

## What is In-toeing?

It is when feet point inwards towards each other whilst walking, rather than the more usual parallel position. It is common in childhood and considered a **normal** variation in children under the age of 6, although they can display signs until 12-13 years. Children that in-toe may be more prone to trips/falls when walking/running.

## When Should This Be Checked?

- When in-toeing affects only one leg, is severe or does not improve with time.
- When tripping injuries become significant, in school-age children, or affects their ability to participate in activities.
- If the feet feel stiff and are not improving with time.
  - They experience pain.



## What Does An Assessment Involve?

Podiatrists & Orthotists will take a detailed medical history and examine the joints and muscles of your child's feet, knees and hips. They will look at their footwear and the way your child stands, walks and plays.

## What Can We Do To Help?

### • **Observe and Monitor**

Most children will not require any treatment as it usually resolves spontaneously with growth. It is normal that children have varying foot positions that change over time, so if your child is not in pain and is taking part in activities, often we simply observe and monitor.

### • **Footwear**

Often children's shoes can be the source of pain even though they may look and be an expensive shoe. Your child's shoes should be comfortable, so that the shape of the shoe matches their foot with plenty of room to grow (always measure feet with the child standing). Make sure their shoes have support in the sole and around the heel. It should not bend too easily in the middle and the heel



counter should be stiff. However, VERY stiff or heavy shoes may make walking more tiring and difficult. Avoid buying slip-on shoes as these cause the toes to grip/claw and squash the toes.



- **Stretching and Strengthening Exercises**

Calf muscle stretches, ankle strengthening and balance exercises can help reduce pain and improve function. This is deemed the best method to improve long term function in less severe cases. A Podiatrist can advise you on this.

- **Activity Modification**

If certain activities cause discomfort, your child may need to temporarily stop or reduce how much they do.

Children who are in-toeing often find it very easy to sit in the "W" position. We encourage children to avoid the 'W' position as it may delay the normal developmental changes that reduce in-toeing naturally.

Sitting with the legs crossed is encouraged - but can be more difficult for these children to achieve comfortably.



- **Lifestyle Changes**

If your child is overweight, this can increase the load on their feet, making any pain worse. Losing weight will help as it will reduce the load going through the foot as your child walks.

[https://children.movebettergwent.nhs.wales/self\\_management/healthy-weight/](https://children.movebettergwent.nhs.wales/self_management/healthy-weight/)

If you feel you need further help with your child's weight loss you can discuss this with your GP or health visitor.

- **Casting/Splints/Orthoses**

The minority of children, usually the more severe cases, require a short period of plaster casting to help straighten their feet. Otherwise, supportive devices can be used to encourage change in the way muscles are used when walking to help improve function. Insoles do not change the shape of feet or legs.

More information can be found at:

<https://children.movebettergwent.nhs.wales/>

If you have any further queries, please contact the Podiatry and Orthotics Department on:

**01633 615225 option 1** or email [risca.podiatry@wales.nhs.uk](mailto:risca.podiatry@wales.nhs.uk)



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