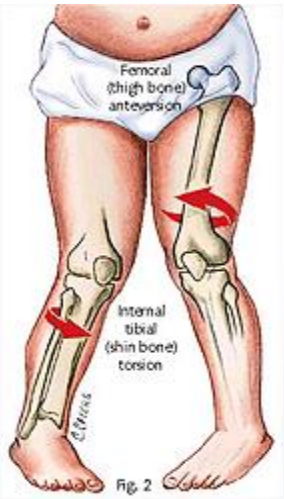
Femoral Anteversion

Femoral anteversion is a condition where the thighbone is twisted inwardly. The condition can cause the knees and feet in children to turn inward, which creates what is often referred to as a pigeon-toed appearance. It tends to affect girls twice as often as it does of boys. Most of the time, the condition is detected when children are between four and six years of age.

Femoral Anteversion Anatomy



The hip joint is one of the most reliable of all the structures within the human body. It provides movement and support without any problems or pain in the majority of people throughout their life. The ball-and-socket joint normally works well without any friction and little or no tear. In young children and toddlers, walking with pigeon-toes tends to be a normal part of the development of the little ones hips, even when it is attributed to femoral anteversion. Most of the time, the anteversion will correct itself as the child learns how to walk.

Femoral anteversion is really considered to be a growth developmental problem, and the specific causes beyond that are unknown.

How to Treat Femoral Anteversion:

1. **Observation**
   Most of the time, your child will be monitored over the span of multiple years, since the twisting of the thighbone will often end up correcting itself over the course of time. As the child continues to grow older, they will end up achieving normal walking patterns by the time they are eight to 10 years old, or when they reach teenage years.

2. **Braces or Special Shoes**
   In the majority of cases, wearing special shoes or braces doesn't do anything to speed the process or help the body's natural mechanism for correcting the anteversion.

3. **Surgery**
   In rare instances, the twisting could be severe and not be able to correct itself by the time the child is between eight and nine years of age. For those children who have severe, unresolved anteversion at the age if nine, surgery might be performed to reposition the femur to a normal angle. In this procedure, the surgeon will cut the femur, rotate the ball of the femur within the hip socket to its original position and reattach it to the bone.
   Following surgery, your child will remain in the hospital for a few days with pain medication. Once they return home, they need to limit their weight-bearing activities and may need to use a wheelchair for a period of time, then progressing on to use a walker or crutches for a few weeks. After three to four months, the child will be able to return to their normal activities.

Tips:

- Most cases of anteversion happen by chance without a clear reason for them in the first place.
- In rare instances, babies might be born with femoral anteversion.
- Evidence suggests that anteversions are more common in girls than what they are in boys.
- As with the majority of cases with children walking with their toes pointed inward after the age of three, anteversion occurs in as many as 10 percent of children.
- If you are worried about your child being in pain, they often don't suffer any pain when dealing with this condition.
- In 99 percent of the cases, the long-term outlook is extremely positive in children who have this condition.