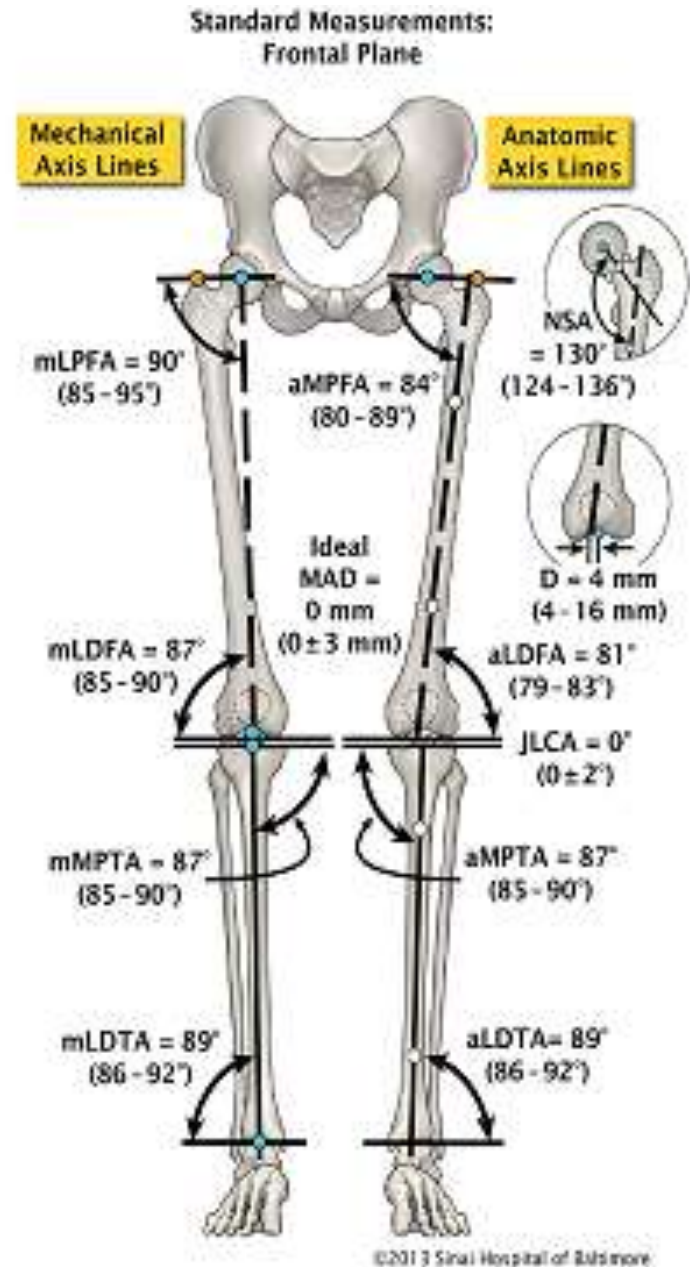


SPR teaching 8<sup>th</sup> June –  
Angular/Rotational deformity

# Normal

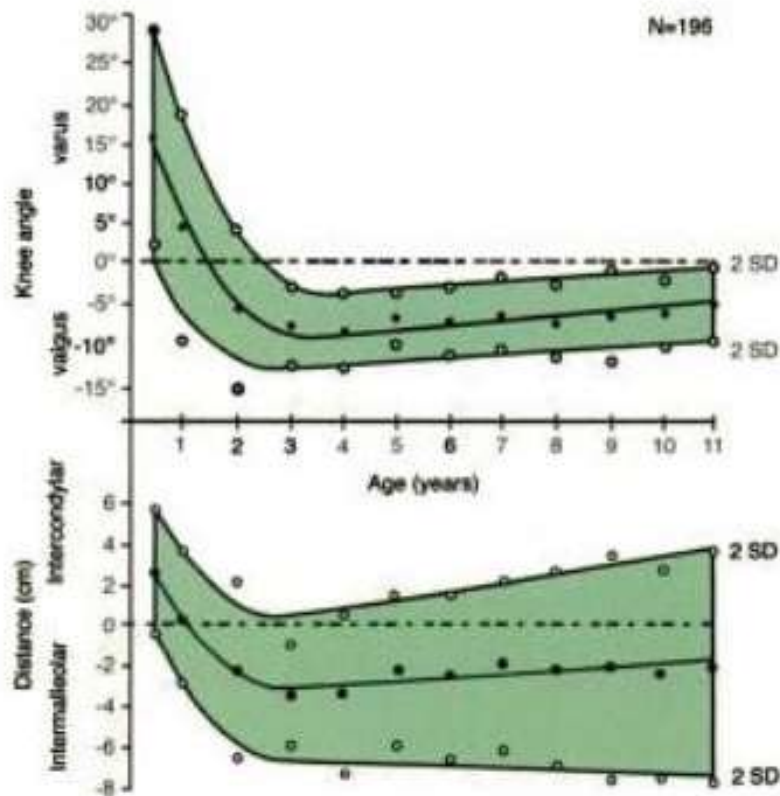
- Angles
- Varus/Valgus
- Torsion



# Assessment

- Clinical
  - Intramalleolar distance \*weightbearing or NWB?
