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NHS Trust

Service:
Physiotherapy

Leg posture in children



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Leg Posture in Children

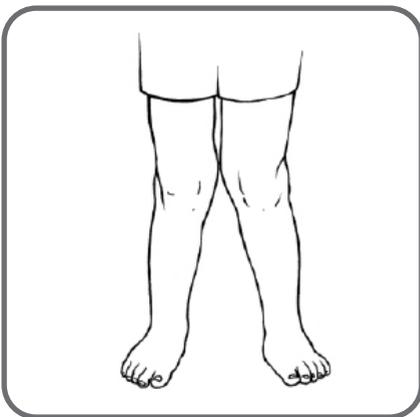
A guide for parents

This leaflet has been produced to provide information on the normal postural variation of children's feet and legs as they grow.

Normal leg posture variations throughout childhood



Baby - Bow legs



Toddler – Knock knees



8 year old – Straight legs

Bow legs

A child has bow legs if, when they are standing with their feet together, their knees do not touch. This is very common in children as they start to walk. Bow legs are exaggerated by the need to have feet wide apart to increase stability when children first start to walk. Many children start bow legged, then go through a knock kneed stage before their adult leg shape is established around the age of 8.

Knock knees

A child has knock knees if, when they are standing with their knees together, their ankles do not touch. This is more common in children aged 2-4 years. If you lie a child on their back, with their knees together, it is normal to have a gap of up to 10cm between their ankle bones.

Intoeing

A child intoes (sometimes called pigeon toes) if, when they stand or walk, their feet point inwards. Intoeing is frequently found in children aged 1 to 8 years. Children who intoe may trip more than other children, especially if they are tired, or wearing heavy shoes.

There are 3 main causes of intoeing - from the hip, the shin and the foot.

- **Hips:** The thigh bone is twisted in at birth bringing the child's foot into an intoeing position so, as a child starts to walk, they often intoe. As a child physically matures the thigh bone straightens, but occasionally this can persist. Lax ligaments can also cause a child to intoe.
- **Shins:** The shin bone is also twisted in at birth. As a child grows this naturally straightens. Children with inward twisted shin bones often like to sit on their feet.
- **Feet:** Occasionally the inside edge of the foot can be curved in. If this is stiff or the foot cannot be eased straight, some simple stretches can be taught. This is often noticed at birth, resolving over the first few months of life.

Out toeing

A child out toes if, when they stand or walk, their feet point outwards. Out toeing is less common than intoeing, but is still seen, especially in children born prematurely. Out toeing is mainly caused by an increased amount of turning out at the hip joint. This naturally reduces as a child grows.

Flat feet

A child appears to have flat feet if, when they are standing, the whole of their foot is in contact with the floor. This is due to a fat pad that lies under a child's foot. This type of foot posture is common in children under 2. After 2 years the arches of the foot start to become more prominent. To make this more obvious, ask a child to stand on their tiptoes and look at the arch on the inside edge of their foot. Flat feet tend to resolve by the age of 5, but if feet are not painful, are flexible, and there is evidence of an arch, no treatment is necessary.

Shoes

To best support children's feet shoes should have the following features:

- Be foot shaped.
- Have a flexible sole.
- Be flat.
- Have a good grip.
- Be well fitted both for length and width, and allow for growth.
- Be fastened snugly and comfortably to a child's foot.

Children also benefit from spending some time barefoot.

All the foot and leg postures described in this leaflet are variations of normal, which naturally resolve with time. For this reason, it is extremely rare for a child to need any intervention to correct their foot or leg posture.

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How to contact us:

If you have any concerns regarding your child's foot or leg posture please contact your GP, Health Visitor or local Children's Physiotherapy Department for further information or advice.



www.nbt.nhs.uk

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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