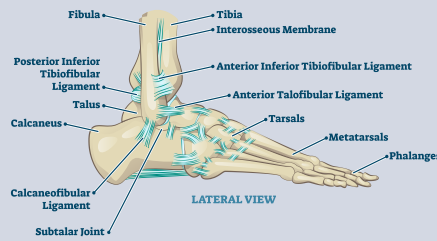


Foot and Ankle Conditions and Treatments



INTOEING

Intoeing, also referred to as “pigeon-toed,” occurs when the feet are pointed inward when the child walks or runs. With time, most children’s feet will return to normal position without any medical treatment.

This problem tends to be a normal variation of development and does not cause pain or lead to future medical conditions. There are three main causes of intoeing, all of which can run in families.

- **Femoral Anteversion (twisted thigh-bone)**

Intoeing occurs because the thigh-bone is rotated. This is most noticeable in four- to seven-year-olds. The intoeing typically improves gradually during childhood. Often, the child will sit in a “W” position for comfort while on the floor. Rarely, the excessive femoral anteversion will persist, making it difficult to perform physical activities, as the child will trip or have an unstable gait pattern. In this case, surgery may be recommended to cut the femur and rotate it back to normal alignment.

- **Tibial Torsion (twisted shin bone)**

The shin bone (tibia) is rotated, causing the foot to turn in. This can occur due to the child’s position in the uterus. It is typically noticed when the child begins walking. The intoeing generally improves gradually until about six years of age without any treatment.

Very rarely, children with severe tibial torsion that does not improve can have pain or difficulty with physical activities. If this is the case, surgery may be recommended to cut the tibia and rotate it into normal alignment. Surgery is generally not considered unless the child is experiencing symptoms that do not improve by the age of 10 years old.

- **Metatarsus Adductus (curved foot)**

The middle of the foot is curved inward, causing the toes to point in. This foot deformity usually resolves during infancy. In severe cases, bracing, casting and stretching can be of benefit to correct the curvature.