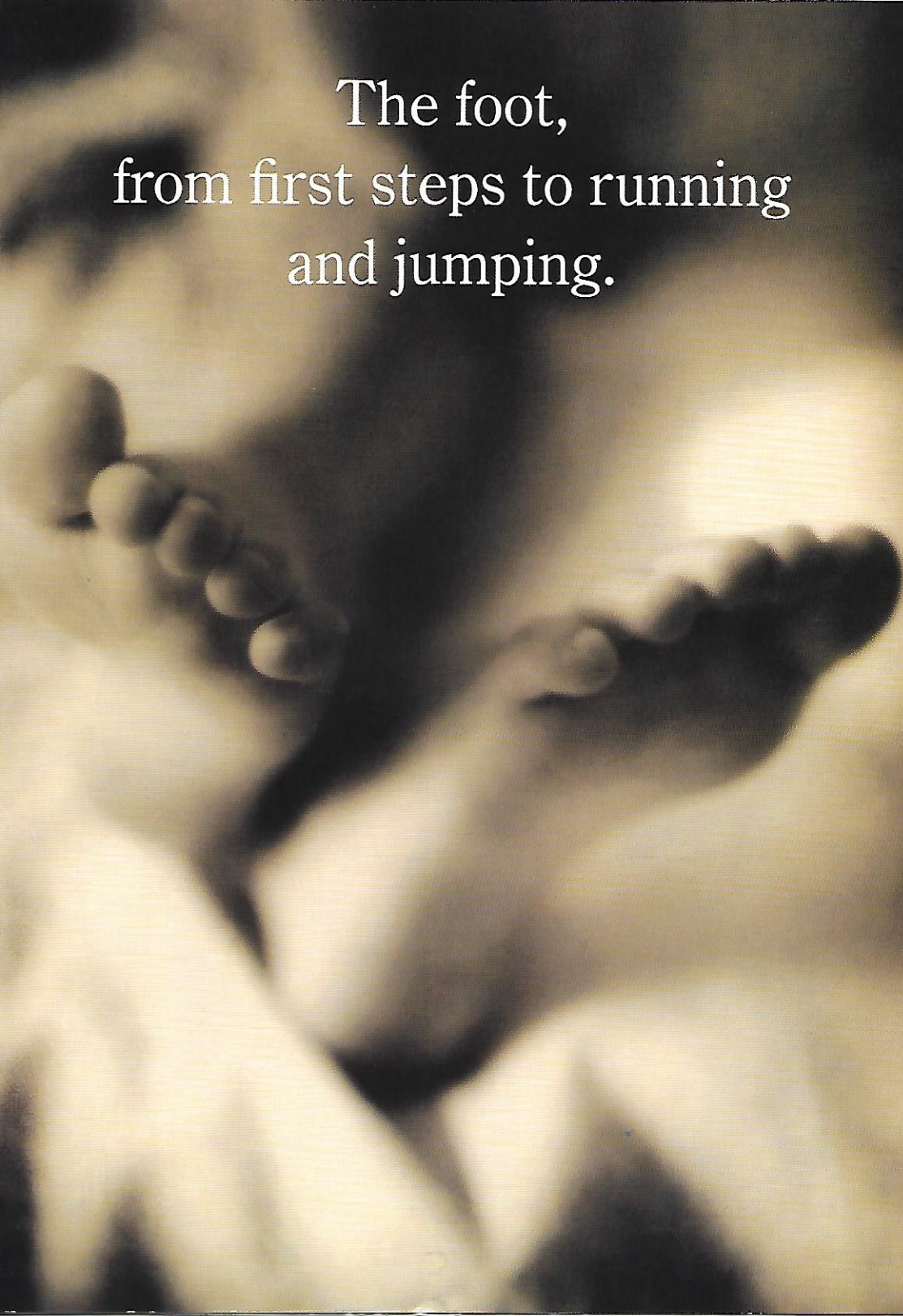


The foot,
from first steps to running
and jumping.



The walking development of a child.

It is important to realise that walking skills develop slowly; having taken those first steps a child does not learn to walk 'overnight'.

The learning process covers an approximate period between 1 year–2½ years and can itself be broken down into three main stages.

(a) First Independent Steps.

(b) Confident Toddling.

(c) Running and Jumping.

