Suffolk Podiatry

Children and Intoeing

What is intoeing?

Intoeing, sometimes referred to as a "pigeon-toed" gait, is when a child walks with their feet turning inward. It is commonly seen in healthy children and is often a normal part of development.

It usually affects both feet, although in some cases only one foot may be involved.

What causes intoeing?

Intoeing is usually due to one of the following:

- **Femoral anteversion**: The thigh bone (femur) turns inward, causing the whole leg to rotate in. As a result, the kneecaps may point inward during walking. This is more common in girls and typically improves by around 10 years of age.
- **Tibial torsion**: The shin bone (tibia) is slightly twisted inward. In this case, the feet turn inward while the kneecaps face forwards. This usually improves by around 4–5 years of age.
- **Metatarsus adductus**: The front part of the foot curves inward, often present from birth. Most cases improve naturally over time. A small number may persist, but this does not increase the risk of long-term problems such as arthritis. Surgery is rarely required.

Is intoeing a cause for concern?

In most cases, intoeing is not a cause for concern:

- **No need to limit activities**: Children with intoeing can take part in sports and activities as normal.
- **Improves over time**: Intoeing does not usually worsen and often improves as your child grows.
- **Tripping and falling**: While some children may appear to trip more, this is often part of normal development rather than directly caused by intoeing.
- **More noticeable at times**: Intoeing may be more noticeable when your child is tired or if they have joint flexibility (hypermobility). See our website for advice on hypermobility https://suffolkfed.org.uk/healthcare-services/podiatry/

Advice for intoeing

- **Footwear, insoles, or splints**: There is little evidence that special shoes, insoles, or splints improve intoeing.
- **Sleeping position**: It is best to avoid your child regularly sleeping on their front (prone position).
- **Stretching and strengthening**: Activities that improve strength and flexibility (e.g. hips and legs) may be helpful.
- **Sitting position**: Encourage sitting cross-legged rather than in a "W" position. However, if this is your child's preferred position, it does not need to be strictly avoided.
- **Activities**: Activities that encourage outward movement of the legs (such as swimming—particularly breaststroke, dance, or martial arts) may be helpful.

- **Referral**: Referral to orthopaedic services is rarely needed.

You should consider seeking treatment for intoeing if:

You may wish to seek advice if:

- Your child has persistent or increasing pain
- Intoeing affects their ability to walk, run, or keep up with others
- There is frequent tripping or falling that impacts daily activities
- It is limiting participation in play or sports
- There is little or no improvement over time, or it appears to worsen
- Only one side is affected or there is a noticeable difference between sides
- Your child has significant hypermobility

If you have concerns, you can discuss this with your GP, who may consider referral to paediatric physiotherapy if appropriate.

Choosing the right footwear for growing feet

Well-fitting footwear with secure fastening is important for healthy foot development. Flexible footwear is usually the most appropriate choice, allowing natural movement while providing support.

- Lace-up shoes often provide good support, but any footwear should have a secure fastening (such as Velcro or buckles)
- Ensure the sole provides cushioning to absorb impact and improve comfort
- Well-fitting trainers can be just as suitable as traditional shoes if they offer flexibility and support
- Children with more flexible (looser) joints may benefit from boot-style footwear that provides additional ankle support

For more detailed guidance, please see our Children's Footwear Advice Leaflet, available on the podiatry page of our website: www.suffolkfed.org.uk/healthcare-services/podiatry