I'm not a bot



If your child walks with their feet turned inward at the toes, they may be described as being pigeon-toed. This "toeing in" of the feet occasionally occurs as your child is starting to learn to walk, and it may continue through toddlerhood. It is noticed more often in children than adults, but occasionally older people may experience it. Pigeon-toed walking is rarely a major orthopedic problem, and most often it goes away without treatment. But there are times in which it may impact your child's lower extremities and hips. In these rare cases, bracing or surgery may be necessary to correct the problem. This article explains pigeon-toed walking, the causes and conditions associated with it, and common treatments. If you notice your child's toes turn inward when they may be pigeon-toed. There usually is no need to worry, as this condition likely is not permanent and will go away in a few years. Still, it is a good idea to check in with your healthcare provider to ensure your child is developing normally. Occasionally, you may see an adult who walks with their toes turned in. This may be due to a birth defect, a weakness, or it may be a rare case of pigeon-toed walking. To be certain of the cause of your child's walking condition, visit your healthcare provider. A provider can assess your child's condition, make a diagnosis of pigeon-toed walking, and, if necessary, provide options for treatment, including: Metatarsus adductus: The metatarsus adductus are the long bones of the forefoot. walking. A simple clinical examination and X-ray can confirm metatarsus adductus as a cause of pigeon-toed walking. Tibial torsion: Your shinbone is called the tibia, and in some children, the tibia is slightly twisted. The tibia can either turn outward or inward. When it twists inward, it may manifest as a pigeon-toed gait (how a person walks). Tibial torsion may accompany femoral anteversion, and it is diagnosed with an X-ray. Children with tibial torsion typically grow out of the problem and forward unnaturally where the femoral neck meets the body of the femur, it is called femoral anteversion. (An outward and backward rotation of your femur is called femoral retroversion.) This occurs in about 10% of children. Many children with femoral anteversion appear knock-kneed (a large gap between their feet when standing with knees together), and when they walk appear pigeon-toed. Femoral anteversion is diagnosed by a clinical examination and X-ray. In most cases of pigeon-toes, the child does not complain of any pain. If pain is felt, it can include: Usually, you will notice pigeon-toes when your child is first learning to walk. Rest assured, your child most likely is not experiencing pain. They simply have feet and knees that turn inward when they walk and run. Visit your healthcare provider if you notice your child is walking pigeon-toed. A pediatrician or primary care provider can assess the situation and make recommendations to correct the child's gait. Most children who are pigeon-toed begin walking and running normally after the age of 3 or 4, so a watch-and-wait approach to care is typically recommended. You may have to take your child to a specialist, like an orthopedic surgeon, if they are complaining of pain while walking. If your child is not a preventable condition but rather one that develops during pregnancy. Causes may include: None of these risk factors is readily modifiable, so there is no way to correct for pigeon-toeing as it develops. And in most cases, children who walk pigeon-toed, you may have weakness in your hip and leg muscles that control the position of your legs when you walk. Strengthening those muscles should be helpful. If you and your healthcare provider may palpate (examine by touch) your child's lower extremities, looking for signs of metatarsus adductus, tibial torsion, or femoral anteversion. A gait analysis may be done as well. In this, your child's healthcare provider may watch how the child walks and look for signs of inward-pointing toes and knees when walking. An X-ray may be taken to assess the degree of tibial torsion or femoral anteversion present. As stated previously, most cases of pigeon-toed walking simply go away in time. Typically by the age of 3 or 4, a normal gait training: Exercises and muscles may help improve pigeon-toed walking. (See a pediatric specialist before starting, as research shows that parental stretching of a newborn with metatarsus adductus offers very little if any, benefit.) Casting or bracing: Braces or serial casting (a procedure that helps children improve their range of movement) may be done to place your child's stretching of a newborn with metatarsus adductus offers very little if any, benefit.) lower extremities in an optimum position as they are developing. Surgery: For cases in which tibial torsion is causing pigeon-toed walking, osteotomy surgery (cutting and/or removing bone) may be recommended to correct the structural deformity of the shin bone. Surgery should only be done as a last resort and for the most serious and unremitting cases of pigeon-toed walking. Most often, surgery is done to correct the position of the tibia if it is twisted, and it is performed once the child is over the age of 10 or 11 and continues to walk pigeon-toed despite conservative measures. If your child is walking with their toes pointed in, they may be pigeon-toed. This condition is common, affecting about 1 in 5,000 children, and it typically is caused by abnormal birth positions in utero. Most of the time, pigeon-toes go away on their own with no treatment necessary. We all want our children to grow and develop normally, but sometimes slight problems may lead to noticeable functional characteristics. Pigeon-toed walking is one of those problems. Mild changes in bone shape and positioning usually cause pigeon-toes. Often, it subsides in a few years as your child continues to develop. A watch-and-wait approach to care is typically all that is needed in cases of pigeon-toed walking. Frequently Asked Questions Yes. A physical therapist is a movement expert who can assess you for tight or weak muscles that may be leading to pigeon-toed walking. They can then find the right exercises and strategies to help correct pigeon-toed walking. If you have tight or weak hip and lower extremity muscles, you may be able to stretch and strengthen those muscles to correct pigeon-toed walking. foot position. In severe cases, surgery may be needed for pigeon-toed walking. Pigeon Toe is a postural issue where the feet point inwards. This can be observed whilst walking or in the standing position. Ideally - the feet should be pointing forwards/slightly outwards. (It is