



Vasu Pai MS, MCh, FRACS

In toeing Gait

Intoeing means that the feet turn inward instead of pointing straight ahead when walking or running.

This is commonly found in children at different ages and for different reasons.

It almost always corrects without treatment as children grow older.

The three most commonly seen conditions include metatarsus adductus (curved foot), tibia torsion (twisted shin-bone) and increased femoral anteversion (twisted thigh bone).

Metatarsus adductus

is a common finding in which your child's feet bend inward from the middle part out to the toes.

Some cases may be mild and flexible, but others may be more apparent or rigid.

In severe cases, it may be said to resemble a part of a clubfoot deformity.



Tibial torsion

Is a twisting of your child's lower leg (tibia).

Before birth the legs were in a confined position and shaped to fit the womb.

Internal tibial torsion means that after birth they didn't rotate outward.

The feet turn inward because the leg bone above them points them that way. As the tibia grows taller, it is expected to grow out of the twisting.



Increased Femoral Anteversion

is expected to spontaneously correct in all children as they grow older. Studies have found that special shoes, braces and exercises don't help.

Surgery is usually not considered unless there is a severe deformity in a child older than 9 or 10 years who has a lot of tripping and an unsightly gait.



Risk Factors/Prevention

All of these conditions may tend to run in families

Infrequently they may be associated with other orthopaedic problems.

Prevention is not usually possible because they occur from developmental or genetic reasons that can't be controlled.

Severe intoeing may appear to cause young children to stumble or trip, particularly if they are wearing long or floppy shoes.

Intoeing usually does not cause pain or interfere with the way your child learns to walk.

Intoeing has not been linked to wear-and-tear arthritis in adulthood.

Sometimes children who are faster sprinters tend to intoe a bit. It may be so noticeable that well meaning family or even strangers may comment about it.

Treatment Options

Parents or other family members often worry about a child's intoeing.

They may believe the child or infant with intoeing will have permanent deformities as an adult.

They may ask a doctor to "fix" the shape of their child's feet or legs.

In the great majority of children under age 8 years, **intoeing will correct without casts, braces, surgery** or any special treatment.

Metatarsus Adductus

Improves by itself most of the time.

It is usually appropriate to watch for improvement over the first 4 to 6 months of life.

A casts may be used to treat a foot with severe deformity or one that is very rigid.

This has a high rate of success in babies aged 6 to 9 months.

Surgical correction is seldom required.

Tibial or femoral torsion

Improves almost always without treatment, and usually before school age.

Splints, special shoes and exercise programs don't help.

Surgery to re-set the bone may be done in a child who is at least 8 to 10 years old and has a severe twist that causes significant walking problems

A child whose intoeing is associated with pain, swelling or a limp should be evaluated by an orthopaedist.