



Suffolk Podiatry

Children : In-toeing Gait

What is an In-toeing gait?

An in-toeing, also commonly known as “pigeon-toed” gait, is where a person walks with their foot turned in. It is commonly observed in healthy children and can be part of normal development. It is usually seen in both feet but sometimes in just one. A child’s activities do not usually need to be restricted.



Children who “in-toe” may appear to trip more often but this soon resolves. They can be just as good at sport and are no more likely to suffer back or hip problems or arthritis than anyone else. Typically this will not get worse and should improve over time.

Falling is not caused by in-toeing but is part of the process of learning to walk. In-toeing may be more obvious if your child has any degree of hypermobility (loose ligaments) or when they are tired.

Causes of an In-toeing gait

In-toeing is usually caused by one of the following:

- **Femoral anteversion** – the femur (thigh bone) turns inwards, causing the whole leg to turn in. The Patellae (knee caps) squint inwards during walking. This is more common in girls than boys and normally resolves by age of 10.
- **Tibial torsion** – the tibia (shin bone) is twisted inwards causing the feet to turn inwards but the knee caps point forwards. This normally resolves by age 4 – 5.
- **Metatarsus adductus** – A condition where foot curves inwards from birth. Most cases resolve spontaneously, although occasionally stretches are required. Only 4-5% of cases persist in to adulthood and with no increase in the risk of osteoarthritis. Surgical correction is not required.

Advice

- There is no evidence to suggest splints/special shoes will help with this condition.
- Patients should be discouraged from lying in a prone sleeping position. (Lying on their front)
- Stretching/strengthening work for tight or weak muscles – tight hamstrings and/or weak outer hip muscles

- Encourage your child to sit cross legged (discourage “W” sitting where child kneels with feet turned out behind them. However, it is possible that this may be the only position they can sit in comfortably in which case it is pointless to discourage it).
- Encourage out-toeing activities: ballet, horse-riding, martial arts, swimming breast-stroke
- Referral to the Orthopaedic team is rarely required

Footwear

- Good fastening, well-fitting footwear is essential for the growing foot
- Flexible footwear is most appropriate in most cases
- Lace ups offer greater support but all shoes should have fastening
- Ensure there is good cushioning on the sole of the shoe
- Well-fitting trainers are as good as shoes, provided they offer flexibility in the sole

A separate footwear advice leaflet is available from our website :

<https://suffolkfed.org.uk/healthcare-services/podiatry/>

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