



How to help:

- Maintaining a healthy weight is very important. Being overweight places greater stresses and strain on your bones and joints
- Being physically active and doing exercise promotes strong, healthy bones and muscles which are needed to maintain a healthy body.

When to see your GP:

- If bow legs remain very persistent after 3 years old or knock knees remain very persistent and do not correct themselves after the age of 8 years old.
- Your child appears to be in pain or has pain at night.
- Your child has one leg that is worse than the other.
- Your child has persistent swelling in any of their joints or fever, redness or heat.
- Your child's knee locks or painfully clicks (painless clicking is OK).
- Your child is unable to fully bend or straighten their knee.

In Summary

- Most children with knock knees or bow legs do not require treatment and these self-correct with time.
- If your child is experiencing pain or their leg position is worsening then go to your GP.

What is normal?

When children begin walking they stand with a wide stance usually with some bowing of their legs. This position is where the knees are apart and the ankles are together (figure 2). At this stage children's feet are often flat in appearance. They later develop into a more knock-kneed position (figure 3). By age 7-8 years this tends to improve, (figure 1).

What are bow legs? (Figure 2)

Bow legs is the term used to describe outward curving of the legs. Most children have some bowing of the legs when they start to walk. It is common from birth and usually straightens by itself by the time the child reaches 3 years old. This bend in the leg often causes children to walk with their feet turned in (in-toeing). The medical term for the position at the knees when the lower legs are bowed is Genu Varum.

What are knock knees? (Figure 3)

The term knock knees describes a large distance between the ankles when the knees are touching. Up to three-quarters of children between the ages of three and five have knock knees. This posture normally corrects by the age of eight but can continue into adulthood, especially if there is family history. The medical term for this knee position is Genu Valgum.

Why do they occur?

Bow legs and knock knees occur because of the way that the thigh bone (femur) and the shin bone (tibia) relate to each other. This varies for each child and is a normal part of their development. As a child grows, their body goes through a natural shift where their legs gradually change shape and become straight. Long term outcome Most children with knock knees or bow legs do not require treatment and these self-correct with time. Exercises, splints or shoe inserts have been proven not to help with the natural development and outcome of bow legs and knock knees in young children.

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