



## Paediatric Physiotherapy Referral guidance for management of out-toeing.

Out toeing is where a child or young persons feet point outwards rather than straight ahead. It is often noticeable when standing, walking or running. Out toeing is a normal part of growth and development and considered to be a normal variant which will self-resolve with growth.

Out toeing is thought to be related to the foetal position in the womb. It can be associated with children who walk early as they increase their base of support.

Parental anxiety is understandable but there is no evidence to suggest that out toeing leads to any long term implications or complications. There is no evidence that Physiotherapy, splints or braces impact the natural correction. Children and young people should be encouraged to be as active as possible and participate in a range of activities, sports and games appropriate for their age and development.

### Referral not necessary if:

## In-toeing is a common normal variant, and most children do not need onward referral, If:

- The child is well, with no reg flag features and is younger than 4 yrs of age.
- There is no pain, limp or functional impairment.

### Management: Universal Offer:

- Advise parents that this can be a normal developmental stage which often corrects itself and does not usually cause symptoms.
- There is no need for any treatment if there are no symptoms, even if it persists after the ages of 4 years.
- Direct patient to ELHT Paediatric Physiotherapy Website for further advice

Red Flag concerns to be managed by the GP or A&E (symptom dependant)

# When and where to refer:

#### Refer to A&E if:

 They have recent onset changes, limp or asymmetry (consider slipped upper femoral epiphysis)

### Refer to Orthopaedics if:

- Hip Disease is suspected.
- They have unilateral outtoeing.
- They have severe external tibial torsion.

### Refer to Physiotherapy if:

- They are older than 8yrs of age with an altered gait pattern.
- They have thigh, hip or knee pain.
- They have a decrease in expected hip internal rotation (<40 degrees) and increased external rotation.
- Decreased hip abduction.
- Have functional problems with mobility.