

## Contact us

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## Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the PALS and complaints team on freephone 0800 328 7971

If you need the information in another language or format please ask us

Nëse ky informacion ju nevojitet në një gjuhë apo format tjetër, ju lutem na kontaktoni

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The Podiatry Service is part of our Older People Directorate.

OP 038.14



Podiatry

# Intoeing in children

## Intoeing in children

Some children's feet turn in when they walk and it is part of growing up. This intoeing or pigeon-toed walking is usually seen in both feet, but can occur in just one. Intoeing is not often a serious problem and should not get worse; intoeing usually corrects itself with time.

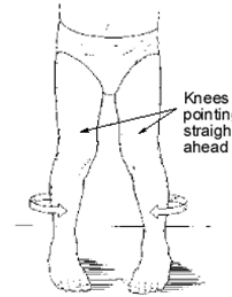
Children who intoe tend to trip a little more, but as the child develops, the tripping becomes less frequent. Around 10% of children between the ages of two and five years have this problem with 90% improving naturally. In a few children it does not get better and may require treatment.

The usual causes of intoeing by age are:

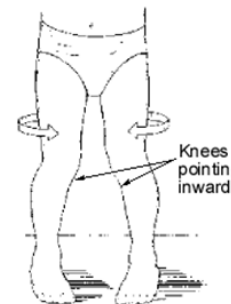
**Infant:** the problem is usually from a curve in the foot giving it a 'C' shape and is called metatarsus adductus or varus. This resolves itself in 87% of children by the age of three years. Any treatment consists of casts and splints. Later treatment may involve surgery.



**Toddler:** often occurs in the tibia or "shin bone" and can be called internal tibial rotation. The feet turn inward but the kneecaps face ahead and it is most often present when the child is from 3 to 24 months of age. This usually improves by the age of five as the toddler develops their walking.



**Preschool child:** intoeing can be caused by an internal twist in the bone between the hip and the knee (femoral antetorsion) and also an internal positioning of the hip (femoral anteversion). These positions are normal and gradually "unwind" during development. Any delay to this normal "unwinding" gives the appearance of intoeing. Children are noted to sit frequently in the "W" position. In most cases this will improve by the age of 5-6 years, however in some cases can be delayed up until the age of 13-14 years.



## General advice

Children with this condition find it very easy to sit in the "W" position. We encourage children to avoid this position as it may delay or prevent the normal correction that occurs with growth and development. Sitting with the legs crossed is encouraged, but can be more difficult for these children



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Out-toed activities such as ballet dancing may help to improve an intoed gait that has become a habit.

Falling is a part of the learning to walk process and is not exclusively caused by intoeing

Intoeing should not affect your child's abilities to walk, run, play, or lead a normal life.