Useful advice leaflets available from APCP website (apcp.csp.org.uk) include:

APCP ‘ Paediatric MSK Warning Signs’ (Information leaflet for professionals)

APCP ‘Intoeing Gait’ (Parent information leaflet)

APCP ‘Flat Feet in Young Children’ (Parent information leaflet)

APCP ‘Choosing footwear for Children’ (Parent information leaflet)

CONTACT US:

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Putting **patients** at the **HEART** of everything we do

NHS
London North West University Healthcare
NHS Trust

Referral Guidelines for Paediatric Physiotherapy in Brent, Ealing and Harrow

Please use the following guidelines to ensure that physiotherapy is the appropriate service for your patients.

Contents:

Referral Criteria

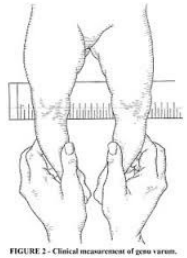
Across London North West University Healthcare NHS Trust, Paediatric Physiotherapists are responsible for the treatment and care of babies, children and young people from birth to 18 years with neuro-disability and long term conditions (19 for special schools), and those with MSK and orthopaedic conditions from 0-16 years of age.

They must meet the criteria below to be referred to our service:

Category	Example Referral Indicator
Acute Orthopaedic/ Musculoskeletal/ Neurological conditions	• Juvenile idiopathic Arthritis (JIIA) in flare up • Erbs palsy/ Talipes (within first 4 weeks) • Acute soft tissue injuries (max of 4 weeks post injury) • Whiplash under 4 weeks duration • Post BOT TOX • Post multi-level surgery • Orthopaedic surgery • Acute Head injury post discharge from ward • Post fractures which have come out of plaster within past 2 weeks
0-5 years with Neurological problems resulting in significant gross motor delay.	• Physical disabilities • Cerebral Palsy, Muscular Dystrophy, Spina bifida, syndromes which result in physical disabilities • Severe Developmental Delay of physical skills • Children with significant gross motor delay (including pre-walking Downs Syndrome)

6. Genu Varum (bow legs)

Genu varum is a normal variant up to the age of two and will normally change to valgus by the age of four. It can be associated with overweight babies/toddlers and early walkers.



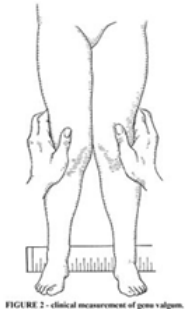
A Physiotherapy referral is not necessary.

Referral to Paediatric Orthopaedics if:

- Genu varum persists after two years or progressively worsens from 12-18months. Rickets and Blount's will need to be excluded)
- Asymmetrical knee varus
- Inter-condylar distance with the feet together of over 6cm in standing.

7. Genu Valgum (knock knees)

Genu Valgum is a normal variant for children aged two to four years of age, and tends to revert to adult alignment by six to eight years of age.



A Physiotherapy referral is not necessary.

Referral to Paediatric Orthopaedics if:

- Asymmetrical knee valgus
- Excessive or worsening valgus knees after six years of age
- Inter-malleolar distance of over 8cm in standing.

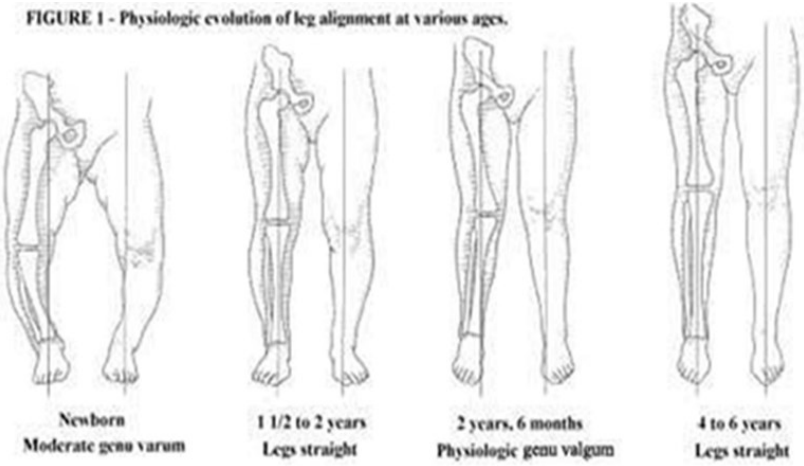


FIGURE 1 - Physiologic evolution of leg alignment at various ages.

3. Outoeing

This is also a normal variant, although less common than intoeing, and should be assessed when walking is well-established (e.g. independent for at least six months). It is often associated with knock knees and flat feet. It can be caused by external femoral torsion, external tibial torsion or marked calcaneo-valgus. There are a number of differential diagnoses that may present with an out-toeing gait (e.g. Perthes, DDH, SUFE).