(a) First Independent Steps.

Most children take their First Independent Steps between 10–16 months.

At this stage, the child is still somewhat unstable and will tend

to waddle with feet wide apart and legs bowed; the 'gait' is due both to the need for balance and the influence of nappies.

The child can take several steps unaided but will fall over quite frequently.

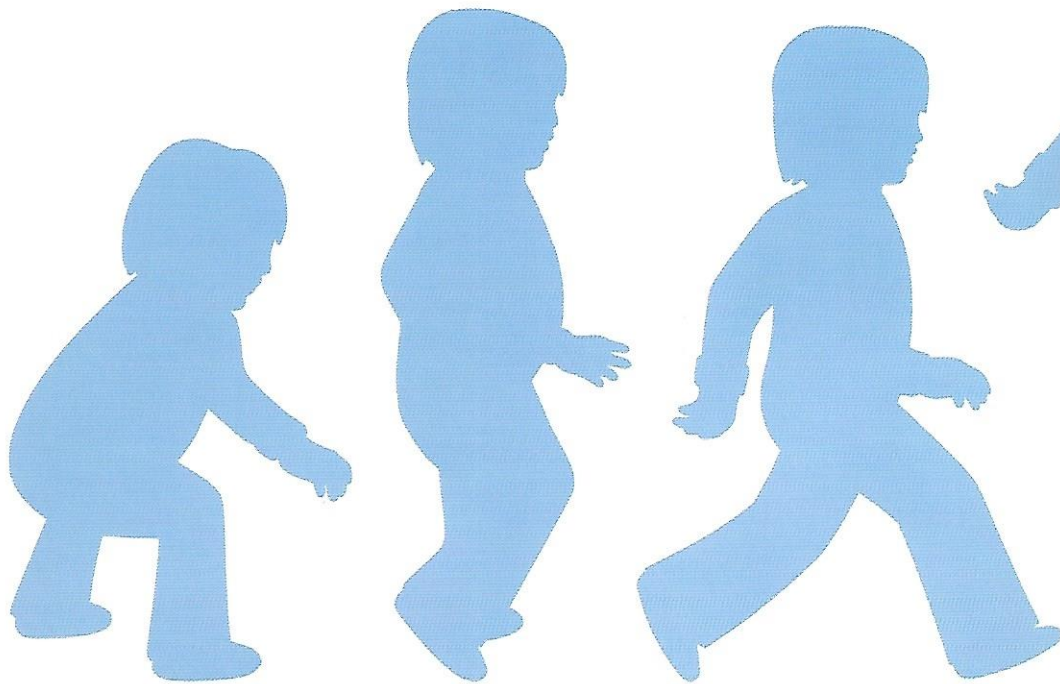
(b) Confident Toddling.

After First Independent Steps, the child enters a second stage of walking development: 'Confident Toddling'.

This stage is usually between 14 and 24 months of age.

Around 14 months the child has abandoned crawling as the only means of getting around and can toddle a few steps. Naturally, the child's mobility is very uncontrolled at this early stage of walking; his or her braking and steering systems haven't developed sufficiently to stop or swerve to avoid objects.

Furthermore, reaching the standing position also presents a problem at this very early stage. The child cannot stand without first using a support like a chair



to gain leverage. Parents can help here with specially designed toys, such as 'toddler truck' – extra stable so that toddlers can pull themselves up on it safely.

The early waddling gait of those First Independent Steps slowly disappears, although, even at two years old, the child will still tend to stomp heavy-footed rather than using a heel-to-toe motion.

But once walking has begun, constant practice makes it easier and easier.

About 3 months after abandoning crawling, most toddlers will be able to pull themselves up independently of support – and, by now they will be steady enough to pick up things without falling or sitting.

Around this time also, toddlers should be able to turn their heads and look at things as they progress – even glance back over their shoulders while walking.

Just a few months further on, and most children will have learned to walk backwards as well as forwards and be starting to run.

