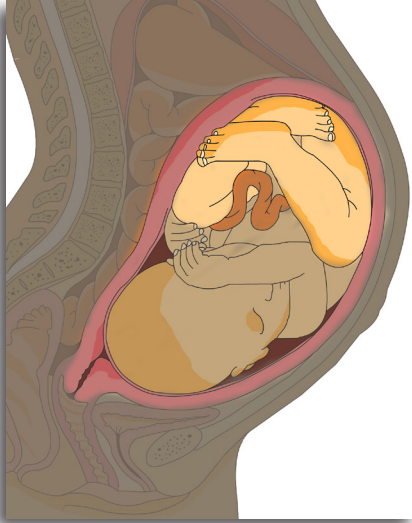


# My TODDLER INTOES when HE WALKS...

## Does HE need THOSE bars or braces?

by Doug Puder, MD



This question is asked so often that a discussion of why many toddlers legs look somewhat "bent" will be reassuring. Most parents will notice that their toddler's legs are not straight, and wonder if this is a problem.

In fetal life, most babies are positioned with their legs crossed over their belly. As their legs grow in fetal life, they are pressed against the belly. This leads to a natural curvature of the bone of the lower leg, the tibia. Most infants are born with curved lower legs, but parents tend not to notice since they are not walking. As infants start to walk, parents often notice toes pointing inward. Fortunately, once they begin walking, their own weight and gravity will begin to straighten the tibia.

As toddlers begin to walk more and run, the intoeing can become more noticeable. The curve will decrease gradually and is usually gone by school age. We refer to this normal condition as *Internal Tibial Torsion* (inward twisting of the lower leg). All toddlers fall frequently. Clumsy walking is expected when the skill is new. *Intoeing* is not the cause of this clumsiness.

A small amount of intoe can remain in some adults, but it is uncommon. Plenty of famous runners and athletes have mild intoe. *Internal Tibial Torsion* almost never needs treatment. Older remedies such as tying together the heels of shoes are unacceptable. Grandparents may remember the Denis Browne bar, but they are no longer used. They were torture for toddlers and did not work! (Those of you who saw the movie *Forest Gump*, may remember when he threw off his leg braces and began running!)

A few less common problems can also cause intoeing. Some infants will be born with a "clubfoot" or other rare forms of hooked foot. These conditions will be diagnosed at birth and may require casting by an orthopedist. Schoolage children have a remarkable ability to sit in the so-called "W" position. This is due to the position of the bone of the upper leg, the femur. The condition is harmless and requires no treatment. It generally resolves on its own.

We perform a full examination of the hips, legs, feet at all well baby visits, and will hopefully reassure you that your child has no serious orthopedic problem. X-rays are not needed to evaluate *Internal Tibial Torsion*. Most often, we will be able to reassure you, and parents should not worry!

We hope you find our Parentletter helpful and informative. Please keep in mind that receipt of this newsletter does not create a doctor/patient relationship and that it is not meant to serve as a substitute for professional medical advice. For particular pediatric medical concerns, including decisions about diagnoses, medications and other treatments, or if you have any questions after reading this newsletter, we encourage you to speak with your child's pediatrician.