



# Femoral Torsion

Femoral torsion is a rotation (turning) of the thigh bone at the hip. Most children outgrow it by 8 years of age. The best treatment is patience, just waiting to see if the legs correct themselves.

## What is femoral torsion?

Femoral torsion is an inward turning of the thigh bone (femur) at the hip. The entire leg is rotated so the knee caps point inward. Both sides are usually involved. It is the third most common cause of in-toeing. In-toeing is when a child's feet point inwards when they walk. It may cause your child to run awkwardly or trip. Also, you or your child may not like the way it looks.



## Who gets it?

Both sexes can have it, but it is more common in girls in early childhood.

## What is the cause?

The cause of femoral torsion is not known. It tends to run in families. Having your child sit on their bottom with their knees and feet out to the side of the hips ("W" position) will not hurt your child's hips or legs. Children should not be asked to sit on their bottom with their legs crossed (criss-cross applesauce) because it is an unnatural position.

### To Learn More

- Orthopedics  
206-987-2109
- Ask your child's healthcare provider
- [www.seattlechildrens.org](http://www.seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers  
206-987-2280 (TTY)

### What is the treatment?

Most children (more than 95 out of every 100) outgrow this condition. The use of special shoes or braces has not been found to make a difference. Reminding your child to "walk straight" will not correct the condition either. The use of devices or reminders may make the child feel different and can have a negative effect on their self image.

### When is femoral torsion treated by surgery?

Very rarely. Less than 1% of children with femoral torsion are treated with surgery. Surgery can not be done until the femur has reached the adult shape. It is done only if the condition produces a *significant* functional or cosmetic disability.

This surgery is a major procedure; the femur is cut, rotated into correct alignment, and fixed into place with pins, plates and screws. After surgery, the child may be in a body cast (spica cast) for six weeks, followed by another six weeks using crutches. Physical therapy may also be needed during the recovery. A second surgery will be done a year later to remove the implants.