also referred to as In-Toeing.) Table Of Contents Not sure if you have Pigeon Toe? Try out this quick test! a) Test for Pigeon Toed feet. With the inwards, then your feet are pointing inwards, then your feet are pointing inwards, then your feet are pointing towards? Results: If your feet are pointing inwards, then your feet are pointing inwards, then you have Pigeon Toed feet. With the inward turning of the lower limber to the lower limber As a result - the joints and muscles in the leg may not function optimally. (especially during gait/walking!) (Note: The presence of Pigeon Toe does not necessarily mean that there will be direct issues associated with it. The body can adapt!) (Note 2: Those of you who are concerned with Pigeon Toe does not necessarily mean that there will be direct issues associated with it. The body can adapt!) (Note: The presence of Pigeon Toe does not necessarily mean that there will be direct issues associated with it. improve with time without surgery.) It is important to know which exact area of the body is causing the in-toeing presentation of your feet. (This will determine the specific exercises that you will need to focus on in the exercise section down below.) Here are the 4 main causes: This refers to the inward twisting of the thigh bone (Femur) within the hip socket. This movement may occur as a compensation for general weakness in the lower limb. If your hips are internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. 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Medius Piriformis Deep posterior hip muscles (Note: Internal Rotation of the Hip can also lead to another postural issue called Knock Knee. This is where the knees are pointing inwards.) This refers to the inward rotation of the shin bone (Tibia) relative to the upper leg bone (Femur). If your Tibia is internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up right. Identify the middle of your knee. Identify the middle of your knee, then your Tibia is internally rotated. b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERNALLY rotate the Tibia.) Lateral Hamstring Vastus Lateral Gastrocnemius A high arch in the foot is characterized by having a more pronounced curve in the medial arch of the foot. In some people - a significant high arch can lead to the middle of the foot curving inwards. This can give the appearance of the in-toed foot position. If you have High Arches: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. Take a photo of the medial (inner) side of your foot. Observe the shape of the arch. Results: If you can observe a prominent arch in your foot, then you have High Arches. b) Muscles that need to be addressed Tight Muscles: (The following muscles lift the arch in the foot.) Tibialis Posterior Flexor Hallucis Longus Flexor Digitorum Longus Plantar muscles Tibialis Anterior (The following structural causes of Pigeon Toe will NOT be addressed in this blog post.) a) Metatarsus Adductus This abnormal position of the feet in babies is due to the feet with casting or special shoes. b) Femoral Anteversion This involves the angle between the femoral head and femur body being more narrow than normal. As a result - the leg (including the feet!) turns inwards to better position of the foot can be changed without negatively impacting the hip joint. (To determine this - read the CAUSES OF PIGEON TOE in the section above.) Once you know where and what you need to address, click the appropriate cause down below to take you to the specific exercises: Hip Internal Rotation Tibial Internal Rotation High Arches After you have addressed the specific area, challenge yourself by attempting the exercises mentioned in this section. Follow these 5 steps to address Pigeon Toe that is caused by hip internal Rotators a) Release The Groin (Note: When applying the following releases to the groin region, do not apply too much pressure as there are sensitive structures (such as nerves and arteries) that run through this area.) Instructions: Lie down on the stomach. Place a foam roller underneath the groin region. Completely relax this leg. Apply an appropriate amount of your body weight on top of the foam roller. Roll up/down. Make sure to cover the entire muscle that is being targeted. Continue for 1 minute. c) Release To Anterior Gluteus Medius Instructions: Lie facing downwards on the floor. Place a foam roller or massage ball directly underneath the front of the side hip region. Apply an appropriate amount of your body forwards over the entire area of muscle. Continue for 1 minute. 2. Joint Mobilization A stiff hip joint that is locked into the internally rotated position will need be loosened up via the following Hip Traction techniques. a) Traction techniques. a) Traction techniques the and around the ankle. (See above) Move your body away from the anchor point until there is a firm amount of tension on the band. Lie down. Relax your entire body. Allow the resistance band to pull on your hip joint. Aim to feel a pulling sensation around your hip 90 Degrees flexion Instructions: Anchor a thick resistance band to a stationary object. Loop the other end of the resistance band as close to the hip crease as possible. Flex and hold your hip to ~90 degrees. Hold onto the back of your knee with your hands. Move your body further away from the anchor point to create a firm amount of tension on the band. Keep the hip completely relaxed. Hold this position for 1-2 minutes. Progression: If able - start to pull your hip into more flexion. 3. Stretch Internal rotators of the hip. a) Lunge Instructions: Assume the lunge position. Point the foot at the back towards the outside. Lunge forwards as far as you can. Do not rotate your pelvis. Keep your pelvis facing the front. Aim to feel a stretch in the groin region. Push your feet closer towards to increase the stretch. Hold for 30 seconds. b) Butterfly Stretch Instructions: Sit on the floor with your back against the wall. Brings your feet closer towards you. Place the bottom of your feet together. Sit as straight as possible. Push your knees down. Aim to feel stretch in the groin region. Hold for 30 seconds. c) Frog Stretch Instructions: Lie down on your stomach. Spread your knee to the side. Bring your foot closer to the rest of your body. Keep your hips and legs completely relaxed. Sink into this position. Aim to feel a stretch in the groin region. Hold for 30 seconds. d) Cossack Squat Instructions: Start in a standing position. Have your feet wide apart. Drop down to one side. (See above) Keep your foot pointing upwards. Aim to feel a stretch in the groin. Hold for 30 seconds. e) Anterior Gluteus Medius Stretch Instructions: Assume a lunge position with your hands on your hips. (The leg at the back will be the side that is stretched.) Have the foot at the back pointing slightly outwards. Lunge forwards. Lunge forwards. Even your hips out towards the side of the back leg. Aim to feel a stretch in the front of the side hip region. Hold for 30 seconds. 