In-Toeing

In-toeing means that the child's feet will turn inward when the child runs or walks instead of pointing straight ahead. The condition is also termed pigeon-toed. Often times, the condition is first noticed by the child's parents when the child begins walking. Children at various ages might display the condition for any number of reasons.

On occasion, severe in-toeing might cause younger children to trip and stumble as they catch their toes on the heel of their other foot. The condition doesn't cause pain, nor does it end up leading to arthritis. In the majority of cases for children who are younger than eight years of age, in-toeing will normally correct itself without having to use surgery, braces, casts or any other specialized treatment. Children who have in-toeing that is associated with swelling, a limp or pain need to be evaluated by a specialist.

The cause of the condition is largely dependent upon where the alignment change is centered. Three common conditions cause in-toeing: twisted shin, twisted thighbone and curved foot. Each one of the aforementioned conditions tend to run in families. Prevention is often not possible as they occur from a developmental or genetic problem that cannot be controlled.

In-Toeing Anatomy

The leg is the entire lower limb or extremity within the human body. It includes the foot, hip and thigh. The skeleton is a living structure that works to support the entire body. Bones are composed of an outer shell of dense bone surrounding a honeycomb structure of softer bone. Bone is composed mainly of calcium and protein. If the bones don't have calcium, they will become weak. Two sections make up the human skeleton: the axial section, which consists of 80 bones including the spine, skull and chest, and the appendicular skeleton, which consists of 126 bones that includes the limbs, hands, feet and pelvic girdle.

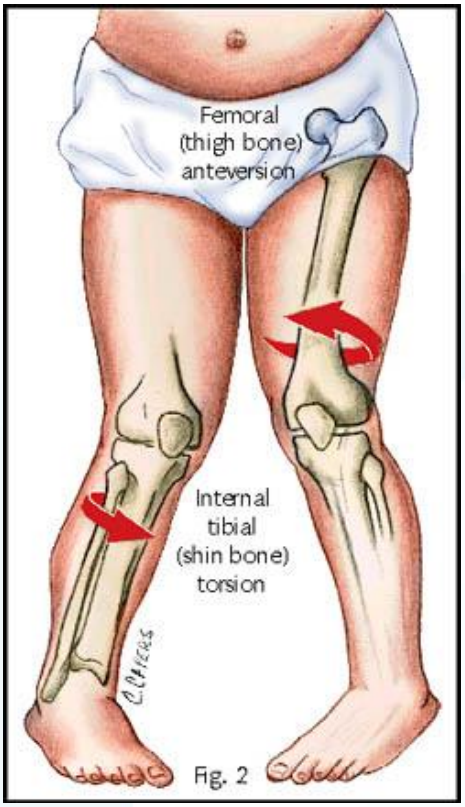

Fig. 2

How to Treat In-Toeing:

1. **Children Under Six Months of Age**
   Infants who are under six months of age often don't require treatment. If the condition is severe in infancy, it might be useful to use a cast on the legs.

2. **Children Over Six Months of Age**
   Most of the time, infants will end up outgrowing their condition as they age. If the in-toeing persists beyond six months of age, or if the area is difficult to straighten and rigid, you may have to go to an orthopedic specialist who will use a series of casts applied over a time period of three to six months. The goal is to correct the problem before the child starts walking.

3. **Children Between Nine and Ten Years of Age**
   If the condition remains by the time the child reaches nine or ten years of age, surgery might be the only option to correct the condition.
   If you are unsure, you should take your child to see a physical therapist or other manual therapist with pediatric experience. They will be able to suggest exercises for your child and exam your child to make sure nothing is amiss.

Tips:

- Children that have in-toeing during their second year might have a twisted shin bone
- Children between three and ten with the condition might have a twisted thighbone
- Twisting of the bones tend to run in families
- Most of the time, the condition will correct itself before the child turns one
- The condition is often the result of the child being cramped inside of the uterus