



## CASE STUDY 5:

### Assistance in assessment of a toddler whose feet turn in

Angelina, along with her 3 children, George (2 years, 4 months), Thomas (4 years, 6 months) and Peter (6 years, 3 months), go to visit their GP for a consult. Angelina regularly goes to see her GP, mostly for minor illness presentations of her children. The same GP also treated Angelina's post natal depression after her first pregnancy.

In this instance, Angelina takes Peter for sore throat and fever presentation.

Following a thorough assessment, the GP diagnoses Peter with a self-limiting viral illness and gives symptomatic advice.

As the consultation comes to an end, Angelina abruptly mentions that George's feet turn in slightly when he walks, and he seems to trip over more than his brothers did at that age.

Although George does not have an appointment, the GP decides to assess him and reviews his medical history. It reads:

- FTND, fully immunised.
- Frequent presentations for URTIs but no other major illnesses. Ht/Wt 60th/75th centiles respectively two months earlier, no previous developmental concerns identified.

Developmental paediatrics is not one of the GP's specialist skills, so they open HealthPathways and

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reviews the [Pigeon Toes \(Intoeing\) in Children](#) pathway.

The GP initially rules out the red flags and proceeds to undertake a thorough history and examination as emphasised in the practice point. The image provided in the pathway quickly triggers the GP's knowledge of the mechanisms and specific parts of examination.

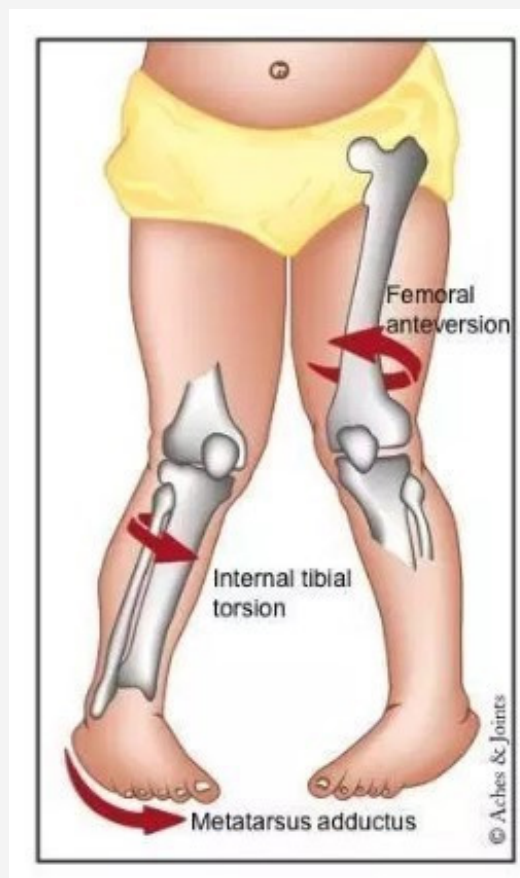
Using the detailed descriptions of the image, the GP concludes that George's internal and external hip rotation is very close to the mean for his age, thus not making significant contribution to intoeing, but he has more than the average 10 degrees of tibial torsion - which is responsible for the intoeing.

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Through the comprehensive use of the pathway, the GP was able to confidently and successfully reassure Angelina that George's problem was a self-limiting variation of normal and that imaging or referral to a specialist was not required.

The GP suggests assessing George every 6 months to continue monitoring tibial rotation against age comparison graphs.

If the GP identified that George's condition was not self-limiting, the pathway would have provided links to imaging and specialist services to ensure an accurate and timely referral.



### Do you have a case study?

If you would like to be involved, submit a case study, or for more information email [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)