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Your child has been diagnosed with Bowed Legs (Genu Varum)

You and your family have probably been very concerned about the bowed appearance of your child's legs and how this will affect his/her life. In the majority of the cases, bowed legs are a normal occurrence in children's growth and development. Your physician has determined, through observation, examination or x-ray that your child has bowed legs. Occasionally, this condition might require treatment to prevent future problems.

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What are Bowed Legs?

In the first 18 months of life, bowed legs are normal (physiologic). The legs naturally bow outward and begin to straighten as the baby grows. By age 4, it is common to see the child become knock-kneed, and then by age 7-10 the legs again become straight. A family history of bowed legs is common. In other cases, the bowing may be due to an abnormality of the growth plate at the top of the shinbone (tibia) at the knee, infection, or a specific condition. Your physician will explain the cause to you.

If the bowing is not equal in both legs or if your child is older than 24 months, your physician may want to take an x-ray of the legs. This will help determine if treatment is necessary.

What is the treatment for Bowed Legs?

For physiological or normal bowing, the treatment will probably be observation. You may want to take a picture of your child standing and several months later, take another picture to compare the straightening process. For other cases of bowing the treatment may be bracing or, when the child is older, surgery.

Answers to commonly asked questions:

- Early walking does not always cause bowed legs.
- Physiologic bowing does not require bracing or surgery.
- In untreated, severe cases, arthritis or an awkward gait may occur in later life.
- Bowed legs should not interfere with your child's ability to have children or to lead a normal life.

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