# Pigeon Toes

A baby's feet generally turn in at birth. They usually straighten out on their own as the child grows. But this does not always happen. Sometimes the feet continue to curve toward each other, not straight ahead. People often call this being "pigeon-toed." Another medical term for this is *in-toeing*. There are other terms, related to what is causing the condition.

Lots of young children are pigeon-toed. It is not painful. It rarely causes problems with walking. Most of the time, pigeon toes do not require treatment. However, some children may need to wear special shoes or braces. A very small number need surgery to fix the condition.

## CAUSES

Pigeon toes has three main causes:

- Metatarsus adductus. In this condition, the foot itself is curved.
  - This is the most common cause.
  - It probably happens before the baby is born. The reason may be because babies are tightly curled up inside the womb. Their feet are forced into an inwardly curved position.
- Internal tibial torsion. A twisted bone in the lower leg (*tibia*) can cause the leg and foot to turn in. The turning-in begins below the knee.
- Excess femoral anteversion. A twisted thigh bone (*femur*) causes the lower leg and feet to turn in. This twist is located at the hip.

## SYMPTOMS

- A curve on the outside of the feet. Look at the soles of the feet while the child is lying down.
- Toes that turn in while walking. They seem to point toward each other, not straight ahead.
- Knees that point inward. This may be seen when the child walks. It does not occur in all children.

## DIAGNOSIS

- Most of the time, a physical exam is all that is needed. The child's healthcare provider may:
  - Look at the child's feet, legs, knees and hips.
  - Ask about the child's birth. Questions might be asked about the pregnancy, too.
  - Ask if anyone else in the family has pigeon toes. Sometimes the condition runs in families (*is genetic*).

- Sometimes, the healthcare provider may order imaging tests. They produce pictures that will show if a bone problem is causing the in-toeing. Options include:
  - X-rays. The feet, legs and hips may be X-rayed.
  - Computed tomography (CT) scan. This uses a computer and X-rays to show more detail of the angles of the bones.

## TREATMENT

- Most children with pigeon toes do not need treatment. Sometimes, stretching exercises help. But, the foot usually straightens on its own by age 8. A twisted bone often straightens by itself, too. Even if the in-toeing does not go away, treatment may not be needed. Pigeon-toed children usually do not have trouble walking, running or jumping.
- For serious cases which do not get better with the growth of the child, treatment options may include:
  - Special shoes, braces or casts. They may help straighten a curved foot or a twisted bone. They usually are used before the child walks. This option used to be used much more. Today, it is not common.
  - Surgery. An operation may be needed to straighten a bone that is severely twisted.

## PROGNOSIS

Pigeon toes often correct themselves as the child grows. The feet will look normal and work fine. Even if a slight turn-in remains, this generally does not cause a problem. Also, having pigeon toes should not cause any health problems later in life.

## HOME CARE INSTRUCTIONS

- If any treatments were prescribed:
  - Make sure the child wears special shoes or braces correctly. Ask the health care provider how often they should be worn and for how long.
  - If a cast is put on, ask the healthcare provider for care instructions. Ask if the cast can get wet.
  - If surgery is done, you will be given specific directions. They will vary by the type of surgery. Be sure to discuss any questions you have with the child's healthcare provider.
- If no treatments were prescribed:
  - Watch for changes in the child's legs and feet. Also note any changes in the way the child walks.
  - Take the child for checkups as instructed. Tell the child's healthcare provider about any changes you have noticed.
  - Do not fret about the child tripping or falling. All young children do this. Being pigeon-toed is seldom the cause.

## SEEK MEDICAL CARE IF:

- The child's feet start to turn in more.
- The child has trouble with any braces or special shoes.
- The child continues to be pigeon-toed after age 8.
- After a surgery:
  - If you notice blood or any liquid oozing from the site of the cut (*incision*).
  - If the area around the incision swells.
  - The child develops a fever of more than 101.5°F (38.1° C).

## SEEK IMMEDIATE MEDICAL CARE IF:

- After a surgery, the child develops a fever of more than 102.0° F (38.9° C).
- There is increasing pain which gets worse with straightening and bending the toes.

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