What is in-toeing?
In-toeing (or pigeon toes) describes the way a child walks if his/her feet turn inwards. In 95% if children this will correct itself by age 8.

What causes it?
There are three main causes of in-toeing in children without any other problems. It can come from the hip, knee or foot.

- **Foot (Metatarsus Adductus)**
  Metatarsus Adductus is the name for when the front of the foot turns inwards, like in this picture.

  It usually corrects itself, without any treatment. However, if your child has severe in-toeing of the foot, which causes him/her to trip a lot, then your doctor may ask a specialist to see him/her. The specialist will discuss with you whether surgery can help your child.

- **Lower Leg (Internal Tibial Torsion)**
  This is caused by a twist in the tibia, which is one of the bones between the knee and the ankle.

  If your child has internal tibial torsion, then his/her toes will point inwards, but the knees will point straight ahead when he/she walks, as shown in this picture.

  If your baby has a twist in the shin bone, it will gradually straighten as he/she grows.
• **Hip (femoral anteversion)**
  
  This is caused by an inward twist of the femur (thigh bone). If your child has femoral anteversion then both his/her toes and knees point inwards when he/she walks, as shown in this picture.

  Femoral anteversion is very common and although it usually gets better during the first years of life, it can get worse between the ages of two to four. It usually corrects itself by the age of eight.

**Is it serious and will my child need treatment?**

In-toeing is very common in young children and is rarely a problem, even if it does not go away by itself. You may find that your child trips more than normal, particularly when he/she is tired or wearing heavy stiff shoes.

There is good evidence that these children do not have any problems in later life. Sometimes children who are faster sprinters tend to in-toe.

Research shows that splints, special shoes or exercises do not make any difference in improving in-toeing whatever the cause. It will nearly always resolve on its own by age eight without treatment. Surgery would only be offered to children with very severe cases, after they are nine or ten.

**Suggested advice**

Heavy shoes should be avoided as these can increase the likelihood of tripping.

Avoiding shoes with thick welts is also suggested as these too can lead to excessive tripping.

**References:**