

Fact Sheet



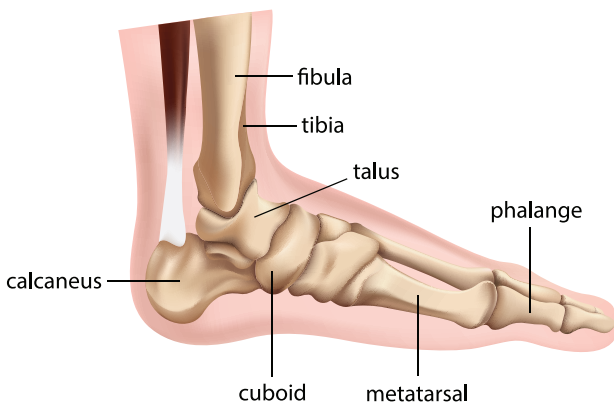
Metatarsus Adductus

Metatarsus Adductus (MTA) is a common foot condition in babies and young children where the front part of the foot and the toes turn in. In unaffected babies, the outside edge of the foot is straight; in metatarsus adductus, the outside edge of the foot curves inwards, giving the sole of the foot a 'bean' like appearance. The heel and ankle are normal.

What causes Metatarsus Adductus?

There is no evidence to show the condition runs in families and, in many cases, it is thought to be caused by the baby being squashed in the uterus (womb) towards the end of pregnancy. It can affect one or both feet. Metatarsus Adductus causes no pain, and often gets better without treatment as a child grows; it is rarely seen in adults.

Bones of the Human Foot



How is it diagnosed?

It is usually diagnosed by a midwife or other health professionals looking at the foot when the child is born. Sometimes, in very mild cases, it only becomes noticeable when a child learns to walk as it may cause in-toeing or 'pigeon-toes'. Your health professional will be able to tell the difference between MTA and other possible issues with the feet.

How is it treated?

Most MTA feet are flexible, not fixed into position and, in most babies, the condition improves itself, without medical treatment and resolves fully by the time a child is around three years old.

Occasionally there is some tightness and the front of the foot does not fully correct on its own. The family can then be shown stretching exercises to help get the foot into a straighter position. A physiotherapist will give instructions on how to perform the stretches and how often to do them. The exercises should be done very gently and should never hurt.

Sometimes a special boot is used to help keep the foot in position for longer after stretching and, less often, casting may be used if the foot doesn't begin to get better on its own, especially if the foot is stiff. The casts are changed weekly and help move the foot into a more normal position. Shoe inserts or a special brace may also be used to help hold the foot in position.

In rare cases, surgical treatment may be needed. Surgery is only recommended in the very rare cases when the condition is severe and doesn't improve with other treatment.

Some hospitals may offer a hip examination following a diagnosis of Metatarsus Adductus. Any concerns about the progress of treatment should be discussed with your child's doctor or physiotherapist.

What is the long-term outlook?

Most cases of Metatarsus Adductus will get better without treatment. If treatment is required, it is usually a success and will give normal looking and well-functioning feet. In children learning to walk, MTA can cause in-toeing or 'pigeon toes', which describes the way the feet turn in when a child is walking or running. However, there are many other reasons/causes for in-toeing in young children.

In the very rare cases that the condition is difficult to treat and doesn't get better with time, it can lead to foot problems in later life. However, it is a very rare condition to see in the adult population.

Sources of support

Our helpline [01925 750271](tel:01925750271) is open from 9am until 5pm on weekdays, for any questions you may have about practical support.

Medical enquiries to be passed to our panel of NHS consultants. Email info@steps-charity.org.uk with a specific request or fill in a contact form on our website.

The Steps closed Facebook Group is a friendly and safe way of discussing your worries, sharing tips and finding emotional support. Our Family Contact service identifies someone else who has been through a similar situation and who's happy to talk about their experiences, on a one-to-one basis, to offer support.

We don't take walking for granted...



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Helpline number 01925 750 271



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