

APCP Information -

Positional Talipes- Congenital Talipes Calcaneo Valgus (CTCV)

Information for Parents and Carers

What is positional talipes?

Positional talipes is most commonly equino-varus (the foot points down and in) but slightly less common is the calcaneo-valgus form (foot points up and out).

It is a common presentation in newborn babies, where their foot turns outwards and upwards. This may affect one or both feet. The foot remains flexible and can be moved gently through a full range of normal movement.

How is positional talipes calcaneo valgus managed?

Positional talipes is correctable, usually resolving by itself within the first few months. Once the baby is born it will have more space to move and stretch their feet.

You can give your baby some time out of their clothing to allow them to kick and move their legs freely. Make sure baby's clothes are not too tight around their feet so they have room to move.

Can exercises help?

Gentle exercises for the foot may help. These should be performed regularly through the day, and will be most effective when your baby is relaxed. Bath time is a good time for a baby to stretch.



Exercise 1 - Gently move baby's foot inwards, hold each stretch for 10-30 seconds.



Exercise 2 – Gently move baby's foot so the toes point downwards. Hold each stretch for 10-30 seconds.



Exercise 3 – Gently stroke or tickle the inside of baby's foot to encourage them to move it down and inwards

When to seek further medical advice

Please speak to your health visitor, GP or physiotherapist if:

- * Your baby's foot feels stiff or you are unable to correct the position of the foot.
- * Your baby's foot seems painful
- * Your baby's foot position has not improved or resolved within a few weeks

Your GP can refer your baby for further assessment and advice, if required.

Babies with positional talipes are not routinely referred for a hip ultrasound scan. Please speak to your health visitor, GP or physiotherapist if you have any concerns about your baby's hips.

This leaflet has been produced following a review of relevant literature and where there is lack of evidence, a consensus of expert opinion is agreed, correct at time of publication.

Acknowledgments: Published with expertise from the APCP North West regional committee and University of Hospital Dorset NHS Foundation Trust

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https://apcp.csp.org.uk

V1 Published March 2023

V1 Review March 2028



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