

**Division of Pediatric Orthopaedics**

**Sanjeev Sabharwal, MD**

**Flo Edobor-Osula, MD**

**Emily McClemens, PA-C Michele Gilliland, PA-C**

**Phone: (973) 972-0246**

**PEDSORTHO@NJMS.RUTGERS.EDU**

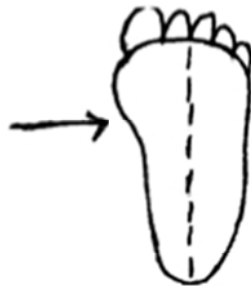
**METATARSUS ADDUCTUS**

**What is metatarsus adductus?**

Metatarsus adductus (metatarsus varus or MTA) occurs when the front of the foot is turned in toward the center of the body. MTA might be due to the feet being in a turned-in position in the womb.



At birth there is a normal slight adductus.



This is a normal foot at age 2 to 3 months.



This is an abnormal foot after 3 months of age.

**How does it affect my child?**

MTA causes a gradual curve in the inner border of a newborn's foot. This is normal for the first three months. It should straighten out on its own. If it lasts longer than three months, it should be checked by an orthopedic doctor.

When the child with MTA stands or is held upright, the toes point inward, or appear "pigeon-toed". There is often a crease at the midpoint of the inner border of the foot on the bottom between the forefoot and the hind foot.

### **How is it treated?**

- If the MTA is mild, your child's doctor may not suggest any treatment. He or she may watch the feet for a period of time to see if it goes away on its own.
- Corrective shoes may be prescribed by your doctor if needed.
- The treatment for more involved MTA is to move the feet into a more normal position and apply a cast. This is done by a doctor or the doctor's assistant. Because the casts fit tightly, they need to be changed every 2 to 3 weeks. Your child's doctor will decide the number of casts based on how the foot improves. Treatment will take about 4 to 6 weeks. You will be given information on cast care. After casting, corrective shoes may be needed for a period of time to maintain the correction. The shoes are called reverse last shoes. They hold the feet in an outward-turned position.

### *Follow-up care*

Your child's doctor will tell you how often your child needs to be seen once the correction has been done. This is often for just a few months. This is to watch to see if the condition comes back.

**ALERT:** Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child:

- Has any problems with the casts. Look at the information on cast care for additional help.
- Has any inward turning of the feet after treatment has been stopped.
- Has special health care needs that were not covered by this information.

This teaching sheet is meant to provide you with additional information about your child's care. Diagnosis, treatment and follow-up should be provided by a health care professional.