

**Clinical Guideline:** Out-toeing Site: FPH

Commonly seen in early walkers due to restricted internal rotation of the hip
May be associated with knock knees (genu valgum) and flatfoot
Be aware of serious causes e.g. slipped upper femoral epiphysis

History

The thigh-foot axis is assessed in a prone position by measuring the angle between the longitudinal axis of the thigh and the longitudinal axis of the foot

General Information

Reassure the parents. The majority of out-toeing will resolve as the child grows and no treatment is required. Exclude other causes such as **slipped upper femoral epiphysis**

Advice and Treatment

Progressive out-toeing

Functional difficulties

Asymmetrical deformity

Thigh-foot angle > 30-40 degrees

Referral Guidelines – red flag signs

Investigation

Observe child's gait
Place in prone and check for internal and external hip range of motion, thigh-foot angle and foot posture

Examination