

most are benign and require no treatment. **Bowleg**, or **genu varum**, is lateral bowing of the tibia. It is clinically present when the child stands with an outward bowing of the legs, giving the appearance of a bow. Usually, there is an outward curvature of both femur and tibia (Fig. 4-41, A). Toddlers are usually bowlegged after beginning to walk until all of their lower back and leg muscles are well developed. Unilateral or asymmetric bowlegs that are present beyond 2 to 3 years old, particularly in African-American children, may represent pathologic conditions requiring further investigation.

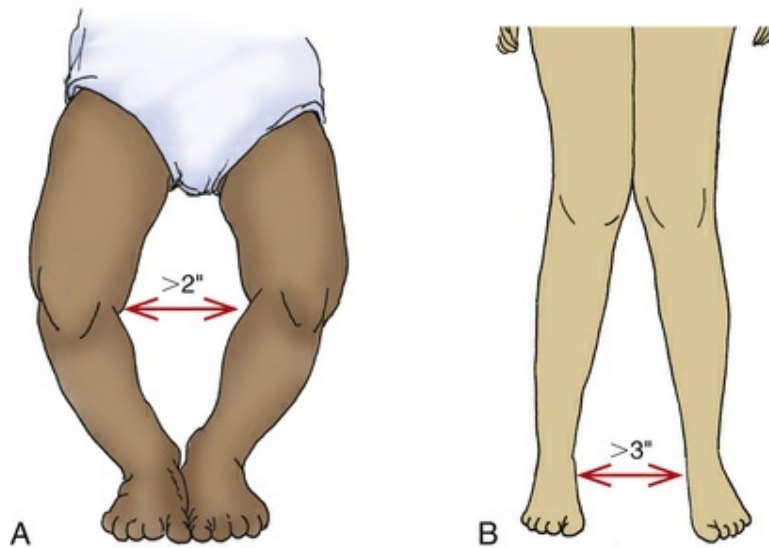


FIG 4-41 A, Genu varum. B, Genu valgum.

Knock knee, or **genu valgum**, appears as the opposite of bowleg, in that the knees are close together but the feet are spread apart. It is determined clinically by using the same method as for genu varum but by measuring the distance between the malleoli, which normally should be less than 7.5 cm (3 inches) (see Fig. 4-41, B). Knock knee is normally present in children from about 2 to 7 years old. Knock knee that is excessive, asymmetric, accompanied by short stature, or evident in a child nearing puberty requires further evaluation.

Next inspect the feet. Infants' and toddlers' feet appear flat because the foot is normally wide and the arch is covered by a fat pad. Development of the arch occurs naturally from the action of