  - Intercondylar distance
  - Rotation
- Radiographic

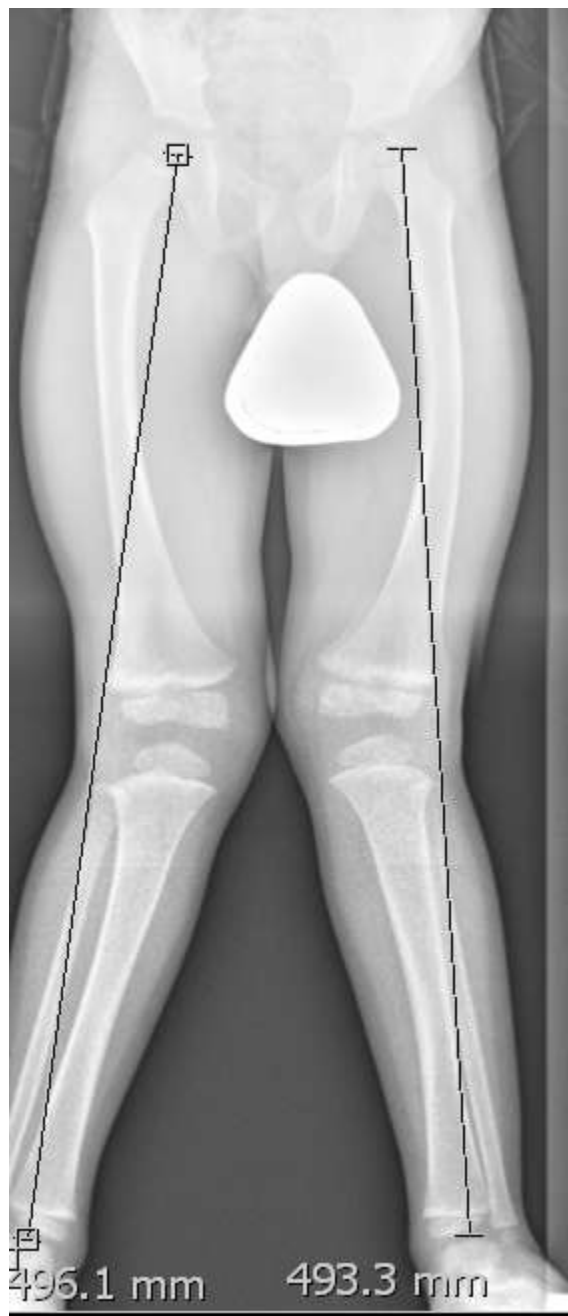
# Knock knee / Bow leg



**B Normal values for knee angle** The normal values for the knee angle are shown in knee angle and intermalleolar or intercondylar distances. From Heath and Staheli (1993).

