WHAT PARENTS SHOULD KNOW

Most variations of normal childhood are outgrown.

Your doctor will make sure that your child does well.

Mother Nature's treatment is safe, inexpensive, and effective.

Most variations only require the magic of time.

BOWLEGS AND KNOCK-KNEES

During normal development, children are bowlegged and then become knock-kneed. Special shoes or wedges make no difference.

Your doctor may be concerned if the condition is severe,

occurs only on one side,

or runs in the family (especially if the family tends to be unusually short in stature).

Your doctor will decide if your child's bowlegs or knock-knees are a normal form. If it is determined that the condition is normal, time is the best treatment.
INTOEING
Intoeing is common in childhood and is usually outgrown.

1 year | 8 years | 14 years

There are three causes of in-toeing which your doctor can determine:
a. Hooked foot
b. Tibial torsion
c. Femoral torsion

TIBIAL TORSION
Tibial torsion results when the normal process of leg rotation (from a confined position before birth to a more turned-out stance) is prevented by the child’s sleeping posture.

Most legs with tibial torsion get better without treatment.

HOOKED FOOT
Hooked foot is caused by the position of the baby before birth.

Most hooked feet get better without treatment during the baby’s first month.
If not, casting may be necessary.

FEMORAL TORSION
The cause of femoral torsion is unknown. Femoral torsion is usually most severe when the child is about 5–6 years old. Most children outgrow this condition.

Shoe modifications and braces do not work for femoral torsion. They can make the child uncomfortable and self-conscious and can hamper play.
FLATFEET

Parents worry about flatfeet, but...

Flatfeet are normal in infants and young children. The arch develops whether the child wears shoes or goes barefoot. So special wedges, inserts, and heels are not necessary for the toddler who has flexible flatfeet.

Just as normal children are of different heights,
different arches have different heights.

Wearing a pad under the arch of a simple hypermobile flatfoot may make the child less comfortable,

...and wastes money!

However, one in seven children never develops an arch.

The physician is concerned if the flatfoot is stiff, painful or very severe.

Children usually have low arches because they are loose-jointed. The arch flattens when they are standing.

Physicians are most concerned about a high arch.

The arch can be seen when these feet are hanging free or when the child stands on its toes.
SHOES FOR CHILDREN

Barefoot people have the best feet!
Your child needs a flexible, soft shoe that allows maximum freedom to develop normally.

1. Points in shoe selection
   Shoes are much better too large rather than too small.

2. Flexible
   Stiff supportive shoes are not good for feet because they limit movement that is needed for developing strength and retaining foot mobility.

3. Flat sole
   Children's falls cause many injuries. A flat sole that is neither slippery nor sticky is best.

4. Soft porous upper
   A material that breathes is best, especially in warm climates.

5. Avoid odd shapes.

6. Good shoes need not be expensive

A child's foot needs protection from cold and sharp objects, but it also needs freedom of movement.

REMEMBER: The best shoe keeps the foot warm and protected, but allows freedom of motion and space to grow.