

IN & OUT-TOEING

As kids grow and learn to walk and run, their bodies go through many changes. Their bones are grow bigger and stronger, their coordination and balance develop, & their muscles get bigger, stronger and more flexible. As a result, the position of their feet and legs go through many changes, two of which are in-toeing and out-toeing. While both positions can be a normal and healthy stage when kids are first learning to walk confidently, when they persist past a certain age or continue for too long, they may cause painful problems or make kids more vulnerable to injury.

IN-TOEING

In-toeing is often referred to as pigeon-toeing and describes the position where children are walking with their feet turned inwards to face one another. This inwards rotation may be mild or very pronounced, and may affect one or both feet. Generally speaking, the 'normal' period of in-toeing can range from the first steps up to four years of age. When your child continues to in-toe past this age or with great severity, this may be caused by:



- ✓ **Inwards rotation of the shin bone (tibia)** – if your shins are twisting inwards, then the foot will also twist to face inwards, even if the position of the foot relative to the lower leg is relatively straight. This is likely related to your child's position in the womb, though it doesn't become noticeable until they start walking.
- ✓ **Metatarsus adductus** – the simplest way to describe this is that the front half of the foot is twisting inwards on the back half of the foot, resulting in a bean or banana shape. You'll likely notice it at birth, and approximately 1 in 1000 births are affected.
- ✓ **Inwards rotation of the thigh bone (femur)** – similar to the inwards rotation of the shins, but the inwards rotation of the thigh bone, which means that the knee, lower leg and foot face inwards too. You may be able to spot this one because the knee turns inwards too.

OUT-TOEING

Out-toeing, on the other hand, is referred to as being duck-footed and describes the position where the feet are twisted outwards away from one another instead of pointing straight ahead. Again, the severity can vary and may affect one or both feet. Much like in-toeing, out-toeing should also resolve by the age of four or five, and may be a result of:



- ✓ **Outwards rotation of the shin bone (tibia)** – when the shin bone is rotated outwards, the foot is rotated outwards too
- ✓ **Outwards rotation of the thigh bone (femur)** – this is when the thigh bone is twisted outwards, which positions the knee, shinbone and foot outwards too
- ✓ **Outwards rotation of the hip** – this is usually associated with some tight and contracted muscles and is likely associated with the position in the womb
- ✓ **Flat feet** – this creates more of an appearance of out-toeing than actual out-toeing itself. As the feet roll in and the toes point outwards, the feet have an appearance of out-toeing

TREATING IN-TOEING & OUT-TOEING

Managing both conditions is important because without treatment, kids are more likely to trip and fall during sports, it may have an impact on their muscles and ligaments, and the body may start to make other compensations or over work, which will put them at a higher risk of pains and aches.

We treat both in-toeing and out-toeing safely and effectively without surgery or painful or invasive treatment. We have proven processes that deliver the best results for our patients, which involves a special type of orthotic to help rotate the feet and legs appropriately, stretching and strengthening exercises, and wearing good, stabilising shoes.

Our Values – We:



love what we do



challenge the status quo



are stronger together



aim to continuously improve



do what we say, sometimes more, never less