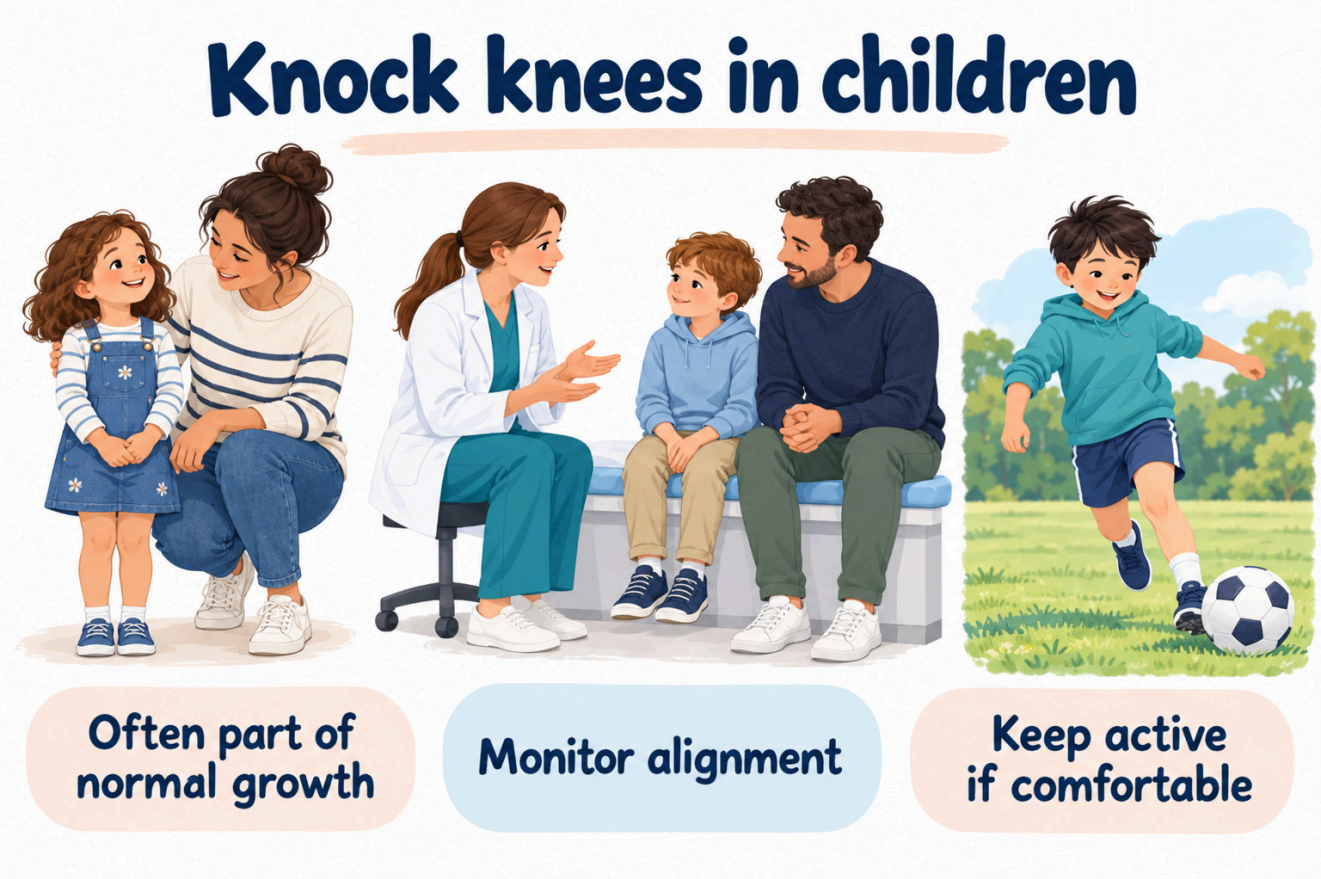
Knock Knees in Children

Information for children, parents and carers

Knock Knees in Children

A guide to symptoms, treatment and recovery



Understanding the condition

Knock knees (genu valgum) means the knees touch or angle inward while the feet remain apart when standing. This is common in young children and is often part of normal growth.

Supporting your child

Most growth-related knock knees improve naturally by age 7-8. Children can usually keep walking and playing normally. Severe, uneven, painful or persistent alignment needs review.

Symptoms and assessment

Understanding the cause and when to seek help

Who is affected?

Knock knees commonly develop between ages 3 and 6. Both legs are usually affected and children are generally healthy and active, although one side may sometimes look different.

Why does it happen?

Normal growth is the usual explanation. Less common contributing conditions include rickets, bone growth disorders and effects of body weight on leg alignment. Assessment helps identify an unusual pattern.

What might you notice?

The knees touch or angle inward, giving an X-shaped appearance to the legs. Normal childhood knock knees are usually painless. Increasing curves, pain or asymmetry should be discussed with a clinician.

Assessment

A doctor examines leg alignment. X-rays may be used when the pattern is severe, uneven or persistent. Blood tests may be considered if rickets or another metabolic cause is suspected.

When to arrange a review

Seek advice for severe or asymmetric knock knees, pain, a limp, difficulty walking, persistence after age 7-8, bone pain or slow growth.

Key message

Most growth-related knock knees improve naturally by age 7-8. Children can usually keep walking and playing normally. Severe, uneven, painful or persistent alignment needs review.

Treatment and daily care

Activity guided by your child's healthcare team

Before starting activity

Normal childhood knock knees usually need no exercise programme or treatment. Keep activity comfortable and ask for advice if pain or walking difficulties develop.



Activity guidance

Walking: encourage comfortable everyday movement.
Play: support enjoyable physical activity.
Growth: follow any monitoring advice and report unevenness.
Exercises: use physiotherapy only when individually recommended.

Important precautions

Do not force the knees apart or start corrective exercises without advice. Seek review for pain, limping, walking difficulty, worsening asymmetry or persistence after age 7-8.

Treatment and next steps

Caring for your child and finding support

Normal growth-related knock knees

Usually no treatment is needed. Encourage normal walking and play. Leg alignment often improves by age 7-8 as the child grows, with no long-term problems.

When treatment may help

Treatment depends on any underlying cause. Vitamin D may be prescribed for rickets. Physiotherapy may be recommended for selected symptoms or functional difficulties; surgery is rarely needed.

Monitoring and outlook

Keep any planned growth reviews. Most children remain active and improve naturally. Severe, painful or worsening patterns need assessment so the clinician can decide whether further investigation or treatment is appropriate.

Questions or concerns?

Speak to a doctor about severe or uneven alignment, pain, limping, difficulty walking, slow growth or persistence beyond age 7-8. Early review helps identify children who need additional support.

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