4. Strengthen External Rotators of Hip The goal with these exercises is to focus on the most challenging exercise that you can perform with good control and technique. (You DO NOT need to perform all of them.) a) Hip Rotation (Lying Down) Instructions: Lie down on your back. Keep your leg straight throughout this exercise. Pivot the leg outwards. (External Rotation) Aim to feel a contraction in the muscles of the outer hip. Hold for 5 seconds at the end range. Repeat 20 times. Repeat 20 times. Repeat on the other side. b) Clam Shell Instructions: Lie on your side with your hip and knees slightly bent. Whilst keeping your ankles together, lift up your knee (on the upper side) as high as possible. Make sure that you do not move your pelvis as you are lifting your knees. Aim to feel the muscles on the side of your hip engage. Hold for 3-5 seconds at end range. Repeat 20 times. Repeat on the other side. c) Sitting with Resistance Band Instructions: Sit upright on a chair with your knees bent to 90 degrees. Loop a resistance band around both of your knees. (see above) Keep your feet shoulder-width apart. Push your knees outwards. Aim to feel a muscular contraction on the floor with knees bent. Wrap a resistance band between your knees. Keep your feet and knees shoulder-width apart. Push your knees outwards. Maintain this position throughout the exercise. Aim to feel a muscular contraction on the side of your hip. Push your knee. Tie the other end of the band to a stationary object so that the band is crossing in front of you. Make sure the band is pulling towards in the inside of the knee pointing forwards. Keep the knee pointing forwards. Repeat 20 times. Repeat on the other side. f) Crab Walk Instructions: Wrap a resistance band around your legs as shown above. Proceed to take small side steps with each leg over a short distance. Keep your pelvis level through the exercise. Aim to feel a muscular contraction on the side of both hips. Continue for 1 minute. g) Band Squat Instructions Stand up. Wrap a resistance band around your knees. Push your knees out throughout this exercise. Perform a squat. Repeat 20 times. The following position on the floor where the feet flare out to the side. (It tends to be more commonly seen in children.) b) Sitting with Knees Together/Feet Apart Sitting with the knees together and feet apart places the hip into an internally rotated position. This is usually a structural issue that can not be changed. However - I would strongly recommend performing the following exercises in this section to see what movement you might be able to reclaim. Follow these 3 steps to address Pigeon Toe that is caused by the Tibial Internal Rotation: STEP 1: Releases a) Inner Hamstrings and Popliteus Instructions Sit on the floor. Place a massage ball underneath the back and back/inner side of your knee. Place your hands on top of your knee. Keep your leg completely relaxed. Proceed to apply a downward pressure on your knee as sensitive structures in this area.) 2. Joint Mobilization a) Tibial External Rotation Instructions: Sit on the edge of a chair. Start with the knee in 90 degrees of flexion. Whilst keeping your knee pointing forwards, position your foot to point towards the outside. Using both of your hands towards the outside of the leg. (Tibial External Rotation) Perform 30 repetitions. Progression: Gradually perform this technique with your leg in a more straightened position. 3. Strengthening a) Tibial External Rotation Instructions: Sit down on the edge of a chair. Hold your knee with your hands to keep it pointing forwards throughout this exercise. on top of the ball. Roll your foot forwards/backwards. Aim to cover the entire arch of the foot. Continue for 2 minutes. b) Tibialis Posterior Instructions: Sit down on a chair. Place your ankle on top of the other knee. Using your thumbs, press into the area as shown in the above image. Continue for 1 minute. 2. Stretches a) Plantarfascia Instructions: Kneel down on the floor. (You can place a pillow underneath your knees for comfort.) Make sure that the toes are bent backwards. Shift your body weight on top of your toes and forefoot. Aim to feel a stretch underneath the foot. Hold for 30 seconds. (Note: Please
be careful with the kneeling position if you have knee issues.) 3. Joint Mobilization The following exercises will help loosen up the tight joints that may be locking the foot into the high-arched position. a) Forefoot Instructions: Sit down on a chair. Place your ankle on top of the base of the bas pinky toe. (See image) Whilst anchoring the midfoot still, push into the base of the big toe to rotate the forefoot away from you. Perform 30 repetitions. b) Midfoot Instructions: Sit down on a chair. Place both thumbs above this bone Apply a downward pressure in the direction towards the bottom of the foot. Perform 30 repetitions. c) Hindfoot Instructions: Sit down on a chair. Place your ankle on top of the other knee. Wrap your hand around the heel. Firmly grip the ankle with the other knee. Wrap your hand around the heel towards the ground. Aim to feel a pulling sensation in the inner side of the ankle. Perform 30 repetitions. d) Drop the Arch Instructions: Stand on one foot. Hold onto a stationary object for balance. Activate the muscles of the arch. Shift your weight on the inner side of your foot. Hold onto a stationary object for balance. you are not able to stop the knee from moving towards the midline as you collapse the foot, you will need to focus on the other foot exercises for High Arched Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push Instructions: Lift your knee up to hip height and place the side of that leg against a wall. (See position above) Bend your planted leg slightly. Push the lifted leg into the wall. Aim to feel a muscular contractions: Stand on one leg. Make sure to keep your pelvis level throughout this exercise. Make sure to keep your foot and knees facing forwards. Keep your best not to wobble. To challenge your balance! Try your best not to wobble. To challenge your balance! Try your best not to wobble. To challenge your balance with the sure to keep your balance with the sure to keep your balance. Alternate lifting your arms or, Look behind your left and right shoulder. Continue for 1 minute. c) Hinge Instructions Stand on one leg. Keep your pelvis leveled throughout this exercise. Make sure to keep your foot and