

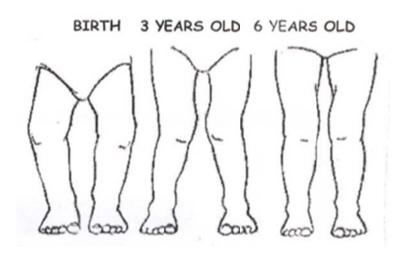
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BOWLEGS AND KNOCK KNEES

During normal development, most children have some bowing in their legs (genu varum) from birth up to about 3 years of age. This is usually due to the position of the baby while it is developing in the womb when the bones are flexible and soft. The bend in the legs often causes the child to also walk pigeon-toed (with feet pointing inwards). Bowing can usually correct itself after your child begins to walk. This is a part of normal growth and development.



In some children, bowing of the legs can be caused by other illnesses, which can be identified by physical examination and sometimes x-rays. However, keep in mind that x-rays are not always needed.

Like bowlegs, knock knees, (genu valgum) are also a part of normal growth and development. You may notice that your child's legs will straighten between 18-24 months of age, and then progress to become knock-knees.

Knock-knees are usually noticed when a child is between the ages of 3 and 5 years and gradually becomes straightened by 6 or 7 years of age. Most adolescents and adults can maintain some of degree of knock-knees throughout life and this is considered normal unless it causes functional problems or pain. It is more common in children with flat feet. Treatment for knock-knees is not needed because it is normal. The condition usually will

correct itself by the time a child is 6 or 7 years old. If it remains severe or only involves one leg, the doctor will want to see your child for an exam. Surgery may then be an option.

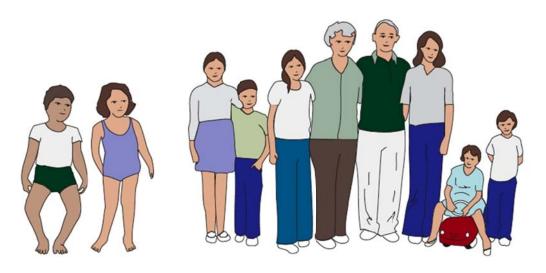
IN GENERAL -

Normal bowing of the legs and knock-knees will usually self-correct with time. Braces and special shoes will not help make the correction any better or quicker. A good way to determine if your child's legs are becoming straighter is to take a photograph of his/her legs every 5-6 months. You will usually be able to notice a difference.

Further investigation is needed when:

- The bowleg or knock knee appears outside the age ranges above
- If there is pain or limping is associated with bow legs or knock-knees
- If it is one sided (unilateral)

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.



Adapted from Lynn T. Staheli, MD