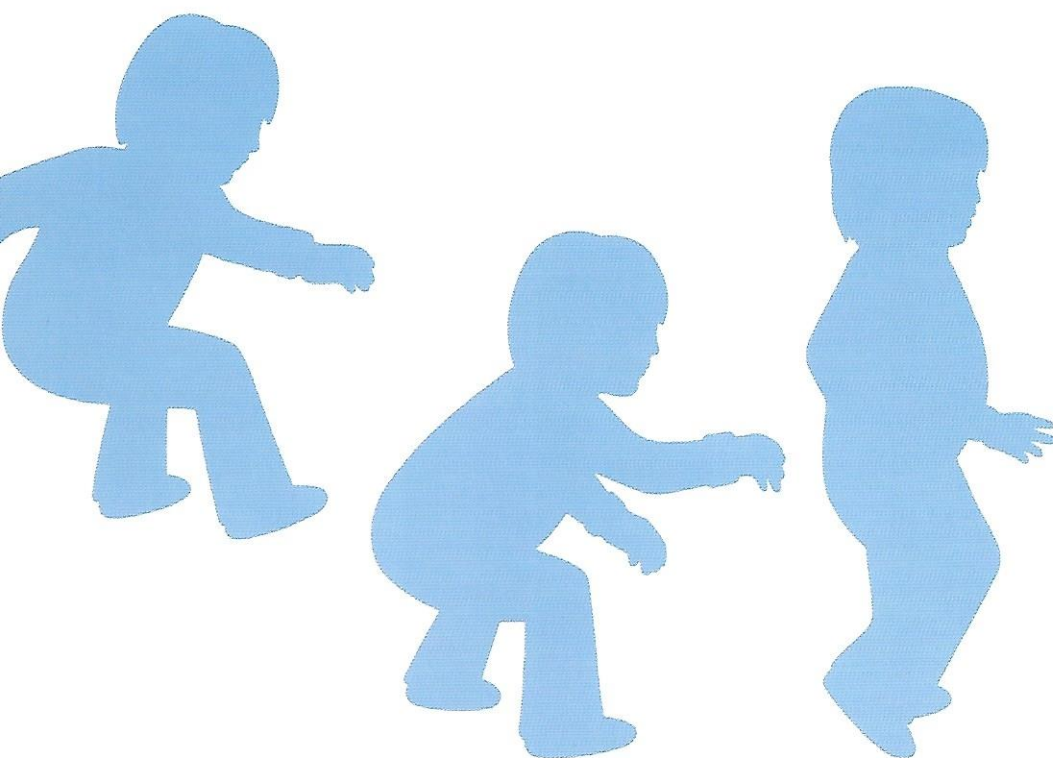
Once running, the child will quickly discover that he or she can jump.

In fact, by their second birthday the majority of children are sure and confident on their feet although spills still can and do occur.

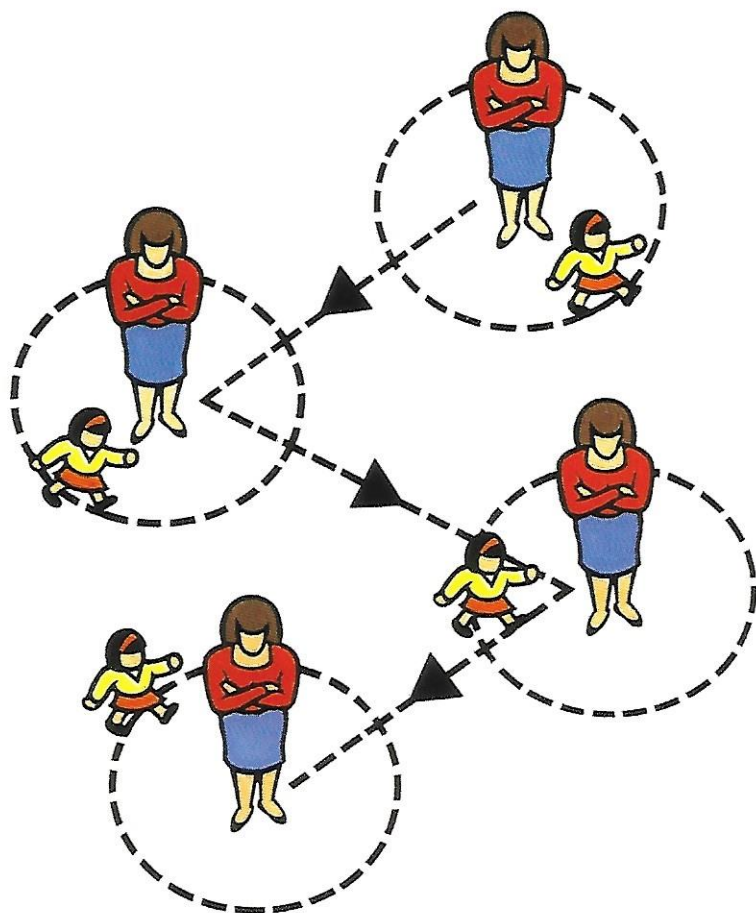
(c) Running and Jumping.

