INFORMATION FOR PARENTS

Knock knees and bow legs

Knock knees (genu valgum) and bow legs (genu varum) are very common in young children. In most children they are a normal part of growing up, and the legs straighten on their own. This guide explains what is normal at each age, when a closer look is needed and what treatment may involve.

At a glance

Bow legs	Normal in babies and toddlers, usually straightening by about age 2
Knock knees	Normal from about age 3 to 6, usually settling by about age 7 to 8
Is it painful?	Normal leg shapes are not painful
Special shoes, insoles or braces	Not needed for normal leg shapes; they do not change how the legs grow
When to seek advice	One side only, severe or worsening shape, pain, or outside the usual ages

How children’s legs normally change

Children’s legs go through a natural sequence as they grow:

Age	Usual leg shape
Birth to about 18 months	Bow legs: the knees are apart when the ankles touch
About 18 months to 2 years	Legs become straight
About 3 to 4 years	Knock knees are at their most noticeable: the ankles are apart when the knees touch
About 7 to 8 years onwards	Legs settle into the adult shape, which is straight or very slightly knock-kneed

The timing varies from child to child. Children who walked early, or who are heavier, may have more noticeable bowing or knock knees.

When it may not be normal

Less commonly, bow legs or knock knees are caused by an underlying condition, such as:

- **Rickets:** soft bones caused by a lack of vitamin D or calcium
- **Blount’s disease:** a growth problem at the top of the shin bone that causes progressive bowing
- **Injury or infection** affecting a growth plate
- **Inherited bone or growth conditions (skeletal dysplasias)**, often with short stature

A closer look is advised if:

- one leg is affected much more than the other

- the bowing or knock knees are severe or getting worse
- bow legs are still present after about age 3, or knock knees after about age 8, or knock knees develop for the first time in an older child
- your child is much shorter than other children of the same age
- there is pain, a limp, or difficulty keeping up with other children
- there is a family history of bone conditions or rickets

How it is assessed

Mr Umar will ask about your child's development, diet and family history, then examine your child standing and walking. He may measure the gap between the knees (for bow legs) or between the ankles (for knock knees), and check your child's height. If the shape is typical for your child's age, no tests are needed. If there are signs of an underlying cause, X-rays of the legs or blood tests (for example, to check vitamin D levels) may be arranged.

Treatment

Most children need no treatment, only reassurance and time.

- **Special shoes, insoles, braces and exercises** do not change the shape of the legs and are not recommended for normal bow legs or knock knees.
- **Vitamin D:** in the UK, all children aged 1 to 4 are advised to take a daily vitamin D supplement of 10 micrograms, as recommended by the NHS. If rickets is found, it is treated with vitamin D and calcium, and the legs often improve as the bones heal.
- **Guided growth:** if a significant leg shape persists in a child who is still growing, a small operation can help it correct gradually. A small plate is placed on one side of the growth plate at the knee, slowing growth on that side so the leg straightens as the child grows. The plate is removed once the leg is straight.
- **Osteotomy:** in older children who have stopped growing, or in severe cases, the bone may be cut and realigned. This is rarely needed.

Follow-up

If your child's legs are typical for their age, a follow-up appointment may not be needed. Sometimes Mr Umar will suggest a review to check the legs are straightening as expected. Taking a photo of your child standing with their knees and ankles together, 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:

- any of the points listed under "When it may not be normal" apply
- you are worried that your child's legs are not straightening as expected

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, NICE Clinical Knowledge Summaries and NHS advice on vitamin D for children.

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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