knees facing forwards throughout this exercise. Hinge forwards throughout this exercise. pointing forwards. You can hold onto something for balance. (If Required) Slowly load the front leg with your body weight whilst maintaining the alignment between the foot and knee. Keep the foot and knee pointing for balance. (If Required) Slowly load the front leg with your body weight whilst maintaining the alignment between the foot and knee pointing for balance. (If Required) Slowly load the front leg with your body weight whilst maintaining the alignment between the foot and knee pointing for balance. Required) Slowly step down with one leg as you maintaining the alignment of the knee and foot. Keep the foot and knee pointing forwards. The presence of Pigeon Toe does not automatically mean that there will be issues directly associated with it. However - the in-toed position of the feet alters the ideal alignment of the lower limb which may place more stress on certain structures of the leg. There are multiple areas of the body (such as the Hip, Knee and Foot) which can potentially lead to this postural issue. The exact area that is leading to the Pigeon-Toed presentation will need to be address with the specific exercises as suggested on this blog post. 1. Any questions?... (Leave me a comment down below.) 2. Come join me: Facebook | Instagram 3. Start doing the exercises! Disclaimer: The content presented on this blog post is not medical advice and should not be treated as such. It is not intended to be used as a substitute for professional advice, diagnosis or treatment. Use of the content provided on this blog post is at your sole risk. Seek guidance from a healthcare professional before starting any exercise. For more information: Medical Disclaimer. Many of you may notice pigeon toes, or intoeing. It often becomes noticeable in childhood, but some adults experience it as well. In some cases it corrects naturally over time as the bones and muscles develop. But some other need medical treatment to fix it. Here, we are to tell you all about pigeon toes, also known as intoeing, happen when your feet turn inward instead of pointing straight ahead. People of all ages can experience this disorder. The good news is that in most cases it goes away naturally and it doesn't cause any pain. But if it doesn't improve over time, it can lead to more complications, and you need to go to a pediatric podiatrist Scottsdale. Symptoms of Pigeon Toes The most cases it goes away naturally and it doesn't improve over time, it can lead to more complications, and you need to go to a pediatric podiatrist Scottsdale. walking. Frequent tripping, stumbling, or clumsiness. Difficulty running, jumping, or balancing. Uneven wear on the soles of shoes. Awkward or unusual walking Hip or knee discomfort due to misalignment. Lower back strain from improper posture. Fatigue in the legs or feet after walking or standing. How to Fix Pigeon Toes? In many cases, pigeon toes improve over time. But if it lingers or causes problems, there are plenty of treatment options. Here, we tell you the most effective ones. SurgeryMost kids don't need surgery for this disorder. But in rare cases, a pediatric podiatrist Mesa recommend surgery when pigeon toes causes pain, walking becomes difficult, and the child has severe bone rotation. Let's see the surgical procedures: Tibial OsteotomyThis or a cast may to hold the bone in place during healing. Femoral Derotation OsteotomyThis procedure adjusts the thigh bone (femur) to improve leg positioning. The bone is rotated into proper alignment and secured with surgical hardware. Braces for Pigeon Toes as they reposition the feet to improve alignment. They apply controlled pressure to help train the muscles and bones. to move correctly over time. If you want to improve balance and prevent long-term posture issues, braces can be a good choice for you. Best Shoes for Pigeon Toe CorrectionWearing proper shoes is a good way to improve foot alignment. Your shoes support better walking patterns by reducing discomfort, improving stability, and encouraging proper foot positioning. When buying shoes, opt for those with:Firm heel supportArch supportWide toe boxFlexible solesStraight or reverse last designExercises for Pigeon ToeDoing exercises for Pige lifted to strengthen the shin muscles. Toe TapsSit with legs straight and tap toes outward. Hip RotationsLie on the back and move knees side to side. StretchingStretch the calf and hip muscles to increase flexibility. What Causes pigeon toes? The main causes of pigeon toes? inward. Tibial torsion, which twists the shinbone inward, and usually improves by age five. Femoral anteversion, which turns the thigh bone inward, is common in kids who sit in a "W" position. Genetics, which increase the chance of pigeon toes if a parent had it. Muscle imbalances, which weaken leg or hip muscles and affect foot alignment.Neuromuscular conditions like cerebral palsy, which can cause inward foot rotation.Posture habits like certain sitting or sleeping positions, which can make intoeing worse.Pigeon toes treatment, we can help you. Ou clinics in Gilbert, Scottsdale, Chandler, Mesa, and Phoenix, AZ provide expert care to correct pigeon toes and improve mobility. All you need to do is make an online appointment for a free consultation. Let's RecapIn conclusion, pigeon toes are common and often improve with time. Yet, don't forget that treatment can help prevent long-term issues. If you are dealing with discomfort due to pigeon toes, you need to visit the doctor right away. You don't need to worry as there are many different treatment options for you, and you can manage this problem easily. FAQs Pigeon Toe is a postural issue where the feet point inwards. This can be observed whilst walking or in the standing position. Ideally the feet should be pointing forwards/slightly outwards. (It is also referred to as In-Toeing.) Table Of Contents Not sure if you have Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! b) Test for Pigeon Toe? Try out this quick test! b) Test for Pigeon Toe? Try out this quick test! b) Test for Pigeon Toe? Try out this quick test! b) Test for Pigeon Toe? Try out this quick test! b) Test for Pigeon Toe? Try out this quick test! b) Test for Pigeon Toe? 