feet. In-toeing is when a child's feet point inwards when he or she walks. It is often a concern because it looks odd but it does not usually cause your child any problems walking or playing.



Who gets it?

This condition affects boys and girls equally. About one baby in 100 has it.

What is the cause?

The cause of metatarsus adductus is not known. It may result from the way your baby was lying when inside the mother's womb.

What is the treatment?

In most (85%) children with metatarsus adductus, the condition corrects itself without treatment. There are no known long-term problems associated with it even if some curvature remains.

At this time there is no way to predict which children will outgrow the condition and which will not. There are, however, three common treatment options:

- **Observation**
Watch how your child's feet naturally grow over time (usually for 6-8 months).
- **Massage**
Some doctors recommend that parents massage the foot several times a day to stretch the muscles on the inside of the foot.

- **Casting**

This is the method of choice for children with metatarsus adductus which does not improve over time. A long-leg cast (from upper thigh to toes) is applied, and usually left on for two to three weeks. The cast gently stretches the foot and holds it in a more normal position. The cast is removed and the foot is rechecked. Additional casts may be necessary to achieve the best results. There is no pain with the casting but an older child may complain because it restricts their activity.

What follow-up care is needed?

It is possible for metatarsus adductus to recur after treatment. Your doctor may recommend your child wear a "straight last" shoe and/or a night splint to hold the achieved correction.

Is surgery ever necessary?

Almost never.

Summary

- Metatarsus adductus is an inward curve of the front half of the foot.
- 85% of children with metatarsus adductus will outgrow the condition without treatment.
- If treatment is needed, long leg casting is most often used for correction.

FOR MORE INFORMATION

- Orthopedics Clinic (206) 987-2109
- Your Child's Health Care Provider

Children's will make this information available in alternate formats upon request. Please call Marketing Communications at (206) 987-5205.

This handout has been reviewed by clinical staff at Children's Hospital. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's health care provider.

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