



Footwear for children – summary

Shoes are selected for protection, correction and fashion. Differing advice regarding appropriate footwear for children is given, which often confuses parents. The use of footwear for correction of foot or leg ‘deformities’ in otherwise healthy children is a common practice for which there is limited evidence of effectiveness. In the present practice point, the evidence supporting the use of corrective shoes for otherwise healthy children is reviewed. It replaces the position statement previously published in 1998 (1).

RECOMMENDATIONS

The levels of recommendations are described using the evaluation of evidence criteria outlined by the Canadian Task Force on Preventive Health Care (2).

- Infants do not need shoes until walking (Level III-A).

- Shoes are necessary for protection. They should be well-fitting, soft, lightweight and should have cushioned soles (Level III-A).
- Orthotics are not beneficial in the management of physiological flexible flatfoot (Level I-B), developmental intoeing and mild torsional deformities (Level III-B).
- Orthopaedic referral is necessary when a child experiences functional disability or pain in association with foot or lower leg abnormalities (Level III-B).

REFERENCES

1. Canadian Paediatric Society, Community Paediatrics Committee [Principal author: D Leduc]. Footwear for children. *Paediatr Child Health* 1998;3:373.
2. Canadian Task Force on Preventive Health Care. <<http://www.ctfphc.org/ctfphc&methods.htm#Methods>> (Version current at January 20, 2009).

For more information, please refer to the full document available on-line at <www.cps.ca/english/publications/CommunityPaediatrics.htm>

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The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed.

Variations, taking into account individual circumstances, may be appropriate.

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