

Intoeing

Information for patients, parents and guardians

Intoeing is when your child walks with their feet turned, pointing inwards. It is also known as pigeon toes. This factsheet aims to answer some of the initial questions you may have, but if you have any further concerns your child's healthcare team will be happy to discuss them.

Causes

The cause may be due to a problem with your child's feet or lower or upper legs. There are three conditions that can cause intoeing. These are: curved foot (metatarsus adductus), twisted shin bone (tibial torsion) and twisted thigh bone.

Curved foot (metatarsus adductus)

This is when the front of the foot curves inwards. You may notice this at birth or in your child's first months. It can affect one or both feet and is probably caused by your baby's position in the womb. In the majority of children it corrects without treatment by walking age. If the feet are not flexible and the problem does not seem to be getting better, plaster casts or special boots attached to a bar (that hold your child's feet turned outwards and in the corrected position), may be used. Minor surgery may also be needed to correct the problem.

Twisted shin bone (internal tibial torsion)

Intoeing may be caused by excessive inward twist of the shin bone (tibia). This becomes noticeable when your child begins walking. The cause is probably due to your baby's position when in the womb. This usually corrects with normal growth by about six years of age.

Twisted thighbone (femoral anteversion)

This is rotation in the upper thigh bone (femur) which causes the whole of the lower leg to turn inward. It is more common in children over the age of three years. It will usually correct itself with normal growth by the age of twelve.

Your child's clinic appointment

Your child will be seen by a doctor or a nurse practitioner who will perform a physical assessment to check for normal range of movement in all the lower body joints. This will help determine which part of the lower body is causing your child to walk with an intoeing gait.

Investigations and treatment

Intoeing may be linked with other conditions and sometimes an x-ray is taken of the hips. Treatment for intoeing is not usually needed. If treatment is required, it may take the form of braces, shoe inserts or specially made shoes (though these methods are not appropriate for all children). Your child's doctor or nurse practitioner will discuss treatment options with you if required.

Possible problems

You may notice that your child often trips and appears to be clumsy. This is caused by the way their feet or leg bones are positioned. Intoeing is often worse when children are tired but the condition is not painful and your child will be able to take part in sports and activities in the same way as other children.

Follow-up

For children whose intoeing is caused by a curved foot, a follow-up appointment may be made to check that the problem is getting better and does not need treatment. Most children with twisted shin bone or twisted thigh bone do not need to be seen again. The leg bones should untwist without treatment as they grow. The normal pattern of growth should correct the problem in time. If the intoeing becomes worse, ask your GP to refer your child to the hospital to be seen again.

Useful links

NHS Choices

www.nhs.uk/conditions/pregnancy-and-baby/pages/leg-and-foot-problems.aspx

KidsHealth

www.kidshealth.org/parent/medical/bones/common_ortho.html#Kidshealth.org

If you have any questions or concerns please contact:

The nurse practitioners: 023 8120 4991
Switchboard: 023 8077 7222 bleep 2641
Mobile: 07584 402438
Ward G3: 023 8120 6486
Your child's GP

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.

www.uhs.nhs.uk/childrenshospital