

CHILDREN'S PHYSIOTHERAPY REFERRAL GUIDANCE JUNE 2022 (for pre-school age)

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| Bow Legs | Physiotherapy NOT INDICATED, exercise does not correct the problem. | If severe / painful / asymmetrical see GP to check for other diagnoses. https://global-help.org/products/what_parents_should_know_about_flatfeet_intoeing_bent_legs_and_shoes_for_children/ |
| Curly Toes | Physiotherapy Referral NOT INDICATED Normal variant that should resolve. | https://global-help.org/products/what_parents_should_know_about_flatfeet_intoeing_bent_legs_and_shoes_for_children/ If causing symptoms refer to Podiatry. |
| Flat feet | ASYMPTOMATIC- referral NOT INDICATED | Refer to podiatry only if over 4 years and has pain in feet or lower limbs. Or blistering or stiffness in feet. Flat Feet in Children V3.pdf (csp.org.uk) |
| Knock Knees | Physiotherapy NOT INDICATED, normal variant -exercise does not correct the problem. | https://global-help.org/products/what_parents_should_know_about_flatfeet_intoeing_bent_legs_and_shoes_for_children/ If severe / painful / asymmetrical see GP. (Refer on to Orthopaedics) |
| In Toeing/ Out toeing | ASYMPTOMATIC- referral NOT INDICATED Generally resolves spontaneously as gait matures (by age 8) During first 6 months of walking gait may be asymmetrical. | https://global-help.org/products/what_parents_should_know_about_flatfeet_intoeing_bent_legs_and_shoes_for_children/ Refer to physiotherapy if child has walked for 6 months but still has an asymmetrical style. |
| Pes Cavus | Where arch of foot is very high, it is rare but could be related to neurological pathology- | Refer to Paediatrician or Orthopaedics |
| Tip toe walking | Intermittent tip-toes: Under-5s-Parent-Guide-to-Toe-walking-BHCCPTW122019.pdf (bromleyhealthcare.org.uk) Consider referral to paediatrician if the child has stiff muscles or movements (especially with a significant birth history). | Refer to physiotherapy: · if unable to stand with heels down and feet flat · if asymmetrical, · or if associated with developmental delay or significant birth history. |
| Hip Dysplasia (DDH) Make parent friendly | Follow Protocol for Hip Dysplasia Newborn and infant physical examination (NIPE) screening programme handbook - GOV.UK (www.gov.uk) | Refer to GP as per protocol. |
| | If parent very concerned re: any of above even following advice leaflet/ website info —direct to Children's Centre physio advice clinic. | Call: 0208 461 7259 |

Telephone 0300 330 5777 for further advice or e-mail bromh.cccpod5@nhs.net All Leaflets can be found on

www.bromleyhealthcare.org.uk/explore-our-services/childrens-physiotherapy

www.bromley0to19.co.uk/0-4-years/development-development-learning-play-and-behaviour/developing-independence

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| Hypermobility | Asymptomatic- referral NOT INDICATED | symptomatic hypermobility - 2012.pdf (csp.org.uk) Symptoms – such as joint pain or significant delayed motor development- direct to children's centre physio advice clinic |
| Gross Motor delay | awake_time_ideas_2015.pdf (csp.org.uk) promoting_physical_development_lying_to_sitting_2015.pdf (csp.org.uk) Home :: Bromley 0 to 19 Public Health Service Advise against baby walkers / door bouncers. Use a rolled up towel under the chest for supervised tummy time. Put a mat on the floor if hard flooring. | Direct to children's centre physio advice clinic Poor head control at 3 months. Not sitting securely at 10 months Not pulling self to stand 15 months Not walking at 20 months Has poor motor sequencing. Has asymmetrical movements. Has stiff or floppy movements. Refer to physiotherapy if significant birth history |
| Obstetric Brachial Plexus Palsy (Erb's Palsy) | Asymmetrical arm movement following a difficult birth. Yes – refer for assessment ASAP | Specialist advice needed from Physiotherapy. |
| Positional Talipes | Both feet move freely but might posture inwards / outwards. (should get advice on ward) | Newborn-babys-feet-positional-talipes-BHCCPT042020.pdf (bromleyhealthcare.org.uk) If not resolving after 6-8 weeks, direct to children's centre physio advice clinic. |
| Structural Talipes | Stiff foot, not correctable (should get advice on ward) | GP to refer to King's College Hospital for Ponsetti clinic via Orthopaedic team.. |
| Plagiocephaly (skull flat spot) | Referral NOT INDICATED unless combined with torticollis- restricted neck movement. Check that they can turn their head to either side to sleep. | Tummy Time Poster (Update 2016) Association of Paediatric Chartered Physiotherapists (csp.org.uk) Plagiocephaly F0171_A5_col_FINAL_Sep17.pdf (gosh.nhs.uk) |
| Torticollis (stiff neck) | Restricted neck movement/ persistent head tilt Tummy Time Poster (Update 2016) Association of Paediatric Chartered Physiotherapists (csp.org.uk) Plagiocephaly V4_2020.pdf (csp.org.uk) | Refer promptly to physiotherapy. Encourage neck movements to the other side. |

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