Podiatry Services

Patient Information Leaflet

Intoeing Gait in Children

(V2 November 2026)

What is In toeing?
Some children's feet turn in when they walk. This is called intoeing or 'pigeon toe' and is very common in young children. It is one of the most common normal variants in children and is usually seen in both feet but may be just one.

What problems may occur?
Children who intoe may appear to trip more often. They can be just as good at sport and are no more likely to suffer back, hip problems or arthritis than anyone else. It will not get worse and may improve over time. Intoeing will not affect your child's ability to walk, run or jump in the long term. Intoeing may be more obvious if your child has flexible joints or when they are tired.

What causes it?
There are four main causes of intoeing gait in a healthy child:

Femoral Anteversion: this is where the femur (thigh bone) turns inwards causing the whole leg to turn in and is the most common cause of intoeing. It is most evident between the ages of 2-4 and will usually resolve spontaneously by the age of 10. This is twice as common in girls as boys and can run in families.

Tibial Torsion: this occurs when the shin bone is twisted causing the foot to turn in even though the kneecaps point forwards. This will normally correct by age 4-5 as the bones grow, the walking pattern matures and the knees straighten. Splints or special shoes are not necessary.

Metatarsus Adductus: this is where the foot curves in which is usually evident from birth. Most resolve spontaneously but in severe cases when the foot is stiff, stretches or advice on footwear may be necessary.

Tight or weak muscles: Tight hamstring muscles, at the back of the thigh, can also cause intoeing, worsened by a growth spurt. Stretches may help to improve this. Sometimes, the muscles on the outside of the hip that turn the leg out can be slightly weak resulting in the leg turning in, strengthening these muscles can help in some cases.

What can I do to help?

There is no evidence to suggest splints or special shoes produce any benefit but good quality, well-fitting shoes are recommended. Encourage your child not to 'W sit' but to sit cross leg instead to stretch the hips in the opposite direction, if it is comfortable for them to do so.

Activities that encourage the child to turn their feet out such as ballet, martial arts or swimming breaststroke may help an intoeing gait. Practising activities to strengthen the hip muscles such as walking along a straight line (keeping feet straight) or penguin walking may help.

Intoeing is a normal part of your child's development so you do not have to restrict your child's activities, thus encouraging normal growth and development.

If you have any questions about the information in this leaflet, please contact Podiatry Services. Further information about the service and how to manage a range of foot health problems yourself, can also be found on our website:
www.livewellsouthwest.co.uk/project/podiatry

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