

What is Intoeing and Outtoeing?



Intoeing

Intoeing and Outtoeing:

When the feet point inward instead of straight, it is known as intoeing. It is often called pigeon toed. Outtoeing means the feet point outward instead of straight. It is often called duck feet.

Both conditions:

- May run in the family (genetic).
- May be caused by the baby's position in the uterus.
- Are common in young children.
- Rarely need treatment since most children outgrow it.
- Will not affect your child's ability to walk, run or play.



Outtoeing

Sometimes severe intoeing can cause a young child to trip and fall. Falling often comes with learning to walk, so may not be caused by intoeing. If your child has intoeing or outtoeing and severe pain, swelling or a limp, they should be seen by an orthopedic provider.

What causes them?

Intoeing

There are three reasons a child may have intoeing. They can occur on their own or with other bone and muscle problems so cannot be prevented. There may be a family history.

1. Curved Foot, called Metatarsus Adductus (MTA). This is the most common cause of intoeing in infants. Most infants are born with this condition.

There are two types of MTA: flexible and stiff.

- Flexible MTA. This is common. It will often improve or go away on its own during the first 4 to 6 months of life. Flexible metatarsus adductus has no impact on a child's function. Sometimes casting can be used to help the foot grow straight.
- Stiff MTA. If the foot is stiff, the healthcare provider may recommend casts. The casts stretch the foot so it can grow straight. The cast is changed as the child's foot changes.
- If casting is done, special shoes may be needed to help maintain the corrected MTA.
- Surgery for metatarsus adductus is rare.

Normal foot



Curved foot



2. Twisted shin, called tibial torsion. A twist in the lower leg (shin) is thought to occur before birth. It can happen as a baby's legs curve to fit in the uterus. If the shin does not untwist by the time the child starts walking, the feet may point in. This is normally noticed after a child has started walking. Most often the shin untwists as the leg grows.



3. Twisted thigh bone, called femoral anteversion.

This occurs when a child's thigh (femur) turns inward. It is often noticed from 3 to 10 years of age. When the child walks, their kneecaps point inward. This happens because the thighbone has more of a twist into the hip socket. It causes the hip to turn in. It happens more often in girls.



Children typically sit like this when they have femoral anteversion.

More about twisted shin and twisted thigh bone

These almost always correct by age 10. Studies have found that special braces, shoes, and exercises do not help. Children who do not grow out of these conditions are not at a bigger risk to develop pain or bone problems. If the problem does not get better on its own, surgery is the only treatment. It should only be done if there is severe deformity or if walking is hard. It also is best to wait until after age 10 for surgery.

Outtoeing

Most often, outtoeing occurs during the first year of life while your child is learning to walk. Like intoeing, it is often caused by an outward twist of the thigh or shin bone. It will almost resolve on its own as the child grows. Treatment is normally not needed.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has:

- Intoeing and severe pain, swelling or a limp.
- Special health care needs that were not covered by this information.

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.