

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 Patient Advice and Liaison Service on freephone 0800 328 7971.

CONTACT US

Oxford Health NHS Foundation Trust
Children's Integrated Services
Orchard Health Centre
Cope Road
Banbury
Oxon
OX16 2EZ
Telephone: (01865) 904435
Email: oxonchildrens.therapies@oxfordhealth.nhs.uk
Website: www.oxfordhealth.nhs.uk/cit

If you would like to have information translated into a different language, please contact the Equality and Diversity Team at: EqualityandInclusion@oxfordhealth.nhs.uk

أرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتنسيق مختلف. **Arabic**

আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে **Bengali** পেতে চাইলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।

اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کریں۔ **Urdu**

若要以其他語言或格式提供這些資訊，請與我們聯繫 **Chinese**

Aby uzyskać informacje w innym języku lub w innym formacie, skontaktuj się z nami. **Polish**

Queira contactar-nos se pretender as informações noutro idioma ou num formato diferente. **Portuguese**

Oxford Health NHS Foundation Trust
Trust Headquarters
Littlemore Mental Health Centre
Sandford Road
Littlemore
Oxford
OX4 4XN

Switchboard: 01865 901 000
Email: enquiries@oxfordhealth.nhs.uk
Website: www.oxfordhealth.nhs.uk

Become a member of our Foundation Trust
www.ohftnhs.uk/membership



Children's Community
Physiotherapy Service

Intoeing in
children

INTOEING IN CHILDREN

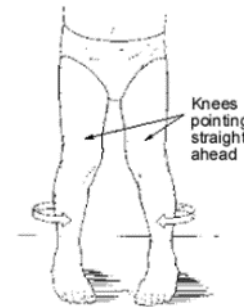
Some children's feet turn in when they walk, this is part of growing up. This intoeing or pigeon-toed walking is usually seen in both feet, but can occur in just one. Intoeing is not often a serious problem and should not get worse; intoeing usually corrects itself with time.

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 2 and 5 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:

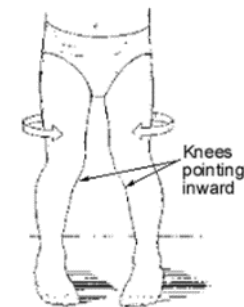
Infant: the problem is usually from a curve in the foot giving it a 'C' shape and is called metatarsus adductus or varus. This resolves itself in 87% of children by the age of 3 years. Any treatment consists of casts and splints. Later treatment may involve surgery.



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 5 as the toddler develops their walking.

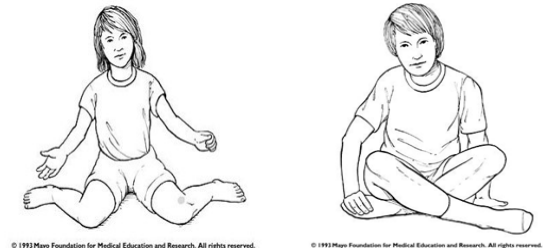


Preschool child: intoeing can be caused by an internal twist in the bone between the hip and the knee (femoral antetorsion) and also an internal positioning of the hip (femoral anteversion). These positions are normal and gradually "unwind" during development. Any delay to this normal "unwinding" gives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



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.

