

Patient Education



ARNOLD PALMER HOSPITAL
For Children
Supported by Arnold Palmer Medical Center Foundation

Orthopedic Center
at Arnold Palmer Hospital
83 W. Columbia St. Orlando, FL 32806
321-841-3040 f:321-841-3049

Bow Legs

Many infants and toddlers have bowed legs that gradually straighten over a period of years. If the baby is large, or if there wasn't much room in the womb, the legs are pressed across each other in the fetal position. This leads to bowing that improves as the child grows.



Babies are in the womb with crossed legs. This position can cause bowing, but this usually corrects with growth. Children who walk early may appear more bow legged because the bowing has not had enough time to correct itself before walking begins.

The medical term for this is physiologic genu varum. Usually, there is an element of "tibial torsion" as well. This means that the tibia (shin bone) turns in slightly. It is more commonly called "in-toeing." Some people say "pigeon-toed" as well.

This is often present at birth but becomes more noticeable around the time the child begins walking (age 9-18 months).

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This boy with bowed legs started walking at 9 months, but he straightened without any treatment



This boy's bow legs also improved without treatment. He still has some in-toeing that will take a few more years to correct by itself.

Most children with bow legs also turn their feet inward when they walk. When the bowing improves, the in-toeing seems to get worse. After several years the in-toeing also improves for most patients. Braces and shoes don't help the inward twisting so we don't have any treatment for in-toeing except surgery when it is severe in children older than 6 years of age.

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Severe inward twisting of the lower legs can only be corrected by surgery. We generally wait until children are at least six years old to allow time for normal improvement. Shoes and braces do not help inward twisting of bones.

Why don't you get x-rays doctor?

For a couple of reasons. X-rays create radiation to your child's body so we use them only when we think we need them. X-rays don't help us measure twisting or turning so they are frequently unhelpful. Additionally, in children younger than 2-3 years old, most of the bone is still cartilage, making the x-rays very difficult to read since cartilage is not seen on an x-ray, only bone. We will often obtain x-rays if the child is above 2 or 2 ½ years of age, however.

Braces are only used for bow legs when the child is older than two years and x-rays show that abnormal growth will continue. X-rays at this age can predict whether improvement will continue without braces. Even when braces are used, bowing can continue to worsen because of a growth disturbance called Blount's Disease. If the child does have Blount's Disease, the problem will worsen no matter what we do. If that happens, then surgery may be performed prior to the age of 4 years to give the best chance of curing the problem.

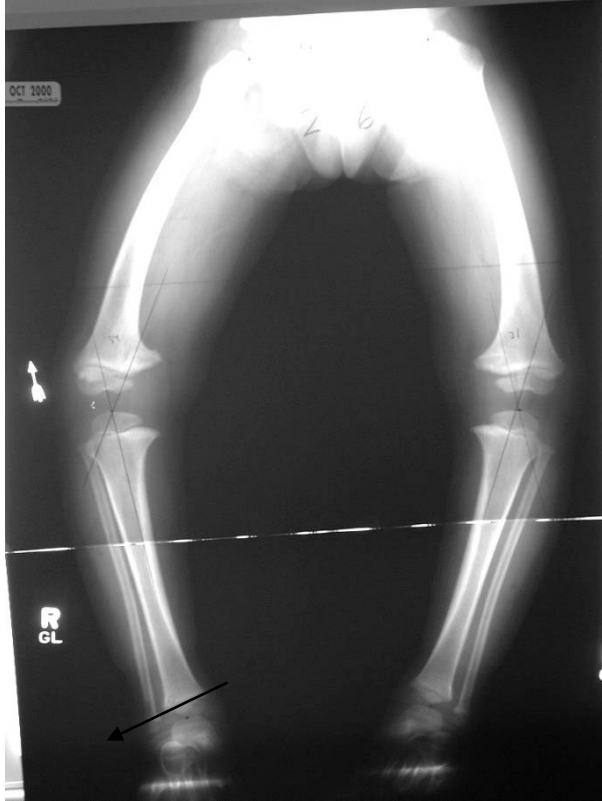
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This two year old boy has bow legs that will correct without treatment.



This two year old boy has Blount's Disease causing bow legs. Braces are recommended for this, but surgery is needed if it doesn't correct in one year or by the age of four years. The arrow points to a notch in the bone that indicates a growth disturbance

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Some adults are bow-legged. When the bowing is mild, it doesn't cause any problems. Some outstanding athletes have bow legs and feet that turn in. There is some evidence that this makes them better runners. But, adults with bow legs are more likely to develop arthritis in their knees if they live long enough. The only treatment for bow legs that don't straighten out is surgery and this is usually postponed until late in life if arthritis develops.



Two orthopedic surgeons with bow legs. Both were quarterbacks for their high school football teams

In summary, most toddlers with bow legs will grow out of it, but some still have residual bowing. Others have a more severe disorder that will require surgery before the age of four years. X-rays at two years of age can tell whether correction is expected without treatment.