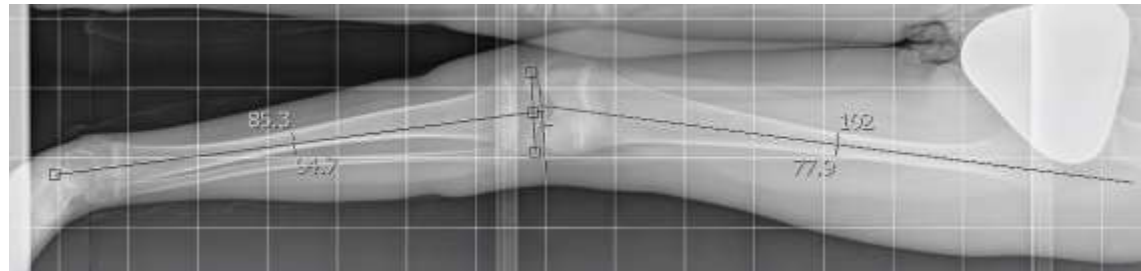
# Limb alignment





# Genu valgum

## Intramalleolar distance and radiological evaluation



# Physiological or pathological?

- If the knee angle or Intercondylar/intra-malleolar distance falls more than 2SD from the normal line consider further investigation
- Certain conditions can present with genu valgum/varum
  - Achondroplasia (will also have short stature)
  - Rickets
  - Growth plate arrest

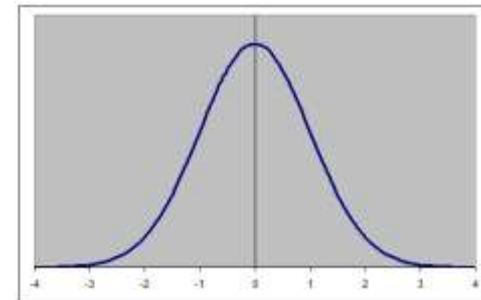
# In-toeing/Out-toeing



- Observe family
- Usually doesn't bother the child at all and is purely an aesthetic problem for the parents (usually mothers)
- Excessive external rotation is much more problematic than internal rotation at a young age as the limbs naturally externally rotate with development

# Terminology

- “version” describes the normal variation in limb rotation  
e.g. Femoral anteversion and retroversion
- In the “normal” the tibia is laterally rotated and the femur internally rotated
- “torsion” describes version beyond  $\pm 2SD$  from the mean

