INFORMATION FOR PARENTS

In-toeing in children

In-toeing means walking with the feet turned inwards (sometimes called “pigeon toes”). It is very common in young children and is usually a normal stage of development that improves on its own as the child grows. This guide explains the common causes, what you can expect and when to seek advice.

At a glance

How common	Very common in toddlers and young children
Is it painful?	Usually not
Does it get better?	In most children it improves gradually by about age 8 to 10
Special shoes or splints	Not needed; they do not change how the legs grow
When to seek advice	Pain, a limp, one side only, or getting worse

Why children in-toe

In-toeing can come from three places, and the cause tends to depend on the child’s age.

Cause	Where the twist is	Usual age	What usually happens
Metatarsus adductus	The front of the foot curves inwards	Babies	Most improve during the first year
Internal tibial torsion	The shin bone is twisted inwards	Toddlers, about 1 to 3 years	Usually improves by about age 4 to 5
Increased femoral anteversion	The thigh bone is twisted inwards, so the whole leg and kneecaps point in	About 3 to 8 years	Usually improves by about age 8 to 10

These twists are part of how children’s bones develop before birth and in early childhood. They often run in families.

What you may notice

- feet, and sometimes knees, pointing inwards when walking or running
- tripping or falling more often than other children, particularly when tired
- an awkward-looking run, with the legs swinging outwards
- children with a twisted thigh bone often like to sit in a “W” position, with their knees together and feet out to the sides

Children who in-toe can usually walk, run and play sport normally.

How it is assessed

Mr Umar will ask about your child's development and family history, then watch your child walk and run. He will examine the hips, legs and feet with your child lying down to work out where the twist comes from. X-rays and scans are not usually needed.

Treatment

Most children need no treatment, only reassurance and time.

- **Shoes, insoles, braces, splints and exercises** have not been shown to change the shape of the bones, and are not recommended for in-toeing.
- **Sitting:** W-sitting is a sign of a twisted thigh bone rather than the cause of it. Your child can sit in whatever position is comfortable, though encouraging a mix of positions, such as cross-legged, is reasonable.
- **Activity:** encourage your child to stay active. Activities such as ballet, gymnastics, swimming and cycling are fine.
- **Surgery** is very rarely needed. It may be considered only for an older child, usually over about 8 to 10, with a severe twist that has not improved and is causing significant problems with walking, frequent falls or pain.

Follow-up

If the in-toeing is typical for your child's age, a follow-up appointment may not be needed. In some cases Mr Umar may suggest a review to check that it is improving. Taking a short video of your child walking every few months can help you see the change over time.

When to seek medical advice

Seek same-day advice (NHS 111, GP or A&E) if:

- your child has a limp or leg pain with a fever or feeling unwell
- your child cannot put weight on the leg
- a joint is hot, red or swollen

Ask your GP to refer your child, or contact Mr Umar's team, if:

- the in-toeing affects one leg much more than the other
- your child has pain, a limp or stiffness
- the in-toeing is getting worse rather than better
- it is still marked after about age 8 to 10
- your child is not walking independently by about 18 months, or has other concerns about development, balance or coordination

Mr Umar sees children aged 3 and over. For a baby or toddler under 3 with a curved foot, please speak to your health visitor or GP.

Sources

This guide is based on Mr Umar's practice and is guided by British Orthopaedic Association and British Society for Children's Orthopaedic Surgery guidance and NICE Clinical Knowledge Summaries.

Questions?

Children's appointments at The Alexandra Hospital, Cheadle Danielle Heron · 07528 523911

This is general guidance. Always follow the specific advice of your child's own clinical team, as their care may differ.

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