

# *Orthopaedic Connection*

## **Intoeing**

By Thomas J. Haverbush, M.D.  
Orthopaedic Surgeon

### *Transforming patient information into patient understanding.*

I see children all the time in the office because the parents are concerned about the toes turning inward when walking. Sometimes it is called pigeon toed.

It can be present for two reasons. It is sometimes due to the way the child was lying in the uterus. Some children inherit the tendency from their parents.

### **Signs**

The condition is not painful and often doesn't interfere with the child's ability to walk. If the condition is severe it can cause tripping and falling. On the other hand that can be normal for a toddler even without the condition because they are clumsy.

### **4 Conditions**

Actually I am telling you about 4 conditions. They may be separate or in combinations.

- Toes and forefoot turn mildly inward and the foot is flexible.
- Lower leg (tibia) is mildly rotated inward causing the foot to turn in also.
- The thigh bone (femur) near the top is turned inward and the lower leg and foot follow. It becomes most prominent when the child is age 5 or 6.
- Metatarsus adductus is a condition that resembles a clubfoot. In Metatarsus adductus the feet bend inward from the middle of the feet to the toes.

### **How I Treat It**

In the past most of these children were treated with braces, special shoes and exercises. As time has passed these measures are rarely used nowadays. Why? The mild turning in of the foot and toes is outgrown by the second birthday.

The rotation inward of the lower leg will correct as the child gains height by age 3.

The turning inward of the upper femur (anteversion) is mostly outgrown by age 8 – 11.

Metatarsus adductus is more often treated than the other conditions depending on the degree of deformity and how rigid it is. It can improve on its own. Sometimes I use casts or special corrective shoes.

### **Closing Thought**

Some parents worry that letting their toddler with intoeing walk barefoot will hurt their feet. Not true. It is perfectly OK for him or her to walk barefoot, except when shoes are needed for warmth or protection outside.

Mostly parents and especially grandparents can relax, but there is nothing wrong with having the child's condition checked to be sure.

Nothing I have said today applies to Clubfoot which is a different and more serious problem that requires its own separate discussion.

*My patients put their trust in me and what I do improves the quality of their lives.*

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It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush