

Please contact your GP for further assessment:

- Your child's bow legs or knock knees are worsening
- Bow legs persist after age three
- Knock knees worsen after age eight
- Only one leg is affected
- Your child has pain or a limp

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For Compliments, Comments and Complaints, please contact the Patient Advice and Liaison Service (PALS):

FREEPHONE 0800 783 4839

Email: elft.palsandcomplaints@nhs.net

**Bowed Legs**

What are the characteristics of Bowed Legs?

- The legs curve outward at the knees whilst the feet and ankles are touching.
- Difficulty with walking or running.
- Clumsiness or frequent tripping or falling.

What causes Bowed Legs in children?

It is quite common for children to have bowed legs. The majority of cases of bowed legs are a variation of normal appearance. Some babies are born with the condition. This is thought to be caused as the baby grows and the space inside the mother's womb becomes tighter, resulting in the leg bones to curve slightly.

During normal development, children can have bowed legs; which the child will outgrow as they start to stand and walk

By approximately **two to three**, as normal growth continues, your child may then develop **knock knees**. This is where the knees bend inward toward each other.



However, this is nothing to worry about. With further growth your child's legs will assume a straighter alignment by about six years of age.

What is the treatment for Bowed Legs?

As bowed legs are part of normal development, the primary treatment protocol is to **give it time and not worry** – your child's legs should straighten with age. In most cases, there are no lasting side effects.

It is important to remember that special shoes, wedges, inserts or specific exercises **will not** correct the shape of your child's legs.

The best means of remaining on top of it is to **keep monitoring** your child's bowed legs. This can be done by:

- Videoing your child walking every three months to see improvements with their leg position.

- Measuring the gap between your child's knees when lying down and ankles touching. The gap should become smaller.

