

IN-TOEING

In-toeing is seen when a child walks with their legs and/or feet turned inwards and is also known as “pigeon-toed”.



In-toeing can be caused by any of the following:

Metatarsus Adductus (foot turns inwards):

- Caused by positioning in utero. Most cases resolve within one year however, some children may benefit from gentle stretching exercises after 4-6 months. If the foot remains rigid, more intensive treatment options may be considered.

Tibial Torsion (lower leg turns inwards):

- Typically noticed when child starts walking although most cases resolve by 7-8 years. In severe cases, more intensive treatment options may be considered.

Femoral Anteversion (thigh turns inwards):

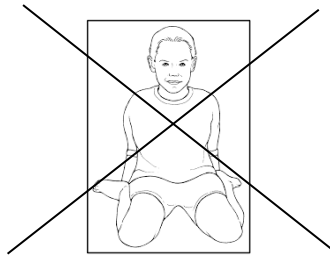
- Most cases resolve by the age of 10 although more severe cases may require more intensive treatment options.
- In the majority of cases, in-toeing will resolve without casting, bracing or surgery in children under the age of 8.
- Children may be more likely to trip/fall and may look awkward when walking/running.

Consult your physician if:

- In-toeing only affects one leg
- In-toeing is severe and not improving with time
- In-toeing is limiting school-aged child from participating in activities
- Foot alignment is stiff and not improving with time
- Child is complaining of pain

SITTING POSITIONS

- Avoid W sitting. Frequent W sitting can cause shortening and tightening of some of the musculature of the hip which can lead to an in toeing walking pattern.



- Encourage sitting in any other position: cross legged, long legged, side sitting.

STRENGTHENING

Encourage strengthening activities for the hip and ankle muscles:

- Backwards walking
- Walking up hills
- Climbing up slides
- Lots of squatting to standing
- Pushing doors open
- Walking sideways on a beam/along a line
- Heel walking
- Bear walking

If your child complains of any pain or discomfort with the above mentioned activities, please consult your Health Care Provider.