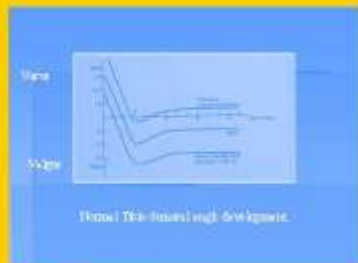


Information

It is important to note that the alignment of the legs and pattern of gait change slowly and are subject to continuous modification, particularly during the first 6 or 7 years of life.

Every child walks and looks different.



Physiological Progression of Tibio-femoral angles


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Bow legs
(genu varus)
&
Knock knees
(genu valgus)

 Information for
parents.

Tel: 98216-22992

► Angular deformities of legs

Angular malalignment, bow legs and knock-knees are common.

In most of these children the problem represents normal physiologic development and will correct spontaneously without treatment.

A small number (5–15) % will have pathologic deformity that may lead to functional and cosmetic problems which require treatment.

Internal tibial torsion accompanies bow legs and external tibial torsion with flat feet may be seen with knock knees.

Metabolic causes of angular deformity like rickets need evaluation with blood tests and radiographs.

Unilateral angular deformity is usually pathological and needs assessment by x-rays.

Angular deformities are also seen in many syndromes and bony dysplasias.



18 months old
Genu varum

Natural course

The development of normal tibio-femoral angle has been studied.

All newborns have bow legs because of the intra-uterine position.

As the child approaches 18 months of age the bow legs correct to neutral position.

During the second and third year the tibio-femoral angle increases to valgus which gradually corrects to the physiological angle.

Knock knees is more common in girls.



Natural course of
genu valgum

Treatment

Physiologic genu varus and valgus deformity require only observation and reassurance to the parents.

Night splints, corrective braces, shoes and active and passive exercises have no influence on the natural outcome.

Regular radiographs may be required if the deformity is progressive.



Unilateral genu valgum (infection)

