



Intoeing

Podiatry Service

This is when your child walks with their feet turned, pointing inwards. It is a normal variation of development.

The causes

The cause may be a problem with your child's feet, their lower or upper legs.

The feet – metatarsus adductus

The front of the foot curves inwards and the whole foot is completely flexible. You may notice this at birth or in the first early months. It can affect one or both feet and is probably caused by your baby's position when in the womb. Its medical name is metatarsus adductus. Usually the metatarsus adductus self corrects.

If the feet are not flexible and the problem does not seem to be getting better plaster casts or minor surgery may be used to correct the problem.

The lower legs – internal tibial torsion

The 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. Its medical name is internal tibial torsion. This usually corrects with normal growth by the age of five years.

The upper legs – femoral anteversion

There is an excessive twist in the thigh bone (femur) which causes the whole of the lower leg to turn inward. It is more common in children between the ages of three to six years. Its medical name is femoral anteversion. This usually corrects with normal growth by the age of 14.

Treatments in the form of braces, shoe inserts or specially made shoes are not effective for all these conditions.

The clinic appointment

Your child will be seen by a podiatrist. They will perform a physical assessment to check for normal ranges of movement in all the lower body joints. This will help determine which part of the lower body is causing your child to intoe.

Treatment is not usually needed.

Possible problems

You will notice that your child often trips and appears to be clumsy. This problem is caused by the way their feet or leg bones are positioned.

The intoeing is often worse when they are tired, but the condition is not painful and they are able to take part in sports and activities in the same way as other children.


Follow up clinic

For children with metatarsus adductus, a follow up appointment may be made to check that the problem is getting better and does not need treatment.

Most children with tibial torsion or femoral anteversion do not need to be seen again. The leg bones should untwist as they grow without treatment.

If the intoeing becomes worse ask your GP to refer your child to be seen again.

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