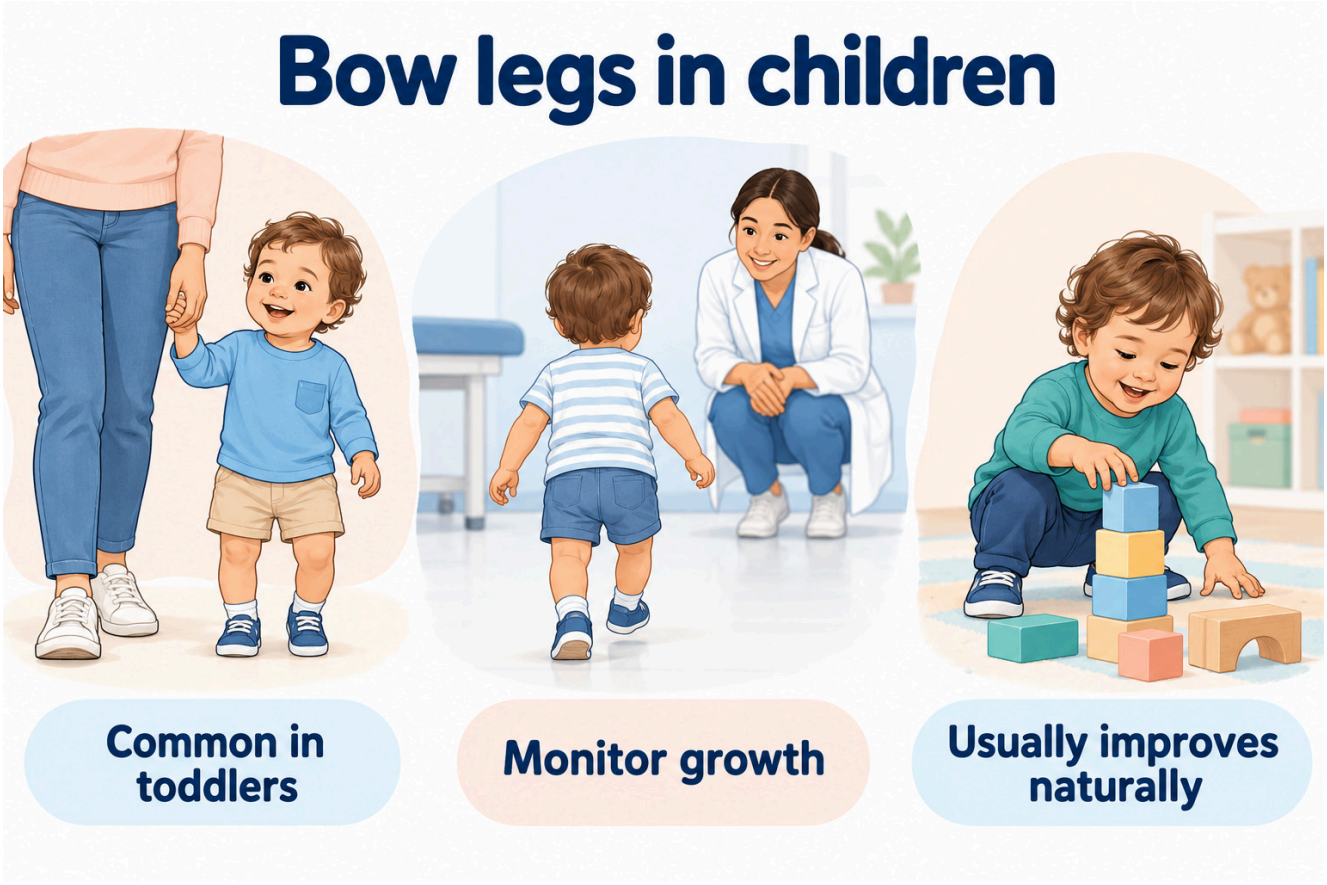
Bow Legs in Children

Information for children, parents and carers

Bow Legs in Children

A guide to symptoms, treatment and recovery



Understanding the condition

Bow legs (genu varum) means the knees remain apart when standing with the feet together. Mild bowing is common in infants and toddlers and is often a normal part of growth.

Supporting your child

Normal toddler bowing usually improves naturally by age 2-3 and needs no treatment. Severe, uneven, worsening or later-onset bowing, pain or a limp needs medical assessment.

Symptoms and assessment

Understanding the cause and when to seek help

Who is affected?

Bowing is common in infants and toddlers, usually in both legs. One leg may sometimes appear more bowed. Bowing persisting beyond age 3 or appearing in older children may need further assessment.

Why does it happen?

Normal growth-related bowing is the most common cause in young children. Less common causes include rickets, Blount's disease, bone dysplasia or other metabolic conditions.

What might you notice?

The legs curve outward and the knees remain apart with the feet together. Normal physiological bowing is usually painless. Significant differences between legs or increasing curvature should be reviewed.

How is it assessed?

A doctor examines leg alignment and growth. X-rays may be needed for severe, worsening or unusual bowing. Blood tests may be used if rickets or a metabolic cause is suspected.

When to request review

Seek advice for severe or asymmetric bowing, bowing appearing after age 3, pain, limping, difficulty walking, bone pain, weakness or delayed growth.

Key message

Normal toddler bowing usually improves naturally by age 2-3 and needs no treatment. Severe, uneven, worsening or later-onset bowing, pain or a limp needs medical assessment.

Treatment and daily care

Activity guided by your child's healthcare team

Before starting activity

Normal toddler bowing usually needs no exercises or correction. Encourage comfortable walking and play while following any monitoring advice from the clinician.



Activity guidance

Walking: encourage normal movement if comfortable.
Play: support enjoyable age-appropriate activity.
Monitoring: watch growth, symmetry and day-to-day function.
Review: report pain, limping, worsening or uneven bowing.

Important precautions

Do not force the legs straight or begin a correction programme without assessment. Seek review for severe or uneven bowing, pain, walking difficulty or delayed growth.

Treatment and next steps

Caring for your child and finding support

Normal growth-related bowing

Usually no treatment is needed. The legs often straighten naturally by age 2-3. Encourage walking, play and normal activity rather than trying to change the shape with exercises.

If another cause is identified

Treatment depends on the diagnosis. A clinician may prescribe vitamin D for rickets, bracing in selected cases of Blount's disease, or rarely surgery for severe or worsening bowing.

Growth and follow-up

Most children with normal bowing remain active without long-term problems. Keep any review appointments so growth and alignment can be monitored, especially if the pattern is unusual or persistent.

Questions or concerns?

Contact your clinician for severe or uneven bowing, new bowing after age 3, pain, a limp, difficulty walking, weakness or slow growth. Early assessment helps identify children who need additional treatment.

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