Referral not necessary if:

- Symmetrical out-toeing that is asymptomatic

Referral to A and E if:

- Sudden onset out toeing following trauma

Referral to Paediatric Physiotherapy if:

- Symmetrical out toeing associated with pain in lower limbs

Referral to Paediatric Orthopaedics if:

- Asymmetrical hip movements
- Persistent pain despite intervention

4. Pes Cavus

This is where the arch of the foot is very pronounced (the opposite of a flat foot). This is rare but likely to be related to a neurological pathology. The child should therefore be screened by a Paediatrician or Orthopaedic Consultant. **A physiotherapy referral is not necessary.**

5. Curly toes

Congenital curly toes tend to affect 3rd, 4th and 5th toes of one or both feet and tend to become more noticeable when a child starts walking. They are often flexible and are as a result of intra-uterine moulding. They generally do not cause any gait problems. f the overriding toes are flexible/correctable, no treatment or referral is indicated. The GP or Health Visitor can show stretches to extend the toes if they are a little tight. This can be advised after a bath. The aim of this is to maintain or improve flexibility. **A Physiotherapy referral is not necessary.**

Referral to Paediatric Orthopaedics if:

- Ongoing significant problems such as blisters, pain, excessive tightness in tendons
- 2nd or 3rd toes deviate medially or laterally at distal IP joint

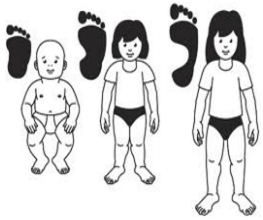
Children 5-18 with a specific diagnosis of Physical Disability with impairment.	• Children with specific disabilities e.g. Cerebral Palsy, Muscular Dystrophy • Syndromes with known physical disabilities • Mild hemiplegia/diplopia • Early stages DMD • Osteogenesis Imperfecta with no fractures
MSK/Orthopaedics – non acute JIA – not in flare Chronic Musculoskeletal	• MSK related pain e.g. Anterior knee pain/ Joint pain • Soft tissue injuries over 4 weeks duration • Back pain over 4 weeks duration • Symptomatic hypermobility • Gait disturbances (including tip toe walking) • Fractures once out of plaster for over 6 weeks • Torticollis/ Erbs palsy/ talipes (after first 2 months) • Normal orthopaedic variants (as indicated on the following pages)
DCD	With specific gross motor difficulties and reduced core stability
Mobile Developmental Delays.	Specific issues identified with mobility for assessment and advice only

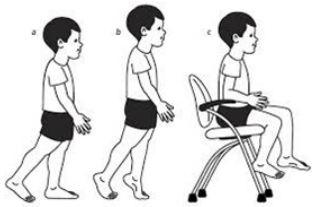
Normal variants of lower limb development such as flat feet, in toeing, out toeing, genu valgum (knock knees) and genu varum (bow legs), are a common source of parental concern but often do not require any intervention. The following pages are designed to help you identify when a referral is required, and which service is most appropriate to refer to.

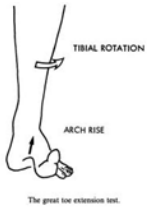
physiotherapy works

1. Flat feet (Pes Planus)

Before the age of three all children have flat feet, as the arch on the inside of the foot does not begin to develop until after this age. The arches may 'appear' when a child is sitting, when the big toe is bent backwards or if a child stands on tiptoe. Even in older children flat feet do not usually cause any problems.







Referral not necessary if:

- Asymptomatic
- Flexible

Reassure parent/guardian and give APCP advice leaflet titled *"Flat Feet in Young Children"*

Refer to Paediatric Physiotherapy if:

- Tightness into ankle dorsiflexion
- Difficulty rising onto tip toes
- Marked tripping and falling, affecting daily function
- Pain in lower limbs

Refer to Paediatric Orthopaedics if:

- Arch of foot doesn't correct on tip toes in over 5's
- Asymmetrical flat feet (especially with heel valgus)

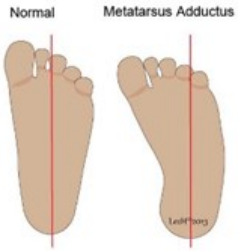
Refer to Podiatry/Orthotics if:

- Over 5's with flexible feet and localised foot pain

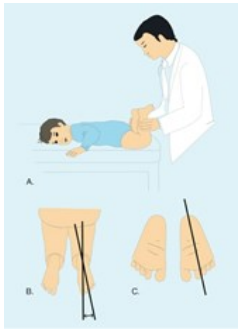
2. Intoeing

Intoeing gait (walking with feet turning facing inwards) is a normal variant of developing gait and often resolves over time, therefore it is important that the child has a well-established gait (e.g. independent for at least six months) before assessment**.**

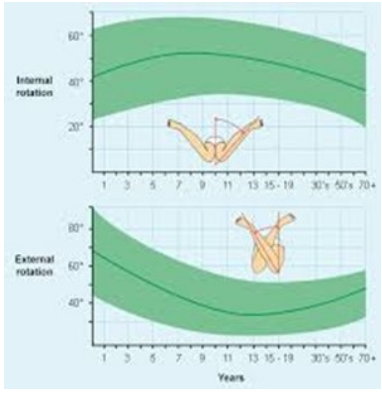
In the first years of life it is usually due to metatarsus adductus (A). Internal tibial torsion (B) is a normal variant up to seven years of age and may be symmetrical or asymmetrical. Femoral anteversion (c) is a normal variant up to 10 years of age and is generally symmetrical.



A. Metatarsus Adductus



B. Measuring Tibial Torsion



C. Measuring Femoral Anteversion

Referral not necessary if:

- Asymptomatic normal variants (up to eight years of age).

Physiotherapy cannot prevent the tripping often associated with intoeing. Reassure parents/carers and give APCP advice leaflet *"intoeing gait"*.

Referral to Paediatric Physiotherapy if:

- Metatarsus adductus with true tightening of the medial structures of the foot and a medial crease. There may also be a curved lateral border of the foot.
- Intoeing associated with hip, knee or foot pain.
- Abnormal neurology e.g. abnormal tone (Referral to **Paediatrician** also indicated in this case).

Referral to Paediatric Orthopaedics if:

- Asymmetrical hip range or movement
- Child over eight years of age with pain, tripping over, significant deformity causing psychological distress.