Treatment Options

For the majority of children, no medical treatment is necessary—just observation and reassurance. The legs typically straighten naturally with time. Special shoes, bracing, and physical therapy have not been shown to change the natural course of leg development in otherwise healthy children.

When treatment is needed, your pediatric orthopaedic surgeon will discuss the best approach based on your child's age, growth, and the severity of the condition.

Can These Conditions Be Prevented?

There is no proven way to prevent bowlegs or knock-knees, as they are usually part of a child's normal growth process. Children at the extremes of the growth curve may appear more noticeably bowlegged or knock-kneed, but most will improve without intervention.

If you have concerns about your child's leg alignment, a pediatric orthopaedic evaluation can provide reassurance and help determine whether any treatment is needed.

Understanding Bowlegs and Knock-Knees



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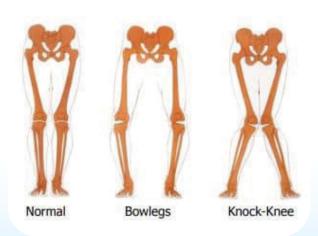






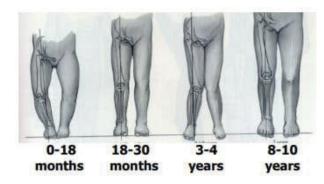
Bowlegs (genu varum) and knock-knees (genu valgum) are common alignment conditions seen in children during growth. In bowlegs, the knees remain apart when the feet are together, creating an outward curve of the legs. In knock-knees, the knees touch while the ankles remain apart, causing the legs to angle inward.

These patterns can originate from the thighbone (femur), the shinbone (tibia), or both. While the appearance may raise concerns for parents, these conditions are usually part of normal development.



Normal Growth and Development

Most children go through phases of bowlegged or knock-kneed alignment as they grow. These changes typically do not affect walking, running, or play activities.



A general timeline of normal leg development includes:

- **Birth to 18 months:** Bowlegs are typical, and children often walk with a wide stance.
- 18 months to 2½ years: Legs begin to straighten.
- **3 to 4 years:** Knock-knees may appear as a normal stage of growth.
- **By 8 to 10 years:** Legs generally settle into a more permanent, adult-like alignment.

These stages are part of typical development, though individual children may vary in timing and appearance. Some may progress faster or slower than others.

When to Seek Evaluation

In most cases, no treatment is needed. However, your child's pediatrician may refer you to a pediatric orthopaedic specialist if:

- One leg appears more affected than the other
- The curve is severe or worsening
- There is a family history of alignment disorders
- Symptoms persist beyond the typical age range

Conditions That May Require Treatment

Rickets

Rickets is caused by a deficiency in vitamin D, calcium, or phosphate. It can result in soft, weakened bones and contribute to bowlegs or knock-knees. Depending on severity, treatment may include nutritional support, bracing, or surgery.

Blount's Disease

Blount's disease is due to abnormal growth at the top of the shinbone (tibia). It can occur in both young children and adolescents. Treatment may involve bracing for younger children or surgical correction in more severe cases.