

Tip-toe Walking, In-toeing, and Out-toeing in Children



Introduction

Many children walk differently from adults. Sometimes children walk on their **tiptoes** or with their feet turned inward (**in-toeing**) or outward (**out-toeing**). These variations are often part of normal development and usually improve as the child grows.

Tip-toe Walking What

is it?

- Walking on the balls of the feet without the heels touching the ground.
- Common in toddlers learning to walk.

Causes

- Normal part of early walking development.
- Tight calf muscles (Achilles tendon).
- Neurological conditions (rare).

When it usually improves

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- Most children naturally begin **heel-toe walking** by **age 2–3 years**.

Red flags

- Tip-toe walking **persists after age 3**.
- Child has **balance problems, weakness, or falls frequently**.
- One leg is affected more than the other.

Treatment

- Most children **grow out of it** naturally.
- Stretching exercises for the calves.
- Physiotherapy if walking pattern persists or causes problems.
- Rarely, specialist assessment is needed if neurological issues are suspected.

In-toeing (Pigeon Toes) What is

it?

- Feet turn **inward** while walking or running.
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- Very common in toddlers and young children.

Causes

1. **Metatarsus adductus** – foot curves inward (common in babies).
2. **Tibial torsion** – shin bone twisted inward.
3. **Femoral anteversion** – thigh bone twisted inward.

When it usually improves

- Metatarsus adductus: often improves by **age 1–2 years**.
- Tibial torsion: improves by **age 4–5 years**.
- Femoral anteversion: improves by **age 8–10 years**.

Treatment

- Usually **no treatment needed**.
- Encourage normal walking and physical activity.
Physiotherapy or stretching if severe.
- Surgery is rarely needed.

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Out-toeing What

is it?

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- Feet turn **outward** while walking or running.
 - Often noticed in toddlers learning to walk.

Causes

- Femoral retroversion – thigh bone rotated outward.
- External tibial torsion – shin rotated outward.
- Flat feet or foot alignment issues.

When it usually improves

- Many cases improve **spontaneously with growth**.
- Persistent cases may require assessment after **age 4–5 years**.

Treatment

- Most children **do not need treatment**.
- Encourage walking, running, and active play.
- Physiotherapy for mild stretching or strengthening if needed.
- Surgery is rarely indicated.

When to See a Doctor Seek

medical advice if your child:

- Walks on tiptoes **after age 3**.
 - Walks with **one leg differently** than the other.
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- Has **pain, frequent tripping, or difficulty walking**.
 - Shows **delayed motor development** or other health concerns.

Prognosis

Most children's walking patterns **correct naturally with growth**.

- Serious problems are **rare**.
- Early assessment ensures **any underlying issues are managed promptly**.

Key Points

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- Tip-toe walking, in-toeing, and out-toeing are often **normal variations** in children.
- Encourage **active play and normal walking**.
- **Persistent or severe cases** need medical review.

References:

- NHS: Pigeon Toes (In-toeing)
 - American Academy of Orthopaedic Surgeons – Pediatric Gait
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