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Results: If the line of the tibia is positioned towards in the inside of the knee, then your Tibia is internally rotate the Tibia.) Popliteus Medial Hamstring Weak Muscles: (The following muscles INTERNALLY rotate the Tibia.) Popliteus Medial Hamstring Weak Muscles: (The following muscles) and the inside of the knee, then your Tibia is internally rotate the EXTERNALLY rotate the Tibia.) Lateral Hamstring Vastus Lateralis Lateral Gastrocnemius A high arch in the foot is characterized by having a more pronounced curve in the medial arch of the foot. In some people – a significant high arch can lead to the middle of the foot curving inwards. This can give the appearance of the in-toed foot position. If you have High Arches: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. Take a photo of the medial (inner) side of your foot, then you have High Arches. b) Muscles that need to be addressed Tight Muscles: (The following muscles lift the arch in the foot.) Tibialis Posterior Flexor Hallucis Longus Flexor Digitorum Longus Plantar muscles (The following structural causes of Pigeon Toe will NOT be addressed in this blog post.) a) Metatarsus Adductus This abnormal position of the feet in babies is due to the feet being squashed in the womb. It will usually self resolve within 4-6 months. In severe cases - it can be treated with casting or special shoes. b) Femoral Anteversion This involves the angle between the femoral head and femur body being more narrow than normal. As a result - the leg (including the feet!) turns inwards to better position the femoral head in the hip socket. As this is a structural issue, there will be a limit as to how much the position of the foot can be changed without negatively impacting the hip joint. (To determine this - read the CAUSES OF PIGEON TOE in the section above.) Once you know where and what you need to address, click the appropriate cause down below to take you to the specific exercises: Hip Internal Rotation Tibial Internal Rotation High Arches After you have addressed the specific area, challenge yourself by attempting the exercises mentioned in this section. Follow these 5 steps to address Pigeon Toe that is caused by hip internal rotation: STEP 1: ReleaseSTEP 2: Joint MobilizationSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 5: Avoid These Positions 1. Release Internal Rotators a) Release The Groin (Note: When applying the following releases to the groin region, do not apply too much pressure as there are sensitive structures (such as nerves and arteries) that run through this area.) Instructions: Lie down on the stomach. Place a foam roller underneath the groin region. Completely relax this leg. Apply an appropriate amount of your body weight on top of the foam roller. Roll up/down. Make sure to cover the entire muscle that is being targeted. Continue for 1 minute. b) Self Release To Groin Instructions: Sit on the edge of a chair. Drop your knee towards the side. Use your finger tips, knuckles or elbow to apply pressure to the groin. Continue for 1 minute. c) Release To Anterior Gluteus Medius Instructions: Lie facing downwards on the floor. Place a foam roller or massage ball directly underneath the front of the side hip region. massage ball. Keep your leg completely relaxed. Roll your body forwards and backwards over the foam roller. Make sure to cover the entire area of muscle. Continue for 1 minute. 2. Joint Mobilization A stiff hip joint that is locked into the internally rotated position will need be loosened up via the following Hip Traction techniques. a) Traction in Neutral Instructions: Anchor a thick resistance band to a stationary object at ground height. Wrap the other end of the band around the ankle. (See above) Move your body away from the anchor point until there is a firm amount of tension on the band. Lie down. Relax your entire body. Allow the resistance band to pull on your hip joint. Aim to feel around the ankle. pulling sensation around your hip. Hold this position for 1-2 minutes. Progression: Move further away from the anchor point. b) Traction in Hip 90 Degrees flexion Instructions: Anchor a thick resistance band to a stationary object. Loop the other end of the resistance band to a stationary object. Hold onto the back of your knee with your hands. Move your body further away from the anchor point to create a firm amount of tension on the band. Keep the hip completely relaxed. Hold this position for 1-2 minutes. Progression: If able – start to pull your hip into more flexion. 3. Stretch Internal Rotators Here are some effective ways to stretch the tight internal rotators of the hip. a) Lunge Instructions: Assume the lunge position. Point the foot at the back towards the outside. Lunge forwards as far as you can. Do not rotate your pelvis. Keep your pelvis facing the front. Aim to feel a stretch in the groin region. Push your hips forwards to increase the stretch. Hold for 30 seconds. b) Butterfly Stretch Instructions: Sit on the floor with your back against the wall. Brings your feet closer towards you. Place the bottom of your feet stretch in the groin region. Hold for 30 seconds. c) Frog Stretch Instructions: Lie down on your stomach. Spread your knee to the side. Bring your foot closer to the rest of your body. Keep your hips and legs completely relaxed. Sink into this position. Aim to feel a stretch in the groin region. Hold for 30 seconds. d) Cossack Squat Instructions: Start in a standing position. Have your feet wide apart. Drop down to one side. (See above) Keep your foot pointing upwards. Push your hips forwards Aim to feel a stretch in the groin. Hold for 30 seconds. e) Anterior Gluteus Medius Stretch Instructions: Assume a lunge position with your hands on your hips. (The leg at the back will be the side that is stretched.) Have the foot at the back will be the side that is stretched.) Have the foot at the back pointing slightly outwards. Keep your pelvis facing forwards at all times. Tilt your pelvis backwards and push your hips forwards. Lunge forwards. Push your hips out towards the side of the back leg. Aim to feel a stretch in the front of the side hip region. Hold for 30 seconds. 4. Strengthen External Rotators of Hip The goal with these exercises is to focus on the most challenging exercise that you can perform with good control and technique. (You DO NOT need to perform all of them.) a) Hip Rotation (Lying Down) Instructions: Lie down on your back. Keep your leg straight throughout this exercise. Pivot the leg outwards. (External Rotation) Aim to feel a contraction in the muscles of the outer hip. Hold for 5 seconds at the end range. Repeat 20 times. Repeat on the other side. b) Clam Shell Instructions: Lie on your side with your hip and knees slightly bent. Whilst keeping your ankles together, lift up your knee. Aim to feel the muscles on the side of your hip engage. Hold for 3-5 seconds at end range. Repeat 20 times. Repeat on the other side. c) Sitting with Resistance Band Instructions: Sit upright on a chair with your knees bent to 90 degrees. Loop a resistance band around both of your knees. (see above) Keep your feet shoulder-width apart. Push your knees outwards. Aim to feel a muscular contraction on the side of your hip. Hold for 30 seconds. Repeat 3 times. d) Bridge Instructions: Lie down on the floor with knees bent. Wrap a resistance band between your knees. Keep your feet and knees shoulder-width apart. Push your hips upwards. Hold for 5 seconds at the end range Repeat 20 times. e) Forward Lunge Instructions: Wrap a resistance band around your knee. Tie the other end of the band to a stationary object so that the band is pulling towards in the inside of the knee. Move your body away from the anchor point to create a firm amount of tension on the resistance band. Assume the lunge position. Perform reverse lunges without letting the knee collapse inwards. Keep the knee pointing forwards. Repeat 20 times. Repeat 20 times as shown above. Proceed to take small side steps
