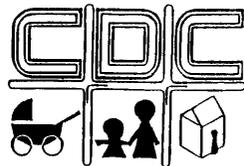


Summary

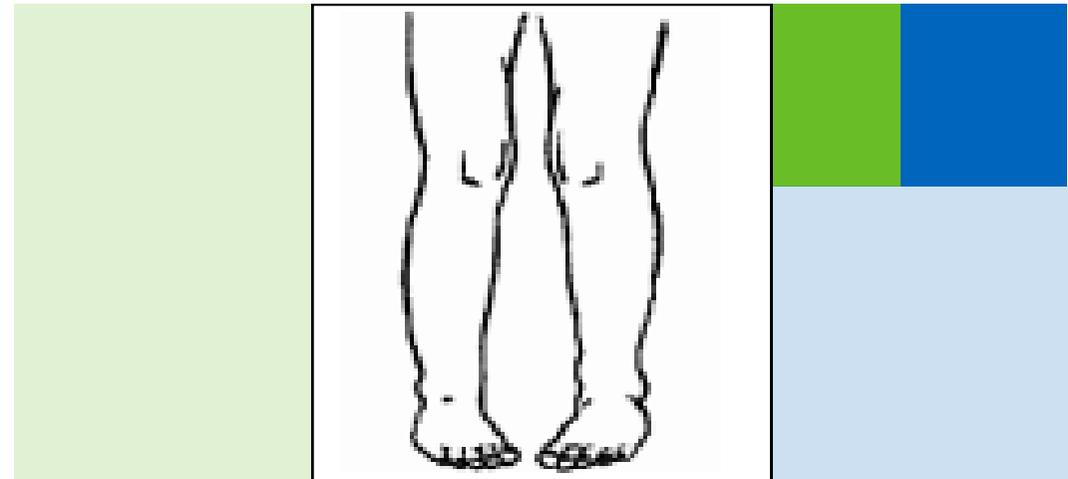
- Intoeing is a variation of normal and is particularly common in toddlers.
- It is generally due to an excessive twist of the thigh or shinbones. Usually this twist will spontaneously resolve and naturally unwind itself as the child grows and the musculoskeletal system matures, normally by the age of 8 years.
- Intoeing will not affect your child's ability to walk, run, play and enjoy normal childhood activities. It should not get worse.
- Falling is not caused by intoeing but is a part of learning to walk.
- 'W' sitting should be discouraged. Crossed leg sitting should be encouraged.
- If the intoeing is severe or painful, consult your GP for advice.

If you have any questions or concerns
please contact:

The Child Development Centre
Physiotherapy Department
Hill Rise, Kempston, Beds
MK42 7EB
10234 310278



Paediatric Physiotherapy Intoeing



**An information leaflet for parents with children who
walk with their feet turned inwards**

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Intoeing Gait

Introduction

Walking with feet turning in towards each other is common in young children during the early years of walking - this is called intoeing.

It is usually seen in both feet but may affect one side more than the other.

Intoeing can be caused by the position of the feet, the knees or the hips; sometimes a combination of all of these.

The Foot—Metatarsus adductus

This is an inward curve at the middle of the foot. It is most easily seen when looking at the soles of the feet. The feet may have been pressed into this position before the baby was born.

The feet can often be gently stretched into the correct position and no treatment will be needed.



The Knee—internal tibial torsion

This is when the feet turn inwards but the kneecaps face forwards. The shin bones are slightly rotated inwards causing the foot to turn in. The turn is usually corrected by the age of 8.

(see diagram on page 3)

The Hip—femoral anteversion

The thigh bone or femur has a normal inward turn that gradually unwinds during growth and development. This will slowly improve up to the age of 8.



General Advice

Braces and corrective shoes are not necessary. Years ago it was thought that such treatments helped but studies have shown them to be ineffective.

Surgical correction is rarely needed and is never considered in young children as most will correct on their own.

Activities such as ballet dancing and kicking a ball encourage children to turn their feet out and may help.

Sitting Positions

Some children find it easy to sit in the “W position” between their heels.

This may delay the natural correction that occurs at hip level and should be discouraged.

Sitting with legs crossed can be encouraged even though your child may feel this is more difficult.

