

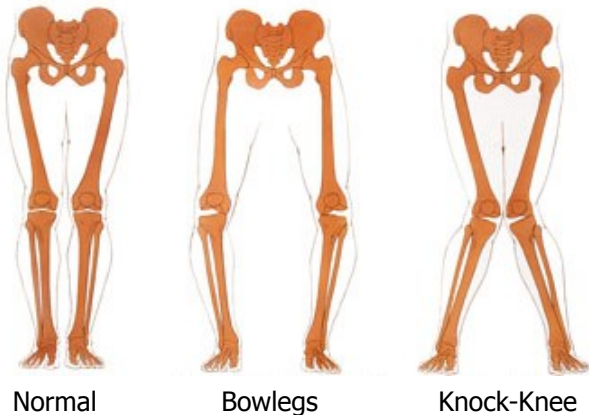
Understanding Your Child's Bowlegs & Knock-Knees

What are Bowlegs?

When a child with bowlegs stands with his or her feet together, toes pointed straight ahead, and the knees do not touch, he or she has bow-legs. The medical term is "genu varum". It may come from the thighbone (femur), shinbone (tibia) or both.

What are Knock-Knees?

When a child with knock-knees stands with his or her legs together, feet pointed straight ahead, and the knees touch but their ankles do not, he or she has knock-knees. The medical term is "genu valgum". It too may come from the thighbone, shinbone or both.



Physiologic bowlegs and knock-knees will not affect your child's ability to crawl, walk, run or play. Some children may walk with their toes pointed in, trip more or appear clumsier than other children their age. This is common and frequently will be outgrown.

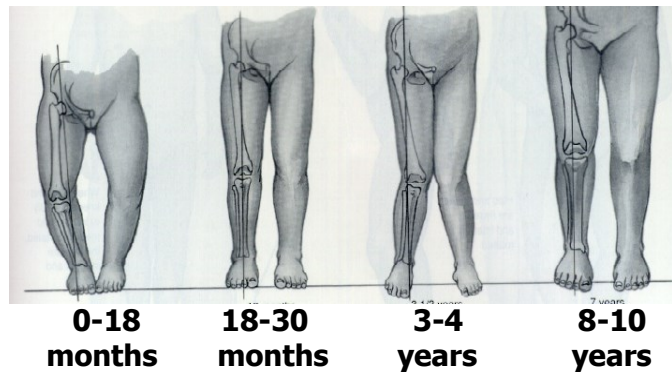
Growth and Development

A child's legs are initially bowlegged (varus). Think of the toddler who walks with his feet wide apart.

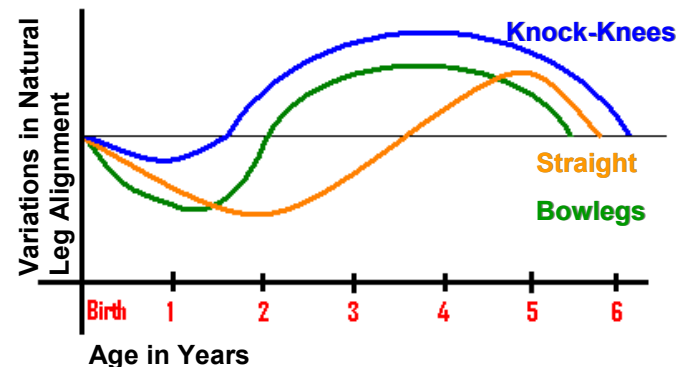
When the child is between 1 1/2 and 2 1/2 years, the legs have usually straightened.

By 3 to 4 years, the child's legs typically grow into a knock-knee (valgus) position.

Finally, by age 8 to 10 years, the child's legs have settled in to what will likely be their adult alignment.



*Note: these are generalizations and your child may be ahead of or behind the "normal" development curve.



Treatment Options

Treatment for the vast majority of children only involve observation (allowing growth and time to correct the legs) and parental reassurance. Physical therapy, chiropractic, special shoes, vitamins and bracing have no effect on the normal development of normal legs.

If you or your pediatrician have concerns, your child may be referred to a Pediatric Orthopaedic Surgeon for evaluation. Concerns are raised if one side is affected more than the other, the deformity is severe or if there is a significant family history. X-rays may be ordered by your doctor to confirm the diagnosis or to exclude other problems.

Two conditions that may require treatment include Rickets and Blount's disease.

Rickets Disease

Rickets is a disorder caused by a lack of vitamin D, calcium, or phosphate. It leads to softening and weakening of the bones. It may cause bowlegs or knock-knees. It is usually diagnosed by your pediatrician with lab tests or x-rays. Treatment is medical but may also require bracing or surgery.

Blount's Disease

Blount's Disease is a disorder caused by an abnormal growth plate in the upper tibia. It's cause is unknown. It can affect toddlers and teenagers. Treatment depends on the severity of the deformity and the age of the child. It may involve observation, bracing or surgery.

Does your child have Bowlegs or Knock-Knees?



Children's Orthopaedic
and Scoliosis Surgery Associates, LLP

Common Causes

Bowlegs and knock-knees are very common concerns for parents. The vast majority are due to the child's normal growth and development. Only a very small number of children need treatment. Understanding how a child's legs change as they grow is important in understanding these conditions.



Can Bowlegs or Knock-Knee be Prevented?

No, there is no guaranteed method of preventing a child from developing bowlegs or knock-knees. In fact, during growth, children normally go through a period of being relatively bowlegged or knock-kneed. Some children at the extremes of the normal growth curve may have bowlegs or knock-knees that look severe. Your pediatric orthopaedic surgeon will help decide if any further work-up or treatment is necessary.

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Jeffrey B. Neustadt, M.D.
Gregory V. Hahn, M.D.
Drew E. Warnick, M.D.
Paul L. Benfanti, M.D.
Lee G. Phillips, M.D.
Daniel C. Bland, M.D.
T. Cooper Wilson, M.D.



625 6th Avenue South, Suite 450
St. Petersburg, FL 33701
Phone: (727) 898-2663 - Fax: (727) 568-6836

3440 W. Dr. MLK Jr. Blvd, Suite 200
Tampa, FL 33607
Phone: (813) 879-2663 - Fax: (813) 872-0286

5881 Rand Blvd - Sarasota, FL 34238

4443 Rowan Road - New Port Richey, FL 34653

3850 Tampa Road - Palm Harbor, FL 34684

885 South Parsons Avenue - Brandon, FL 33511

www.chortho.com

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