with each leg over a short distance. Keep your pelvis level through the exercise. Aim to feel a muscular contraction on the side of both hips. Continue for 1 minute. g) Band Squat Instructions: Stand up. Wrap a resistance band around your knees. Push your knees out throughout this exercise. Perform a squat. Repeat 20 times. The following positions are to be avoided as they encourage the habitual internal rotation of the hips. a) W Sitting This is a sitting position on the floor where the feet flare out to the side. (It tends to be more commonly seen in children.) b) Sitting with the knees together/Feet Apart Sitting with the knees together and feet apart places the hip into an internally rotated position. This is usually a structural issue that can not be changed. However - I would strongly recommend performing the following exercises in this section to see what movement you might be able to reclaim. Follow these 3 steps to address Pigeon Toe that is caused by the Tibial Internal Rotation: STEP 1: ReleasesSTEP 2: Joint MobilizationSTEP 3: Strengthening Exercises a) Inner Hamstring and Popliteus Instructions Sit on the floor. Place a massage ball underneath the back and back/inner side of your knee. Keep your leg completely relaxed. Proceed to apply a downward pressure to the back of your knee. as there as sensitive structures in this area.) 2. Joint Mobilization a) Tibial External Rotation Instructions: Sit on the edge of a chair. Start with the knee in 90 degrees of flexion. Whilst keeping your knee pointing forwards, position your foot to point towards the outside. Using both of your hands, firmly grasp the area underneath the knee. Keep your knee relaxed. Proceed to twist your hands towards the outside of the leg. (Tibial External Rotation) Perform 30 repetitions. Progression: Gradually perform this technique with your leg in a more straightened position. 3. Strengthening a) Tibial External Rotation Instructions: Sit down on the edge of a chair. Hold your knee with your hands to keep it pointing forwards throughout this exercise. Pivot your tibia towards the outside. Perform 30 repetitions. Progression: Perform this technique with your leg in a slightly more straightened position. If your intoeing is due to the high arches in the feet, you will need to focus on the following exercises. STEP 1: ReleaseSTEP 2: StretchesSTEP 3: Joint Mobilization 1. Releases a) Muscles in the Arch Instructions: Place your foot on top of a massage ball. Apply a firm amount of pressure on top of the other knee Using your thumbs, press into the area as shown in the above image. Continue for 1 minute. 2. Stretches a) Plantarfascia Instructions: Kneel down on the floor. (You can place a pillow underneath your knees for comfort.) Make sure that the toes are bent backwards. Shift your body weight on top of your toes and forefoot. Aim to feel a stretch underneath the foot. Hold for 30 seconds. (Note: Please be careful with the kneeling position if you have knee issues.) 3. Joint Mobilization The following exercises will help loosen up the tight joints that may be locking the foot into the high-arched position. a) Forefoot Instructions: Sit down on a chair. Place your ankle on top of the other knee. Hold the midfoot with one hand. Using your other hand, place your thumb under the base of the big toe and the other fingers on top of the base of the big toe to rotate the forefoot away from you. Perform 30 repetitions. b) Midfoot Instructions: Sit down on a chair. Place the ankle on top of the other knee. Locate the Navicular bone: Feel for a bony prominence at the top of the arch. Place both thumbs above this bone. Apply a downward pressure in the direction s. c) Hindfoot Instructions: Sit down on a chair. Place your ankle on top of the other knee. Wrap your hand around the heel. Firmly grip the ankle with the other hand. Whilst keeping the ankle still, push the heel towards the ground. Aim to feel a pulling sensation in the inner side of the arch. Shift your weight on the inner side of your foot. Allow your arch to drop as much as possible. Do not let the knee collapse inwards. Perform 30 repetitions. (Note: If you are not able to stop the knee from moving towards the midline as you collapse inwards.) exercises for High Archees: See Post: Exercises for High Archeed Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push Instructions: Lift your knee up to hip height and place the side of that leg against a wall. (See Post: Exercises for High Archeed Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push Instructions: Lift your knee up to hip height and place the side of that leg against a wall. (See Post: Exercises for High Archeed Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push Instructions: Lift your knee up to hip height and place the side of that leg against a wall. to feel a muscular contraction on the side of both hips. Hold this position for 10 seconds. Repeat 5 times. b) Single Leg Balance Instructions: Stand on one leg. Make sure to keep your foot and knees facing forwards. Keep your torso upright. Maintain your balance! Try your best not to wobble. To challenge your balance: Alternate lifting your arms or, Look behind your left and right shoulder. Continue for 1 minute. c) Hinge Instructions: Stand on one leg. Keep your pelvis leveled throughout this exercise. Make sure to keep your foot and knees facing forwards throughout this exercise. Aim to feel a muscular contraction on the side of the hip of the stance leg. Repeat 10 times. d) Step Up Instructions: Place your foot onto a step. Make sure that the foot and knee. Keep the foot and knee pointing for wards. Step up. Repeat 10 times. e) Step Down Instructions: Stand on top of a step. You can hold onto something for balance. (If Required) Slowly step down with one leg as you maintaining the alignment of the knee and foot. Keep the foot and knee pointing forwards. Repeat 10 times. Pigeon Toe is a postural issue where the feet point inwards. The presence of Pigeon Toe does not automatically mean that there will be issues directly associated with it. However - the in-toed position of the leg. There are multiple areas of the body (such as the Hip, Knee and Foot) which can potentially lead to this postural issue. The exact area that is leading to the Pigeon-Toed presentation will need to be address with the specific exercises as suggested on this blog post. 1. Any questions?... (Leave me a comment down below.) 