



In-Toeing

In-toeing is common in young children, it is a condition identified by the feet pointing inward instead of straight ahead. It can appear any time from birth to adolescence, at different stages of development. In-toeing is thought to run in families and it usually resolves itself as the child grows.

Causes The following are the common causes of in-toeing:

Metatarsus adductus (pigeon toed)

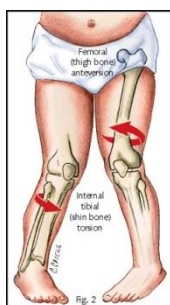
This is caused by a curve in the foot that was most likely present before your child was born. In the majority of cases, this problem resolves as the child grows.

Occasionally infants under 1 year with severe deformities will benefit from casting, rigid shoe use and stretches.



Femoral torsion (femoral anteversion)

This is caused by an internal twist of the femur (thigh) bone. An inward rotation of the thigh bone is normal in all babies and it usually straightens in the first years of life. Persistent femoral torsion usually shows up in children between the ages of 2 and 4 when the ligaments and muscles become looser, allowing the hips to turn in. Usually the leg rotation corrects itself by 6-8 years of age.



Tibial torsion (shin bone torsion)

This is caused by the internal rotation of the tibia, the long bone between the knee and ankle. An inward rotation of the tibia is normal in babies, but is often not noticed by parents until the child begins to walk. The twist usually straightens in the first year of life. However, the leg bones will usually continue to grow straighter until the child is 6-8 years old.

What To Do About In-Toeing

Many times in-toeing resolves on its own as your child grows. If your child experiences frequent tripping and falling or if they are having some trouble keeping up with their classmates and peers, contact your child's physician or nurse practitioner. Bracing is not considered to be an effective course of treatment for tibial or femoral torsion, although bracing, casts, or orthotics may be recommended for correcting metatarsus adductus. Surgical intervention is rarely necessary. Although in-toeing may present some challenges for your child early on, however, your child can be expected to grow and develop without any activity restrictions or limitations.

References:

1. www.childrensorthopaedics.com/intoeing.html
2. <http://www.familydoctor.org> (then search in toeing)
3. <http://orthoinfo.aaos.org/topic.cfm?topic=A00055>

