



# In-toeing and Out-toeing

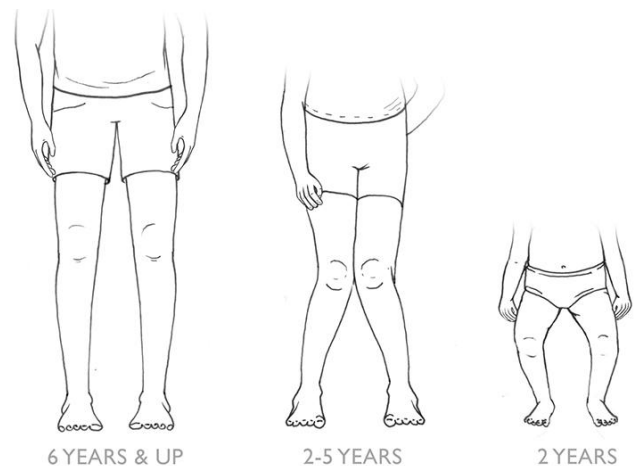
## IN-TOEING (INTERNAL TIBIAL TORSION)

Internal tibial torsion – when the bones in the lower leg below the knee are turned inward – is commonly called pigeon toes. In-toeing is related to the position of a child's legs while he/she is in the womb. This is usually first noticed when the child starts walking. As your child grows, in-toeing may correct itself. This can happen up to about 6 years of age. **Special shoes and bars were used in the past, but do not help. Any type of shoes can be worn as long as they fit properly.**

## IN-TOEING (FEMORAL ANTEVERSION)

Femoral anteversion occurs when the bone in the upper leg is turned inward. It is a normal part of growth that may improve up to about 8 years of age. This is usually noticed around the age of 3. These children like to sit in the W position with their legs folded under them. **There are no shoes or braces that help.**

### NORMAL CHILDHOOD GROWTH



## OUT-TOEING (FEMORAL RETROVERSION)

Young children often walk with their feet turned out as a way to keep their balance. Children with out-toeing should be evaluated for hip problems, but most will get better as they get older.

## CAUSES & RISK FACTORS

In-toeing and out-toeing are normal variations for children and do not require correction. Neither condition will cause long-term problems.

## DIAGNOSIS & TESTS

A physical exam by your primary care provider can help decide if a specialist is needed.

## TREATMENT & CARE

No treatment is necessary, but sports that involve foot positioning such as ballet, karate and soccer may help improve range of motion.