

BOW LEGS (GENU VARUM)

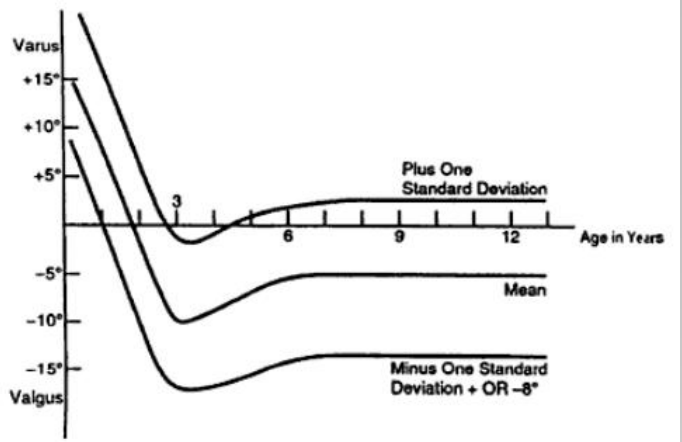
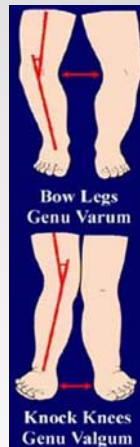
Bowlegs (genu varum) identified by GP

History:

- Age at presentation
- Associated complaints (limp, pain)
- History of infection, trauma, or fracture to affected limb(s)?
- Risk factors for **rickets**?
 - Diet (prolonged breast feeding?)
 - Exposure to sun (traditional clothing, skin pigmentation?)
- Family history (very short stature, skeletal dysplasia?)

Examination:

- Growth parameters (height below 3rd percentile?)
- Lower extremity exam including rotation profile (internal tibial torsion in toddlers may exaggerate bowed appearance)



- At birth, normal alignment is varus
 - As the child begins to stand and walk, the amount of varus often increases. Children who walk at an early age may have greater varus alignment.
 - Around 18 to 24 months of age, alignment becomes neutral
 - After 24 months, alignment should progress to valgus until it reaches a maximum at around age 3-4 years
 - After age 4 years, valgus alignment should decrease toward physiologic adult alignment of slight valgus to neutral
 - By age 7 years, a child usually has reached his or her adult lower-extremity alignment
- Salenius 1975*

Concern for pathologic varus?

- Age greater than 2.5 years?
- Unilateral deformity?
- Associated symptoms (limp, pain)?
- History of infection, trauma, or fracture to affected limb(s)?

Likely *physiologic genu varum*

- Reassurance as physiologic angulation is typically self-limited with improvement or resolution occurring in most children without intervention
- Consider referral to Paediatric Orthopaedics if findings are progressively worsening

Yes

Screening labs for Vit D deficiency rickets indicated?

- i.e. nil local trauma, fracture, or infection

Yes

Obtain screening labs: Vitamin D level, Ca, Phos
Screening labs normal?

No

Refer to Paediatric Medical

No

Refer to Paediatric Orthopaedics

Yes