Healthier Pennine Lancashire

NHS East Lancashire Hospitals NHS Trust A University Teaching Trust

In toeing is where the feet turn in wards during walking or running.

Out Toeing is where the feet point outwards when standing, walking or running.

Both are very common in children and are often related to normal growth

In toeing and out toeing can be caused by several reasons, thought to be related to the foetal position in the womb.

As children grow, their bones lengthen, and muscles strengthen in toeing / out toeing will correct itself without intervention.

Causes of In-toeing.

Infants (0-1yr) Metatarsus Adductus where the forefoot curves inwards.

Toddlers (1-3yrs) internal tibial torsion, where the shin bone twists inwards.

Children (3-10 yrs) Femoral Anteversion – where the thigh bone twists inwards

Causes of out-toeing.

Infants – tightness of the hip from the position in the womb.

Toddlers/children – external tibial torsion where the shin bone twists outwards Or Femoral retroversion where the thigh bone twists outwards.

in-toeing and out-toeing

A guide for referrers

When to Refer?

In some cases, it will be appropriate to refer for further assessment, i.e. if there are concerns over a more severe deformity, there is asymmetry between the legs, or the problem persists beyond the expected age for resolution. *Please see our guide of when and where to refer.*

What advice should I give?

Reassure, reassure and reassure. We know in most cases in toeing and out toeing will self-correct with growth. Direct them to East Lancashire Paediatric Physiotherapy website for further advice and information.

Treatment

In toeing and out toeing are classed as normal variants as in most circumstances they resolve on its own, through growth.

Specialist referral is not required.