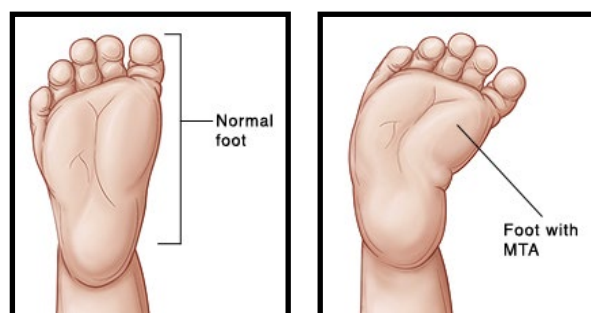


# Metatarsus adductus (inward turning foot)

The aim of this leaflet is to answer some of the questions that you or your child may have about metatarsus adductus and its treatment. You will also have an opportunity to discuss any further concerns with us in clinic.

## What is metatarsus adductus (MTA)?

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 gets better without treatment as your child grows.



## What causes MTA?

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 MTA 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 possible existing foot problems.

## How is MTA treated?

In the majority of cases MTA gets better on its own within the first three years of life.

- **Stretching:** parents may be given stretching exercises to help the foot move into a straighter position. The physiotherapist will guide you on how to do the stretches and how frequently. Your child may be given a boot to wear 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 recommended in rare severe cases, where MTA doesn't improve using other methods and 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.

## Contact us

If you require any further advice please contact: Children's Foot Clinic Team on 0118 322 5248  
Nina Doherty, Clinical Nurse Specialist 0118 322 8746 or 0118 322 5111, bleep 232.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

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