

Femoral Torsion

What is femoral torsion?

Femoral torsion is an inward turning of the femur (thigh bone) at the hip. The entire leg is inwardly rotated so the knee caps point inward. Both sides are usually involved and 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 occasionally trip. Also, you or your child may not like the way it looks.

Who gets it?

This condition can affect both sexes but 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. Sitting in the "W" position is not the cause, but rather, the result of the hip rotation.

What is the treatment?

Most children (more than 95 out of every 100) outgrow this condition. The use of special shoes or braces has been found to make no 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 her self image.

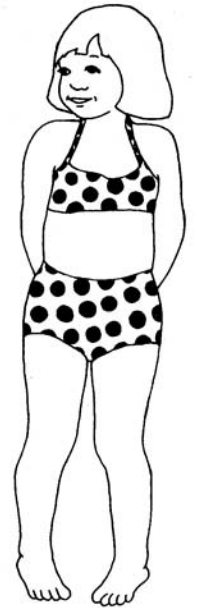
When is femoral torsion treated by surgery?

Very rarely. Fewer than 1% of children with femoral torsion are treated with surgery. The adult shape of the femur is not reached until the

age of 8. So surgery is done only after that age, and 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 or 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 necessary during the recovery period. A second surgery will be performed a year later to remove the implants.

Summary

- Femoral torsion is a rotation (turning) of the thigh bone at the hip.
- Most children outgrow femoral torsion by the age of 8.
- The best treatment is patience, just waiting for the legs to naturally correct themselves.
- Reminders to the child, braces, and shoe devices have no effect.



FOR MORE INFORMATION

- Orthopedics (206) 987-2109
- Your Child's Health Care Provider

Children's will make this information available in alternate formats upon request. Please call Marketing Communications at (206) 987-5205.

This handout has been reviewed by clinical staff at Children's Hospital. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's health care provider.

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