



Clinical Thresholds

Condition or Treatment	Paediatric foot problems – curly toes and metatarsus varus (metatarsus adductus)
Commissioning Threshold	<p>All patients to be referred to local podiatry services prior to referral to secondary care.</p> <p>Metatarsus varus (metatarsus adductus)</p> <p>Note: This condition is associated with developmental dysplasia of the hips so this should also be checked for when a child presents with intoeing.</p> <p>Referral to secondary care should only be made if there are any of the following circumstances:</p> <ul style="list-style-type: none"> • Child has had podiatry review (please include any documentation) • Child is ≥ 5 years and intoeing is still evident <p>Curly toes</p> <p>Referral to secondary care should only be made if there are any of the following circumstances:</p> <ul style="list-style-type: none"> • Severe deformity (as is shown by either deformity of the growing nail of the toe or pressure on the adjacent toe or corn formation on the dorsum of the toe.) • When there is significant history of pain
Referral Guidance	<p>If the request meets the identified criteria the referral form needs to be completed and submitted via RSS.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;">Referral Form</p> </div>
Effective from	April 2013
Summary of evidence / rationale	<p>Curly Toes</p> <p>Deformities of the toes are common in the paediatric population. Generally they are congenital in nature with both or one of the parents having the same or similar condition. Many of these deformities are present at birth and can become worse with time. Rarely do children outgrow these deformities although rare instances of spontaneous resolution of some deformities have been reported.</p> <p>Malformation of the toes in infancy and early childhood are rarely symptomatic. The complaints of parents are more cosmetic in nature. However as the child matures these deformities progress from a flexible deformity to a rigid deformity and become progressively symptomatic. Many of these deformities are unresponsive to conservative treatment. Common digital deformities are underlapping toes, overlapping toes, flexed or contracted toes and mallet toes. Quite often a prolonged course of digital splitting and exercises may be recommended but generally with minimal gain. As the deformity becomes more rigid surgery will most likely be required if correction of the deformity is the goal.</p>

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Contact for this policy	Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net

References:

1. Podiatry Network
http://www.podiatrynetwork.com/document_disorders.cfm?id=194
2. Orthopaedic in Problems in Childhood
<http://www.patient.co.uk/doctor/orthopaedic-problems-in-childhood#ref7>