IN TOEING

“"In-toeing” identified by GP and referred to Paediatric Medical for further evaluation

Refer to Paediatric Orthopaedics

Yes

Age > 8 years old?

No

Abnormal neurologic assessment?

Yes

Consider neurologic or neuromuscular etiology
- Arrange appropriate workup or referral to paediatric neurology

No

Lower extremity evaluation with rotational profile to localize level of involvement

Femoral anteversion (Internal hip rotation > 60°)

Internal tibial torsion (Thigh/foot angle < -10°)

Metatarsus adductus (Normal hindfoot/adducted forefoot)

• Reassurance as in-toeing is typically self-limited with improvement or resolution occurring in most children by age 7-8
• Consider neurologic etiologies if condition is progressive or associated with significant disability
• If further workup is negative or inconclusive and disability persists, consider referral to orthopaedics

Refer to Paediatric Orthopaedics with appropriate screening imaging for DDH:
- Age < 4 months - Obtain hip ultrasound
- Age > 4 months - Obtain pelvis x-ray