

**Clinical Guideline:** Bow Legs (Genu Varum) Site: FPH

Physiologic bowing is the most common cause of bow legs and is seen from birth until two or three years of age.
Be aware of pathological causes e.g. rickets, Blount's disease

History

General Information

It is normal for infants to have bow legs. They become more obvious as the child walks. When the child stands with the feet together, their knees are apart.
The intercondylar distance is the distance between the medial femoral condyles

Reassure the parents. Physiological bow legs will resolve by age three with normal development. No specific treatment is required
If concerned, serial measurement of intercondylar distance every six months to document progression or resolution may be useful

Advice and Treatment

Persistence of bow legs after three years of age
Intercondylar separation>6cm
Asymmetrical deformity

Excessive deformity

Progressive deformity or lack of resolution
Pain
After a traumatic event
Other associated skeletal deformity such as height below 5th centile for age

Referral Guidelines – red flag signs

X-ray of knees if:

* Unilateral deformity
* Progressive deformity
* Lack of spontaneous resolution
Aged over three years old

Investigation

Determine the patient's height and weight percentiles
Assess intoeing
Measure intercondylar distance in standing with feet together

Examination