

Metatarsus Adductus

Metatarsus adductus is an inward curve of the front half of the foot. Most children will outgrow the condition without treatment.

What is metatarsus adductus?

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



Who gets it?

This condition affects boys and girls equally. About one baby in 1000 has it.

What is the cause?

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

Observation

Watch how your child's feet grow over time (usually for 6 to 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

If metatarsus adductus does not improve over time casting may be an option. A long-leg cast (from upper thigh to toes) is applied. It gently stretches the foot and holds it in a more normal position. The cast is usually left on between 1 to 3 weeks. The cast is removed and the foot is rechecked. Other casts may be needed to for the best results. There is no pain with the casting, but an older child may not like having their activity limited.

To Learn More

- Orthopedics
206-987-2109
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

What follow-up care is needed?

It is possible for metatarsus adductus to recur (come back) 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.