



Pediatric Clinic
PATIENT EDUCATION HANDOUTS

Pigeon Toes (Intoeing)

If your child's feet turn inward, he is said to be pigeon-toed, or have intoeing. It's a very common problem that may involve one or both feet and occurs for a variety of reasons.

Intoeing During Infancy

Intoeing during infancy usually is due to a turning in of the front part of the foot (the forefoot) and is called *metatarsus adductus*. It may be due to the baby's position in the uterus or other causes.

You can be suspicious if:

- When you look at the foot from the bottom while the child is resting, you see that the front portion turns inward.
- The outer side of your child's foot (opposite his big toe) is curved like a half-moon.

Usually this condition is mild and will resolve before the child's first birthday. Sometimes it is more severe or is accompanied by other foot deformities that result in a problem called "clubfoot." This condition requires a consultation with a pediatric orthopedist and early casting or splinting.

Intoeing in Later Childhood

If you notice that your child is toeing in during his second year, it is most likely due to inward twisting of the shinbone (tibia). This condition is called *internal tibial torsion*. If your child is between ages 3 and 10 and has intoeing, it is probably due to an inward turning of the thighbone (femur), a condition called *medial femoral torsion* or *femoral anteversion*. Both of these conditions tend to run in families.

If you observe the condition to be severe enough to affect your child's walking or running, ask the pediatrician to examine your child's feet.

Treatment of Pigeon Toes

Some experts feel no treatment is necessary for intoeing in an infant under 6 months of age. For severe metatarsis adductus in infancy, brief, early casting is appropriate. In cases where there are different opinions, it is best to follow the advice of your own pediatrician. It does appear that the majority of infants who have intoeing in early infancy will outgrow it with no treatment.

If your baby's intoeing persists after 6 months, or if it is rigid and difficult to straighten out, your doctor may recommend a series of casts applied over a period of three to six weeks. The pediatrician will refer you to a pediatric orthopedist. The main goal is to correct the condition before your child starts walking.

Intoeing in early childhood usually clears on its own, but if your child has trouble walking because of turning of the tibia, further discussion with your pediatrician and orthopedic consultant is required. The night brace, used in the past for this problem, has not been shown to be an effective treatment.

If your child's intoeing remains severe when he is 9 or 10 years old, he may require surgery to correct it.

Because intoeing so often corrects itself over time, it is very important not to use nonprescribed "treatments," such as corrective shoes, twister cables, daytime bracing, exercises, shoe inserts and back manipulations. These do not correct the problem and are, in fact, harmful because they interfere with normal play or walking and may even cause additional deformity. Furthermore, a child in these braces unnecessarily faces the emotional strain caused by his playmates' ridicule.