From about 2 years old the child becomes confident in all aspects of walking, running and jumping.

In fact, a child of three will have developed nearly all the walking skills he or she will have as an adult of thirty.



The psychology of 'toddling'.



Adults use mobility simply as a means of getting from one place to another. However, the toddler does not see the newly acquired skill of walking the same way at all.

For the toddler, walking is not a purposeful method of travelling from A to B but a means of coming-and-going around a central adult. The just-walking toddler is a satellite moving in orbits around the mother, straying from time to time, but never too far away.

When Mum is busy.

The distance a toddler will travel away from the parent depends mainly on the parental activity. If the mother is busy and bustling about, the child will stay close as he or she is never quite certain where the mother will be next. That's why so many mothers complain of a child always clinging when they're trying to get through the housework.

When Mum is relaxing.

The pattern changes when the parent is at 'rest'. Now the toddler will feel more adventurous and travel further afield, although never more than about 200 feet. That's because the toddler knows exactly the geography of the parent and can roam more confidently, knowing he or she can return to home base quickly, if necessary.

However, should the parent move from one 'rest' position to another nearby, the toddler will become confused and 'freeze' even if he or she can still see the parent. Usually, the only solution is then to put the toddler back to the new 'base' where he or she can develop a new set of mobility patterns.

Your toddler just wants to be close.

Many parents don't understand that a toddler will not learn to follow or stay with a parent until the age of three. The toddler knows the impossibility of keeping up with a parent. If the parent

moves, the toddler will usually sit down and cry, demanding to be carried. The toddler is not being lazy or difficult; quite simply, their demanding cry for transport is the only way they know of making sure they stay close to the parent.

Why a child's walking skills develop slowly.

Obviously, one reason it takes a child a further two years after its very first steps to walk, run and jump fluently and confidently is the need for practice.

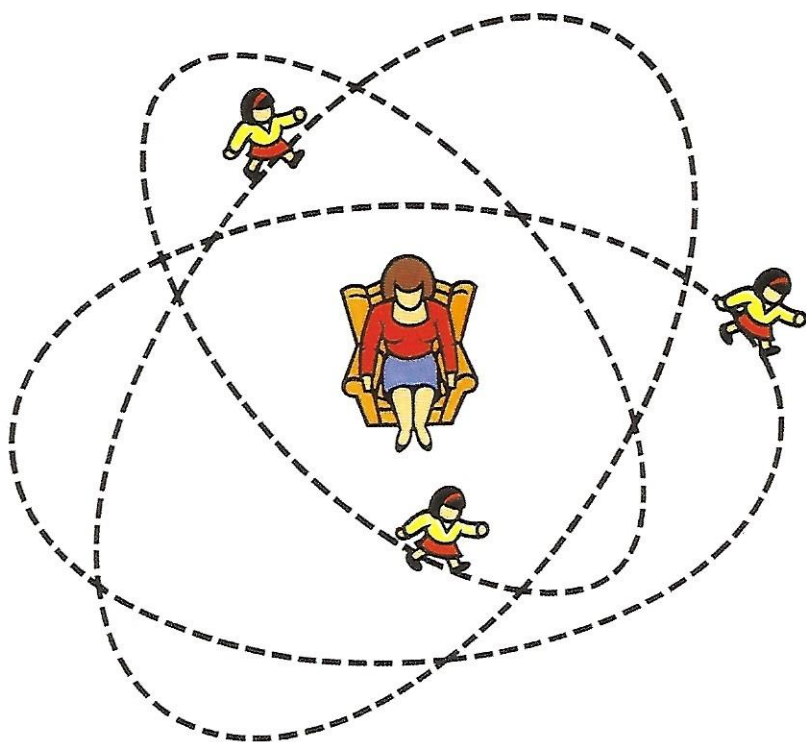
The ease of mobility that older children take for granted is only gained through thousands of tiny, personal lessons in muscle and balance control.

Yet, as outlined in our previous booklet 'The foot, from cradle to first steps', one must never forget the tiny foot is a slow developer, too.

Soft cartilage has still to form into bone and then harden; the flat sole of the infant foot has still to curve into a stronger, weight-bearing arch.

The tiny, growing foot simply has not the strength or flexibility to support certain manoeuvres – its ability to do so will develop alongside the growing mobility skills of the child.

It goes without saying that proper shoes and correct shoe fitting are of critical importance during this evolutionary stage.



Your child's foot health: some common worries.

"What styles of children's shoes should I avoid?"

The majority of children's shoe manufacturers are very careful to provide shoe styles that help, not harm the development of children's feet.

However, there are, from time to time, children's shoes on the market that could hinder the development of healthy growth. Shoes to avoid are those with too pointed toes, high heels, with inadequate ventilation, and non adjustable fastenings.

Trust in a reputable manufacturer and your own commonsense.

"How can I tell if the shoe fitter is doing a good job?"

As we've said, the trained shoe fitter will simply use the footgauge as a beginning – his or her trained eye, delicate sense of touch and experience are the vital ingredients of a successful shoe fitting. Look for evidence of professional training, i.e. certificates, badges etc ...

"Why has my child got 'knock-knees'?"

Bowlegs and knock-knees are common in a very young child and are considered quite normal until the child reaches the age of two. Unless connected with rickets or other rare diseases which affect the leg bones, a case of knock-knees will naturally correct itself.

"My toddler's feet turn in. Is that important?"

The in-toeing or out-toeing of the young foot during walking is rarely viewed as abnormal and therefore needing treatment.

In fact, an in-toeing gait is considered a natural development in some toddlers, associated with the bowing of their legs.

"Why do my toddler's toe nails curl?"

Many babies and toddlers' toe nails will curl, almost cutting the skin. Cut properly, i.e. straight across, the nails will grow straight by the age of two or three.

"What can I do about my child's 'flat-feet'?"

'Flat-feet' are common in all very young children and the foot arch will develop slowly during natural, healthy growth.

However, excessive pronation (flattened arches) is still a problem in some children and if the foot arch is not developing as it should, parents should seek the advice of a State Registered Chiropodist or doctor.

"Should I worry about corns?"

Hard skin or corns on a child's foot is obviously a sign of a problem, usually caused by pressure from a shoe. This could be because it is a poor fit or possibly a bad style.

If a correctly fitting shoe does not produce an improvement consult a State Registered Chiropodist before any lasting harm occurs.

Choosing the correct shoes for healthy, growing feet.

Three out of four adults have trouble with their feet because they wore badly-fitting shoes when younger.

It need never happen to a toddler as long as soft feet aren't squeezed into the wrong shoes.

A good first shoe should have plenty of room to allow toes to grow freely.

It is important to avoid a shoe shape that presses on the toes.

The shoe should have leather uppers so that the feet can breathe.

The heel should be gently cradled, and the fastening adjustable for a good grip.

The sole should be flexible enough to bend with the foot.

And remember that width is just as important as length.

It is important to buy shoes that come in different width fittings to ensure a correct fit.

Finding the fit.

Measuring on its own is not enough to find the correct fit. So a lot of the responsibility falls on the shoe fitter being experienced enough to spot when a particular fitting is not quite right.

A shoe fitter who knows his or her job will go about it like this:

First he or she will carefully put the foot into the shoe gently guiding the toes into the front.

With the child standing up and the shoe fastened the trained shoe fitter will then feel to see whether the shoe is fitting comfortably across the toes, instep, ankle and heel.

And that there's adequate room for growth.

Finally, he or she will watch how the child walks, to see there

is no restriction, no creasing and no slipping.

Regular check-ups with every pair.

Children's feet grow very quickly and intermittently in the early years, so a regular shoe fit check is advisable. We suggest every six to eight weeks for a toddler and every two to three months as the child gets older.

A good shoe fitter will recommend this to you before you leave the shop with your purchase.

Once you've found a shoe fitter you can trust it's well worth returning to him or her for every new pair of your child's shoes.

In their own way, they are as important to your child as a good doctor or dentist.

