

Children's Feet: A Parent's Guide

Understanding How Children's Feet Develop and When to Seek Help

Children's feet are not simply smaller versions of adult feet — they are actively growing, developing structures that go through a predictable series of changes from birth through to late adolescence. Most variations that concern parents are entirely normal for the child's age and resolve without intervention. This guide helps you understand what is typical at each stage, what signs are worth discussing with a podiatrist, and what you can do to support healthy foot development.

1 Normal Foot Development by Age

Age	What Is Normal	What Parents Often Notice
0-12 months	Feet are mostly cartilage, very flexible. Flat appearance is normal — the arch does not yet exist. Feet naturally turn inward.	Foot looks flat or rolled in. Toes curl. Baby does not bear weight — this is appropriate.
1-3 years	First steps often wide-based for balance. Flat feet are expected and normal. In-toeing (pigeon toes) is common and usually resolves. Bow-legs are typical up to age 2.	Toddler walking with feet turned in. Flat foot when standing. Occasional trips and falls — normal at this stage.
3-6 years	Arch begins to develop as muscles and ligaments mature. Knock-knees (genu valgum) peak around age 3-4 then self-correct. Mild in-toeing and out-toeing common.	Knees appear to touch when standing. Flat foot may persist — this is still within normal range. Child may complain of tired or achy legs after activity.
6-10 years	Arch is usually visible by age 6-7. Foot shape approaching adult form. Shoe fit becomes important for not restricting growth.	Growing pains in the heel (Sever's disease common from age 8-13 in active children). Concerns about foot shape often voiced at school age.
10-16 years	Adolescent growth spurts create rapid bone lengthening. Achilles tightness and heel pain common in active teenagers. Foot size may increase rapidly.	Heel pain with sport (Sever's). Shin pain. Arch pain. Concerns about foot posture increasing with sport demands.

2 Flat Feet in Children

Flat feet are one of the most common reasons parents bring their children to a podiatrist. Understanding the difference between flexible flat feet (very common and usually benign) and structural flat feet (less common, may need management) helps set the right expectations.

Type	What It Looks Like	When Is It a Concern?
Flexible flat foot	Arch disappears when standing but is visible when the child sits or rises on tiptoes. Foot is supple and pain-free.	Usually not a concern if pain-free and the child is meeting activity milestones. The majority of children have this. Most resolve by age 8-10.
Rigid flat foot	No arch whether standing or not. Foot feels stiff. Subtalar motion is restricted.	Worth assessment — may indicate tarsal coalition (bones fused together) or neurological involvement. Less common.
Symptomatic flat foot	Any flat foot where the child reports pain, fatigue, or avoids activity. May also cause knee, hip, or back discomfort.	Warrants podiatric assessment. Pain is the key indicator — flat feet that hurt need attention regardless of the child's age.

What the evidence says

A flat foot in a child under 6 is almost always normal. The arch develops gradually as muscles and ligaments strengthen. Treatment is not routinely recommended for pain-free flat feet — and insoles given 'just in case' are not evidence-based in asymptomatic children.

3 When to See a Podiatrist

Presentation	What It Is	What to Do
Heel pain (Sever's disease)	Inflammation at the growth plate of the heel, common in active children aged 8-13 during growth spurts. Often worse with sport.	Very common and self-limiting. Podiatric assessment for load management, heel raise, footwear advice and activity modification. Rarely needs imaging.
In-toeing	Feet turn inward when walking. Usually from tibial torsion, femoral anteversion, or metatarsus adductus. Most common cause is normal rotational variants.	Most cases in children under 8 self-resolve. Seek assessment if: one side only, associated with pain, or child is over 10 with significant in-toe and falls frequently.
Toe walking	Consistently walking on tiptoes beyond age 3. Some children do this habitually; others have tight Achilles, sensory processing differences, or neurological causes.	Worth assessment if persistent beyond age 3 and not resolving. A podiatrist can assess range of motion and refer onwards if needed.
Knee pain in teenagers	Osgood-Schlatter (tibial tuberosity pain) and patellofemoral pain are common in adolescent sport. Often linked to rapid growth and foot mechanics.	Podiatric assessment can identify whether foot mechanics are contributing. Orthotics, load management and exercise guidance are effective in many cases.
Growing pains	Aching in the legs, usually at night, in children aged 3-12. Bilateral, often in calves or shins. No swelling, redness or fever.	True growing pains are benign and resolve with massage and warmth. If pain is localised, one-sided, associated with a limp, or accompanied by systemic symptoms, seek medical assessment.
Abnormal gait or asymmetry	One-sided limp, asymmetric wear of shoes, or child consistently favouring one side.	Always worth assessment — asymmetry can indicate a mechanical issue, injury, or less commonly, a neurological or hip problem that needs onward referral.

4 Choosing the Right Footwear

Children's feet grow rapidly — on average, shoe size increases by 2-3 sizes per year in the first few years. Poorly fitted footwear is one of the most preventable causes of foot problems in childhood.

Feature	Why It Matters	What to Look For
Correct length	Cramped toes restrict natural spreading and can cause nail problems, blisters and toe deformities over time.	10-15mm of space beyond the longest toe. Have children's feet measured every 6-8 weeks when growing rapidly.
Correct width	Width is as important as length — a narrow shoe compresses the forefoot and restricts toe splay during push-off.	Widest part of the shoe should match the widest part of the foot. Toes should not be compressed together.
Flexible sole	Children need to feel the ground through the sole to develop proprioception and foot muscle strength. Very rigid, thick-soled shoes can inhibit this.	The shoe should flex easily at the ball of the foot when you bend it. Avoid very stiff-soled shoes for young children.
Secure fastening	Laces or velcro keep the heel seated correctly in the shoe, preventing the foot from sliding forward and cramping the toes.	Slip-on shoes are fine for older children but avoid for toddlers still developing balance and gait.
Bare feet and soft surfaces	Barefoot time on grass, sand, and soft surfaces strengthens intrinsic foot muscles and supports arch development.	Encourage barefoot play at home and in safe outdoor environments. Constant shoe-wearing is not ideal for development.

5 Orthotics and Children: What You Need to Know

Question	Answer
Does my child need orthotics?	Only if they have pain, a functional limitation, or a clinical finding that warrants mechanical management. Orthotics for asymptomatic flat feet in children under 8 are not supported by evidence as a routine intervention.
Will orthotics affect how their feet develop?	Bespoke orthotics prescribed for specific clinical indications are safe and can support normal development. There is no evidence that appropriately prescribed orthotics weaken or over-correct children's feet.
My child won't wear their orthotics — what should I do?	Comfort is key. Children's feet are sensitive. If orthotics are prescribed, ensure footwear has adequate depth. A wear-in period of 1-2 weeks is normal. Contact your podiatrist if discomfort persists beyond this.
How often do orthotics need replacing in children?	As children's feet grow, orthotics become less effective — typically every 12-18 months, or sooner if significant growth has occurred. Annual review appointments are recommended.
Are off-the-shelf insoles any good?	For mild, short-term use, over-the-counter insoles can provide symptomatic relief. For persistent or complex presentations, bespoke orthotics are more effective as they are matched precisely to your child's foot shape and clinical need.

A word of reassurance

Most children's foot concerns resolve naturally with growth. When you are unsure, a podiatric assessment provides clarity — and peace of mind. You do not need to wait until something is clearly wrong. An assessment can confirm everything is on track, or identify early if any support would be helpful.