

Jack and Jill went up the hill to fetch a pail of water; Jack fell down and broke his crown and Jill came tumbling after
Up Jack got and home he trot as fast as he could CAPER; Went to bed to mend his head with vinegar and brown paper

CAPER - 5 steps for paediatric podiatrists

Children - Context, Age, Pain, Evidence, Reasoning

Consider, Approach, Problem, Explore, Respond - Clinicians

CHILD in	C.A.P.E.R		CLINICIAN to
Context	C		Consider
	Family History		
	Specific Diagnosis eg Down, JIA, CP, EDS, Marfan, OI		
AGE	A		Approach
	Developmental Milestones (WHO) range		3 F's
(1,2)	Foot posture = FPI norms		
PAIN	P		Problem
	Night-time, Transient or constant		
	Level: VAS 1-10, activity and behaviour		
	General Health		
EVIDENCE	E		Explore
<u>1. Birth history</u>	<u>Increased attention, if:</u>		
	Gestation	< 37 weeks	Neurological
	Birth weight	< 2500 g	Neurological
	APGARS	< 7 (at 1 / 5 minutes)	Neurological
(3)	Breech birth / DDH risk	1 st born, female, > 4kgs	US, x-ray at 6/12
(4)	Plantar grasp / neuro	Absent < 6/12 age	Neurological, CP?
(5-8)	Hypotonia ('floppy')	posture of extension, areflexia	Reflexes, MRI, CK
<u>2. Congenital Foot types</u>	<u>Natural history</u>		<u>Explore</u>
	CTEV - clubfoot	Lifelong disability	Ponseti method
	CCV - calcaneovalgus	Mild to severe flatfoot	Stretch; cast
(9) (10)	MTA – met. adductus	Most reduce by teens; If not reducing/time; rigid	Treat if severe, rigid; Footprint (Bleck scale)
	CVT – vertical talus	Rigid flatfoot	'reverse' Ponseti cast; surgery
	Down syndrome	Painful, delaying gait	Footwear, heel cups, strength
<u>3. Common presentations</u>	<u>Be concerned when:</u>		<u>Explore</u>
(11,12)	Flatfeet	Painful, asymmetry, poor gait (shod), hypermobile	3QQ, hypermobility, FPI- 6 norms, p-FFP
	Intoeing gait	Trip/fall > 5 day, asymmetry	Neurological hypermobility, 3QQ
	Knock knees (bow legs)	Asymmetry, genu varum > 2 years	3QQ

(13,14)	Toe walking	Constant, continues > 3 years, asymmetry	TW tool
4. Painful presentations		Intervention	Explore
	JIA	Foot pain = CFOs	Medical context
(15)	Growing pains	Leg stretches	Ensure diagnostic criteria are met
	Apophysitis – calcaneus, 5 th metatarsal	RICER, heel raises, calf stretches, cross-train sport	Night/constant pain
	Tarsal coalition	Foot orthoses (pain relief), Surgical correction	MRI
5. Gait and related		Assessment	Explore
(16)	Gait	p-GALS	Neurological
	Musculoskeletal range	p-REMS	Neurological, joint hypermobility, strength
(17,18)	TNJ protrusion (? os tibiale externum)	x-ray: TNJ abduction - >35 WBL, TP function	Syn- ost/chondr/desm- -osis
(19,20)	Ankle equinus	WBL, foot posture	Neurological
	BMI	http://www.who.int/childgrowth/standards/en/ - WHO	Medical, Nutrition, Activity
(21,22)	Quality of life	Pain / function / psychosocial	OxAFQ -C
REASONING			
	R		Respond
(11,12,23,24)	Footwear SR (gait), Foot orthoses SR		
	Diagnosis, evidence		
	Outcome measures SCED re treatment		
	Refer – medical		
	Review – progress / age (function)		

Abbreviations: JIA – Juvenile Idiopathic Arthritis, CP – Cerebral Palsy, EDS – Ehlers Danlos Syndrome, OI – Osteogenesis Imperfecta, WHO – World health Organisation, FPI – Foot Posture Index, FACES – Wong-Baker pain scale, VAS – Visual Analogue Score, DDH – Developmental Dysplasia of Hip, US – Ultrasound, LLAS – Lower Limb Assessment Score, MRI – Magnetic Resonance Imaging, CK – Creatinine Kinase, CTEV – Congenital Talipes Equino Varus, CCV – Congenital Calcaneo Valgus, MTA – Metatarsus Adductus, CVT – Congenital Vertical Talus, 3QQ – 3 Quick Questions, p-FFP – paediatric Flat Foot Proforma, CFOs, p-GALS – paediatric Gait Arms Legs Spine, p-REMS – paediatric Regional Examination of Musculoskeletal System, TNJ – Talo Navicular Joint, WBL – Weight Bearing Lunge, TP – Tibialis Posterior, BMI – Body Mass Index, OxAFQ-C – Oxford Ankle Foot Questionnaire for Children, SR – Systematic Review, SCED – Single Case Experimental Design.

Be more ALERT, if a child presents with any of the following: (25)	
• Pain	• Generally unwell
• Asymmetry	• Falls increasing with age; > 5/day, daily
• Limping	• Regressed development, loss of function
• Refusal to weight bear	• Suspicious injury (report to child protection services)

- Arrange medical review for indications of: infection, inflammation, tumour, injury, insomnia, or any wider medical conditions

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