FLATFEET AND INTOEING

FLATFEET

Most infants and toddlers appear flat-footed. This is due to the soft tissue structures of the foot. Truly flat feet are uncommon. The arch of the foot develops whether or not shoes are worn. Special shoes or inserts are not necessary. If a child is born with flat feet, special shoes cannot correct the problem; they are used only to improve comfort in older children or adults.

INTOEING

Most infants have a bowlegged appearance. This is normal and is due to the position of the baby’s legs while in the mother’s uterus before birth. The toddler may appear to “toe-in” or be “pigeon-toed” for a year or two after walking begins. The usual cause is “tibial torsion,” a persistence of the curve in the lower legs after birth. This curve corrects with growth, so bars, braces or casts are unnecessary. Only the most severe cases require treatment.

Another possible cause of intoeing is a curve in the foot itself. As long as the foot remains flexible and the doctor can confirm that foot structure is normal, then treatment is not necessary. Stretching exercises can help the deformity to resolve more quickly and can maintain foot flexibility.

A third cause of intoeing is a twist in the upper leg, between the hip and the knee. This is a common cause in older children. The medical term is femoral anteversion. This is also outgrown with time. Treatment consists of encouraging proper floor sitting position: with legs outstretched in front of the body or cross-legged, not with feet positioned behind the body while knees are bent.