

In-toeing

Introduction

The aim of this fact sheet is to answer some of the questions you may have about in-toeing and its' management.

What is in-toeing

Some children's feet turn inwards when they stand and walk, this is called in-toeing or 'pigeon toed' and is very common in young children. It is one of the most common normal variants and can be seen in one or both legs.

What's the cause?

Usually, children who in-toe have quite flexible joints. The three main reasons for in-toeing are:

1. Metatarsus adductus

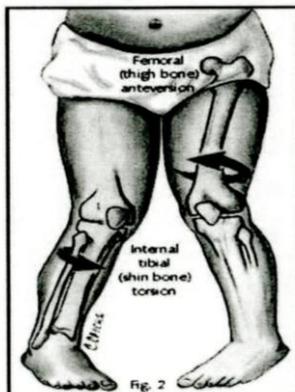
This is where the front of the foot curves inwards and is often the result of being cramped in the womb. Most cases will resolve by the age of 3 years, but in severe cases where the foot is stiff, stretches or advice on footwear may be necessary.

2. Femoral anteversion

This is when the femur (thigh bone) turns inwards, resulting in an inward turn of the whole leg. It is most evident between the ages of 2-4 years and will usually resolve by the age of 10 years.

3. Internal tibial torsion

This is when there is an inward twist of the lower leg (tibia) and is common in early infancy and childhood due to positioning in the womb. This would usually resolve by the age of 6-8 years.



What problems can occur?

Children who in-toe may be more prone to tripping and falling, but this is more likely to relate to their supple joints rather than difficulties with coordination.

This may become more obvious if your child is tired.

What treatment is required?

There is no treatment usually needed for the vast majority of children with in-toeing and most cases resolve by 8 years of age. There is no evidence to suggest that splints or special shoes produce any benefit, but good quality, well fitting shoes are recommended.

Avoid a 'W sit' position as this reinforces the in-turned position



Encourage cross legged or long sitting instead.

In-toeing should not affect your child's ability to walk or run in the long term.

When to refer

If deformity is severe, is still evident after the age of 9-10 years, is symptomatic or causes difficulties with normal function then you should seek advice from your GP.

Summary: Most children with in-toeing will not need treatment

Produced in conjunction with Miss Jo Hicks, Consultant Paediatric Orthopaedic Surgeon