

North Perth

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Ingrown Toenails

Description

This is often referred to as “pigeon toed” gait and is a common condition that produces concern with parents. The medical terminology for this is “Adducted Gait”. It may be present in either one or both limbs.

Often parents are worried with the appearance of the leg and foot position in comparison to other children. In some cases the condition may affect the child’s ability to run or perform sporting activity adequately.

A proportion of the cases will resolve themselves with growth as the bone positions develop but some may continue to remain if left untreated.



Symptoms

Some children may complain of muscle soreness of the legs but more often, there is no pain or discomfort with this condition but the child may be conscious of the mal alignment and may avoid some activity. Shoes may wear excessively or scuff each other as the child walks.

Causes

The condition may have several factors contributing to the severity and can be divided into four main regions of origin. Some may be easily identified at birth but others only as the child develops with differing milestones. The main regions are the HIP, UPPER LEG or FEMUR, LOWER LEG or TIBIA and the FOOT.



Moderate and severe foot malpositions detected from birth

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The **hip level** may have problems associated with:

- Excessive internal rotated position of the hip in the socket with development (termed – excess anteversion)
- Tight muscles that produce internal rotation at the hip
- Inadequate external rotator muscles to balance the hip position
- Tight or contracted ilio-femoral ligaments holding the mal position
- Anteriorly placed hip socket

The **femoral level** cause is associated with:

- Femoral ante torsion, which simply means that there is an excessive twist of the bone inwardly. This is “programmed” in the body’s development to twist outward and therefore may simply not have commenced this action as yet or is slower in this phase.

This type of intoeing is clinically noted to have the knee also rotating or squinting towards the midline of the body along with the whole leg and foot.

The **Tibial level** cause is associated with:

- Soft tissue contracture at the knee holding the tibia internally positioned
- The tibia which may display an internal twist which again is developmental and “programmed” to de rotate with maturation into adult hood. Any delay in this will be seen as a pigeon toed mal position

If the condition is at this level only, then the hip and knee position will be OK but the foot and lower leg turned inwards.

The **Foot level** cause is associated with:

- Overpowering muscles from the leg producing internal curving of the foot
- Overpowering or spasms of a foot muscle pulling the big toe towards the midline of the body
- Joint or bone malposition of the forefoot producing an adducted or inward orientation of the metatarsals and forefoot (metatarsus adductus)

If the condition is at this level only, then only the foot is in turned and the hip, knee and lower leg being OK.

Treatment

The level of the deformity must be diagnosed before any advice or treatment is valid. In certain cases the majority of the problem may be isolated to one of the above-mentioned levels and in others the problem may be a compounding of small anomalies at each level, which add to become considerable.

Treatment may involve specific stretching, splints, casting, manipulations, awareness/modification of walking or sleeping patterns and inserts in shoes. Depending on the deformity and stage of detection, surgical intervention may be required.

It is best if the problem is identified early so that conservative measures can be adopted to assist in correction of the problem.