



<u>Paediatric Physiotherapy Referral guidance for management of Knock Knees (Genu Valgum)</u> Valgum) and Bowlegs (Genu Varum)

Knock knees (genu valgum) and bowlegs (genu varum) in children can be a normal part of growth and development. They are both considered to be normal variants.

Most children do not require any treatment for either presentation, and it usually resolves as the child grows and their legs naturally strengthen.

- Knock knees normally resolves by 7 years of age.
- Bowlegs normally resolve by 4 years of age.

Parental anxiety is understandable but there is no evidence to suggest that pain free knock knees or bowlegs will lead to any complications for the child in the future and will likely naturally correct. Physiotherapy is not usually considered helpful for children with knock knees or bowlegs.

Referral not necessary if:

- The child is under 7 years of age (knock knees/genu valgum) or under 4 years of age (bowlegs/genu varum), well, and there are no red flag features.
- · There are no pain symptoms.
- There is no functional restriction or impairment
- · The deformity is bilateral/symmetrical
- · Growing and developing normally / gross motor skills are normal

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 (bowlegs) and 7 years (knock knees).

Direct patient to ELHT Paediatric Physiotherapy Website for future advice and patient information. Advise them to return for review if symptoms develop.

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

When and Where to Refer:

Physiotherapy

- Asymmetrical knock knees or bowlegs.
- Tripping or frequent falls.
- Limp
- Functional limitation.
- Marked hypermobility.
- Regression or
- delayed motor
- milestones

General Paediatrics

- Morning stiffness, restricted joint movement, joint swelling or abnormal joint exam.
- Other features indicative of an underlying diagnosis, for Cerebral Palsy, muscular dystrophy, or connective tissue, Marfan and Ehlers-Danlos syndromes.
- Concerns regarding rickets, metabolic or endocrine disorders, dysplasia or dysmorphism

Orthopaedics

- Severe deformity present:
- Knock knees: >8cm between ankle malleoli in standing with knees together
- Bowlegs: femoral intercondylar distance of >6cm in standing with feet together significant deviation from the norm for height of weight
- Worsening deformity
- Bow legs with acute proximal tibia deformity (2yrs >6cm interfemoral condyle distance) consider Blount's disease.