2. Come join me: Facebook | Instagram 3. Start doing the exercises as suggested on this blog post. 1. Any questions?... this blog post is not medical advice and should not be treated as such. It is not intended to be used as a substitute for professional advice, diagnosis or treatment. Use of the content provided on this blog post is at your sole risk. Seek guidance from a healthcare professional before starting any exercise. For more information: Medical Disclaimer Pigeon Toe is a postural issue where the feet point inwards. (It is also referred to as In-Toeing.) Table Of Contents Not sure if you have Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe Instructions: Stand up. March on the spot for 5 seconds. Stop. Look down at your feet. Which direction are your feet are pointing inwards? Results: If your feet are pointing inwa (especially during gait/walking!) (Note: The presence of Pigeon Toe does not necessarily mean that there will be direct issues associated with it. The body can adapt!) (Note 2: Those of you who are concerned with Pigeon Toe does not necessarily mean that there will be direct issues associated with it. The body can adapt!) (Note 2: Those of you who are concerned with Pigeon Toe does not necessarily mean that there will be direct issues associated with it. of the body is causing the in-toeing presentation of your feet. (This will determine the specific exercises that you will need to focus on in the exercises that you will need to focus on in the exercises that you will need to focus on in the exercise section down below.) Here are the 4 main causes: This refers to the inward twisting of the thigh bone (Femur) within the hip socket. This movement may occur as a compensation for general weakness in the lower limb. If your hips are internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if your knee is facing inwards, then your hip is internally rotated: rotated. b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERALLY ROTATE the hip.) Adductors Anterior Gluteus Medius Piriformis Deep posterior hip muscles (Note: Internal Rotation of the Hip can also lead to another postural issue called Knock Knee. This is where the knees are pointing inwards.) This refers to the upper leg bone (Femur). If your Tibia is internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up right. Identify the middle of your knee. Identify the middle of the knee, then your Tibia is internally rotated. b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERNALLY rotate the Tibia.) Popliteus Medial Hamstring Weak Muscles : (The following muscles EXTERNALLY rotate the Tibia.) Lateral Gastrocnemius A high arch in the foot is characterized by having a more pronounced curve in the medial arch of the foot. In some people – a significant high arch can lead to the middle of the foot curving inwards. This can give the appearance of the in-toed foot position. If you have High Arches: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. Take a photo of the
medial (inner) side of your foot. Observe the shape of the arch. Results: If you can observe a prominent arch in your foot, then you have High Arches. b) Muscles that need to be addressed Tight Muscles: (The following structural causes of Pigeon Toe will NOT be addressed in this blog post.) a) Metatarsus Adductus This abnormal position of the feet in babies is due to the feet in babies is due to the feet being squashed in the womb. It will usually self resolve within 4-6 months. In severe cases - it can be treated with casting or special shoes. b) Femoral Anteversion This involves the angle between the casting of the feet in babies is due to the feet being squashed in the womb. It will usually self resolve within 4-6 months. In severe cases - it can be treated with casting or special shoes. b) Femoral Anteversion This involves the angle between the casting of the feet being squashed in the womb. It will usually self resolve within 4-6 months. femoral head and femur body being more narrow than normal. As a result - the leg (including the feet!) turns inwards to better position of the foot can be changed without negatively impacting the hip joint. (To determine this - read the CAUSES OF PIGEON TOE in the section above.) Once you know where and what you need to address, click the appropriate cause down below to take you to the specific area, challenge yourself by attempting the exercises mentioned in this section. Follow these 5 steps to address Pigeon Toe that is caused by hip internal rotation: STEP 1: ReleasesSTEP 2: Joint MobilizationSTEP 3: StretchesSTEP 2: Joint MobilizationSTEP 3: StretchesSTEP 2: Joint MobilizationSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 4: St much pressure as there are sensitive structures (such as nerves and arteries) that run through this area.) Instructions: Lie down on the stomach. Place a foam roller underneath the groin region. Completely relax this leg. Apply an appropriate amount of your body weight on top of the foam roller. Roll up/down. Make sure to cover the entire muscle that is being targeted. Continue for 1 minute. b) Self Release To Groin Instructions: Sit on the edge of a chair. Drop your knee towards the side. Use your finger tips, knuckles or elbow to apply pressure to the groin. Continue for 1 minute. c) Release To Anterior Gluteus Medius Instructions: Lie facing downwards on the floor. Place a foam roller or massage ball directly underneath the front of the side hip region. Apply an appropriate amount of your body weight on top of the massage ball. Keep your leg completely relaxed. Roll your body forwards over the foam roller. Make sure to cover the entire area of muscle. Continue for 1 minute. 