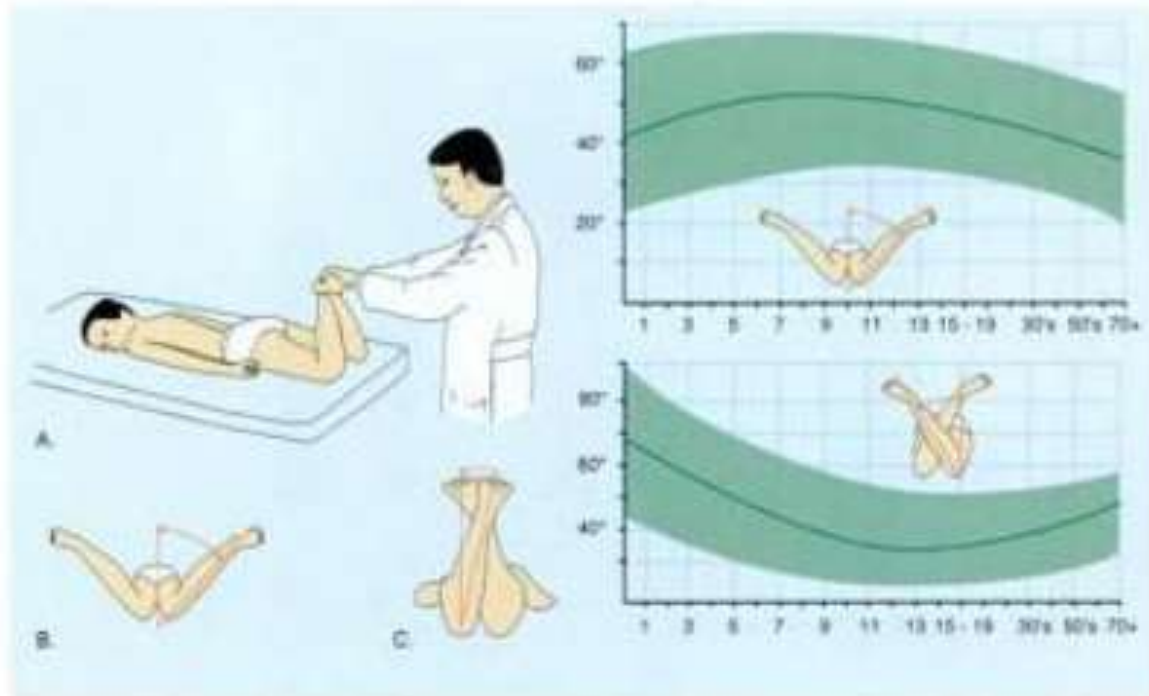


# What to examine

- Foot progression angle during gait
- Hip rotation / femoral version
- Tibial version
- Foot shape

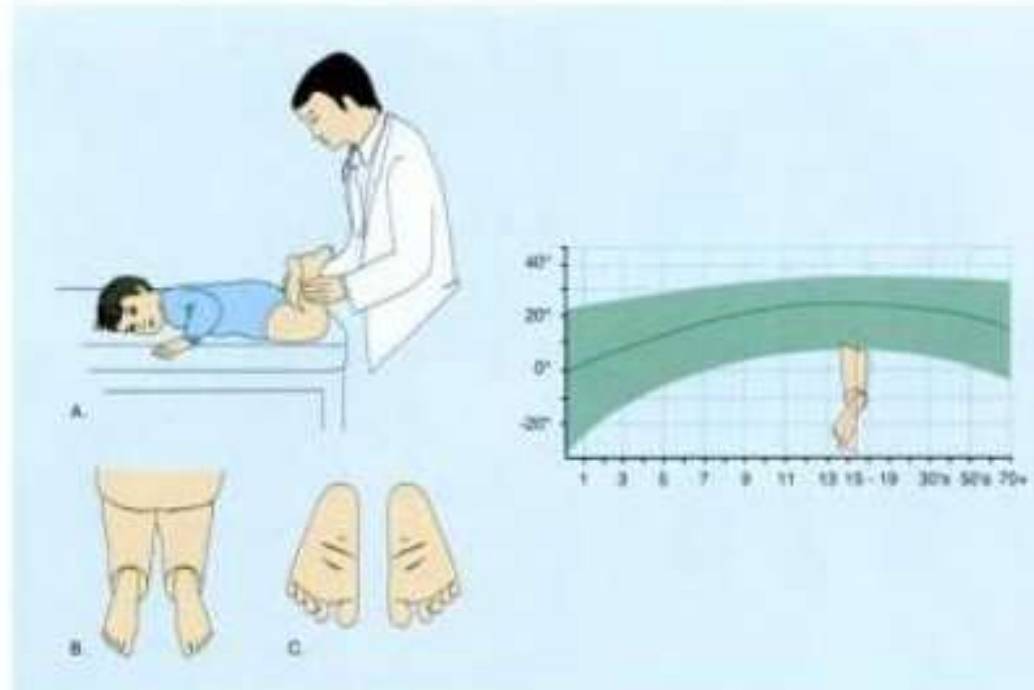


# Hip & femur



**B Hip rotation** Hip rotation is assessed with the child prone (A). Internal rotation (B) and external rotation (C) are measured. Normal ranges are shown in green.

# Tibia & foot



**D Assessing rotational status of tibia and foot** The rotational status of the tibia and foot are best assessed by evaluating the child in the prone position (A), allowing the foot to fall into a natural resting position. The thigh-foot axis (B) and shape of the foot (C) are readily determined. The range of normal is shown in green.

# Foot shape

