



Intoeing Due to Excessive Femoral Anteversion

One of the most common developmental problems in children is intoeing. In fact, most physicians think of intoeing and out-toeing as a normal variation of development, not as a problem or medical condition. With time, most children's feet will return to the normal position without the need for treatment.

Excessive femoral anteversion is one cause of intoeing. With excessive femoral anteversion, the top of the thigh bone (femur) is rotated causing the foot to turn in. Intoeing due to excessive femoral anteversion is generally most noticeable when a child is between 3 and 7 years of age.

Treatment

Observation is the best treatment for intoeing due to excessive femoral anteversion. This condition generally improves gradually until about the age of 8-10 years. Historically, braces, casts and special shoes were used to treat excessive femoral anteversion. We now know that excessive femoral anteversion gets better in nearly all cases without the use of any type of special shoe, cast or brace.

About Sitting in a 'W' Position

Children with excessive femoral anteversion often sit in a 'W' position because this is how they feel more comfortable. This makes sense because the twist in the thigh bone allows the hips to rotate 'in' more than they rotate 'out'. There is no evidence that sitting position, such as "W-sitting," affects femoral anteversion so we recommend that parents allow the children to sit in whatever position they find most comfortable.

If the Condition Persists

Most children outgrow excessive femoral anteversion. However, in some cases, excessive femoral anteversion persists into adulthood. Teenagers and adults with excessive femoral anteversion usually don't have any difficulty with pain or participating in sports. Very rarely, children have severe excessive femoral anteversion that does not improve as they grow and causes pain or difficulty with physical activities. For severe femoral anteversion that does not improve by the age of 8 to 10 years and causes the child difficulty with walking or sports, surgery may be recommended. The surgery involves cutting and 'untwisting' the femur.