

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.

Intoeing can run in families and affects about 10-20% of the population. It is mostly of cosmetic concern and improves with age. Most children will end up with legs that look like their parent with the same trait.

The toddler may appear to "toe-in" or be "pigeon-toed" for a year or two after walking begins, and even trip over his own feet. 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 surgical treatment.

The older child may have a twist in the upper leg, between the hip and the knee, called femoral anteversion. These children usually prefer to sit in the W-position and dislike sitting with crossed legs in the yoga position. They tend to kick their feet out to the side when running and may trip over their own feet up to age 10. Many studies show that people who intoe tend to be better runners and jumpers! Treatment is not necessary since there is no evidence that it has any positive effect on outcome.

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