

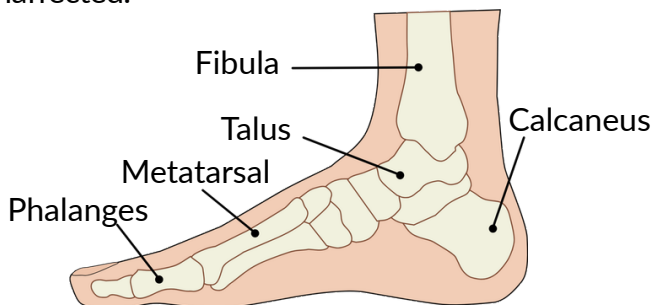
Metatarsus Adductus (MTA) Fact Sheet

Updated May 2026



What is metatarsus adductus?

Metatarsus adductus (MTA) is a common foot condition in babies and young children, affecting 1 in 1000 live births, where the front part of the foot and the toes turn in. In unaffected babies, the outside edge of the foot is straight; in metatarsus adductus, the outside edge of the foot curves inwards, giving the sole of the foot a 'bean' like appearance. Both the heel and the ankle are unaffected.



Why does it happen?

There is no evidence to show the condition runs in families. In many cases, it is thought to be caused by the baby being squashed in the womb (uterus) towards the end of pregnancy. It is more common in first born children and can affect one or both feet. Metatarsus adductus causes no pain, and often gets better without treatment as a child grows; it is rarely seen in adults.

Diagnosis

It is usually diagnosed by a midwife or other health professionals looking at the foot when the child is born. Sometimes, in very mild cases, it only becomes noticeable when a child learns to walk as it may cause in-toeing or 'pigeon-toes'.

Your health professional will be able to tell the difference between MTA and other possible issues with the feet.

Treatment

Most MTA feet are flexible, not fixed into position and, in most babies, the condition improves itself, without medical treatment and resolves fully by the time a child is around three years old.

Occasionally there is some tightness and the front of the foot does not fully correct on its own. The family can then be shown stretching exercises to help get the foot into a straighter position. A physiotherapist will give instructions on how to perform the stretches and how often to do them. It might help to video this. The exercises should be done very gently and should never hurt.

Sometimes a special boot is used to help keep the foot in position for longer after stretching and, less often, plaster casting may be used if the foot doesn't begin to get better on its own, especially if the foot is stiff. The casts are changed weekly and help move the foot into a more normal position. Shoe inserts or a special brace may also be used to help hold the foot in position.

In very rare cases, surgical treatment may be needed. Surgery is only recommended when the condition is severe and doesn't improve with other treatment.

Some hospitals may offer a hip examination following a diagnosis of metatarsus adductus. Any concerns about the progress of treatment should be discussed with your child's doctor or physiotherapist.

✉ info@steps-charity.org.uk ☎ +44 (0) 1925 750 271

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The Leading Charity for Lower Limb Conditions

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How will this affect my child?

Most cases of metatarsus adductus will get better without treatment. If treatment is required, it has a high success rate and will give normal looking and well-functioning feet. In children learning to walk, MTA can cause in-toeing or 'pigeon toes', which describes the way the feet turn in when a child is walking or running. However, there are many other reasons/causes for in-toeing in young children.

If your child is at an age where they want to start to stand, ask your clinician about safe ways to encourage this, including recommended footwear.

In the very rare cases that the condition is difficult to treat and doesn't get better with time, it can lead to foot pain or abnormal foot positions and problems in later life. However, it is a very rare condition to see in the adult population.

The treatment journey can be a very emotional time.

Parents report feelings of guilt, anxiety, and sadness at different times along the way. All these feelings are normal. Don't be afraid to seek help and support.



Support

Steps is here to help

Contact Steps: +44 (0) 1925 750271 to answer any practical questions you have.

Email: info@steps-charity.org.uk with questions.

Family Contact Service: If you want to talk to someone who has been through a similar situation, one on one.

Facebook Group: A closed group where you can talk about your worries, share helpful tips, and find emotional support.

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