

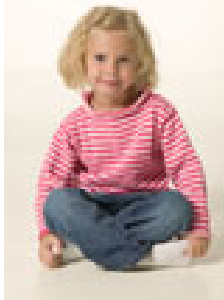
## How Do We Manage Intoeing?

Most of the time, intoeing resolves on its' own. Children simply need time for their bones to finish growing. Observation is the key treatment tool. If the child does not grow out of intoeing, intervention may be required. But remember, special shoes and braces rarely help speed up the improvement. Surgery is only prescribed when there is a rare and persistent deformity.

If your child has intoeing, simply monitor the condition to ensure that it improves with time. You can also help your child by encouraging cross-legged sitting (*this helps with excessive femoral anteversion*) and avoiding "W-sitting" (*this can increase the twisting of the thigh bones*).



W-sitting



Cross-legged sitting

Remember that many athletes have slight intoeing and this seems to be a factor in their success!!

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# Growing out of Intoeing

**A Guide for Parents**



## What is Intoeing?

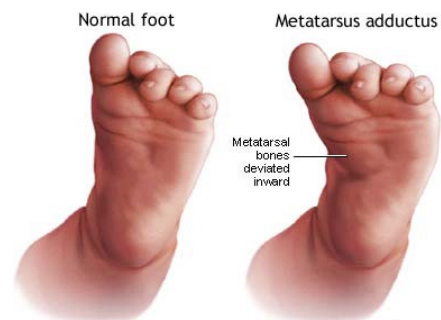
Intoeing, or “pigeon toes”, is a very common condition in which the child’s toes point inward. It is usually temporary and almost every child grows out of it.

## What Causes Intoeing?

There are three primary causes of intoeing. The problem could be in the feet, the shins or the thighs. These causes are called metatarsus adductus, internal tibial torsion and excessive femoral anteversion.

### Metatarsus Adductus

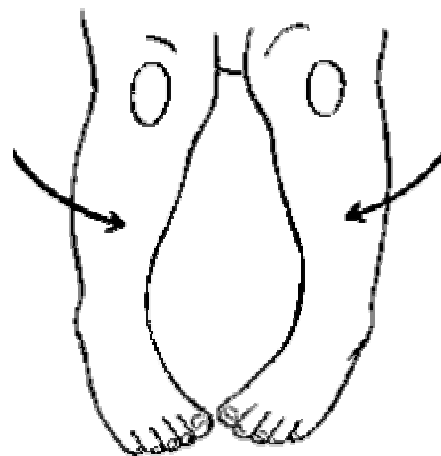
Metatarsus adductus is a curve in the foot. This can be seen very easily if you look at the sole of your child’s feet. The toes are turned in in relation to the heel.



This curve develops in utero and so is present at birth. Usually the deformity is flexible and does not require intervention. In the rare cases in which the curve is rigid, a short course of casting or bracing to help stretch the feet into a straight position may be required. Corrective shoes are ineffective in treating this condition.

### Internal Tibial Torsion

Internal tibial torsion is the most common cause of intoeing in preschool children. It is defined as a twist in the shin bone below the knee that results in the feet pointing inward. The kneecap remains facing forward.

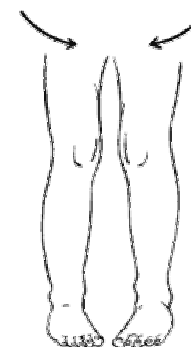


Torsion appears as the child begins to walk and has usually resolved by the time the child is 6 to 8 years old.

Braces and special shoes are not recommended in this condition. Occasionally, adolescents with severe internal tibial torsion may choose corrective surgery for cosmetic reasons, although very few children have this surgery.

### Femoral Anteversion

Femoral Anteversion refers to an inward twist of the femur (thigh bone) that is normally present at birth. If this twist is excessive, it will result in the feet and kneecaps pointing inward.



Excessive femoral anteversion usually becomes evident in children between the ages of 3 and 4, and resolves by the child’s 8<sup>th</sup> birthday. This resolution may be due to the fact that the child spends more time walking and weight bearing, their muscles are stronger and their femurs grow longer.

Shoe modification, night splinting and bracing are not effective in treating this condition and should be avoided.

Rarely, femoral anteversion persists into late childhood. This twist can remain uncorrected and has not been shown to cause arthritis with running or jumping. If the condition is causing serious functional limitations, or is cosmetically unappealing to the child, surgery may be considered.