2. Joint Mobilization A stiff hip joint that is locked into the internally rotated position will need be loosened up via the following Hip Traction in Neutral Instructions: Anchor a thick resistance band to a stationary object at ground height. Wrap the other end of the band around the ankle. (See above) Move your body away from the anchor point until there is a firm amount of tension on the band. Lie down. Relax your entire body. Allow the resistance band to pull on your hip joint. Aim to feel a pulling sensation around your hip joint. b) Traction in Hip 90 Degrees flexion Instructions: Anchor a thick resistance band to a stationary object. Loop the other end of the resistance band as close to the hip crease as possible. Flex and hold your hip to ~90 degrees. Hold onto the back of your knee with your hands. Move your body further away from the anchor point to create a firm amount of tension on the band. Keep the hip completely relaxed. Hold this position for 1-2 minutes. Progression: If able - start to pull your hip into more flexion. 3. Stretch Internal Rotators Here are some effective ways to stretch the tight internal rotators of the hip. a) Lunge forwards as far as you can. Do not rotate your pelvis. Keep your pelvis facing the front. Aim to feel a stretch in the groin region. Push your hips forwards to increase the stretch. Hold for 30 seconds. b) Butterfly Stretch Instructions: Sit on the floor with your back against the wall. Brings your feet closer towards you. Place the bottom of your feet closer towards you. Hold for 30 seconds. c) Frog Stretch Instructions: Lie down on your stomach. Spread your knee to the side. Bring your foot closer to the rest of your body. Keep your hips and legs completely relaxed. Sink into this position. Have your feet wide apart. Drop down to one side. (See above) Keep your foot pointing upwards. Push your hips forwards. Aim to feel a stretch in the groin. Hold for 30 seconds. e) Anterior Gluteus Medius Stretch Instructions: Assume a lunge position with your hands on your hips. (The leg at the back will be the side that is stretched.) Have the foot at the back pointing slightly outwards. Keep your pelvis facing forwards at all times. Tilt your pelvis backwards and push your hips out towards. Lunge forwards. Lunge forwards. Lunge forwards. External Rotators of Hip The goal with these exercises is to focus on the most challenging exercise that you can perform with good control and technique. (You DO NOT need to perform all of them.) a) Hip Rotation (Lying Down) Instructions: Lie down on your back. Keep your leg straight throughout this exercise. Pivot the leg outwards. (External Rotation) Aim to feel a contraction in the muscles of the outer hip. Hold for 5 seconds at the end range. Repeat 20 times, Repeat 20 times, Repeat on the other side, b) Clam Shell Instructions: Lie on your knee (on the upper side) as high as possible. Make sure that you do not move your pelvis as you are lifting your knee. Aim to feel the muscles on the side of your hip engage. Hold for 3-5 seconds at end range. Repeat 20 times. Repeat on the other side. c) Sitting with Resistance band around both of your knees. (see above) Keep your feet shoulder-width apart. Push your knees outwards. Aim to feel a muscular contraction on the side of your hip. Hold for 30 seconds. Repeat 3 times. d) Bridge Instructions: Lie down on the floor with knees bent. Wrap a resistance band between your knees. Keep your feet and knees bent. Wrap a resistance band between your knees and knees shoulder-width apart. Push your knees bent. Wrap a resistance band between your knees and knees bent. contraction on the side of your hip. Push your hips upwards. Hold for 5 seconds at the end range. Repeat 20 times. e) Forward Lunge Instructions: Wrap a resistance band is pulling towards in the inside of the knee. Move your body away from the anchor point to create a firm amount of tension on the resistance band. Assume the lunge position. Perform reverse lunges as shown above. Proceed to take small side steps with each leg over a short distance. Keep your pelvis level throughout this exercise. Aim to feel a muscular contraction on the side of both hips. Continue for 1 minute. g) Band Squat Instructions: Stand up. Wrap a resistance band around your knees. Push your knees out throughout this exercise. Perform a squat. Repeat 20 times. The following positions are to be avoided as they encourage the habitual internal rotation of the hips. a) W Sitting This is a sitting position on the floor where the feet flare out to the side. (It tends to be more commonly seen in children.) b) Sitting with Knees Together/Feet Apart Sitting with the knees together and feet apart places the hip into an internally rotated position. This is usually a structural issue that can not be changed. However - I would strongly recommend performing the following exercises in this section to see what movement you might be able to reclaim. Follow these 3 steps to address Pigeon Toe that is caused by the Tibial Internal Rotation: STEP 1: Releases STEP 2: Joint Mobilization STEP 3: Strengthening Exercises 1. Releases a) Inner Hamstrings and Popliteus Instructions Sit on the floor. Place your knee. Place a massage ball underneath the back and back/inner side of your knee. towards the ball. Continue for 1 minute. (Note: Do not apply too much pressure to the back of your knee as there as sensitive structures in this area.) 2. Joint Mobilization a) Tibial External Rotation Instructions: Sit on the edge of a chair. Start with the knee in 90 degrees of flexion. Whilst keeping your knee pointing forwards, position your foot to point towards the outside. Using both of your hands, firmly grasp the area underneath the knee. Keep your knee relaxed. Proceed to twist your hands towards the outside of the leg. (Tibial External Rotation) Perform 30 repetitions. Progression: Gradually perform this technique with your leg in a more straightened position. 3. Strengthening a) Tibial External Rotation Instructions: Sit down on the edge of a chair. Hold your knee with your hands to keep it pointing forwards throughout this exercise. Pivot your tibia towards the outside. Perform 30 repetitions. Progression: Perform this technique with your leg in a slightly more straightened position. If your intoeing is due to the high arches in the feet, you will need to focus on the following exercises. STEP 1: ReleasesSTEP 2: StretchesSTEP 3: Joint Mobilization 1. Releases a) Muscles in the Arch Instructions: Place your foot on top of the ball. Roll your foot forwards/backwards. Aim to cover the entire arch of the foot. Continue for 2 minutes. b) Tibialis Posterior Instructions: Sit down on a chair. Place your ankle on top of the other knee. Using your thumbs, press into the area as shown in the above image. Continue for 1 minute. 2. Stretches a) Plantarfascia Instructions: Kneel down on the floor. (You can place a pillow underneath your knees for comfort.) Make sure that the toes are bent backwards. Shift your body weight on top of your toes and forefoot. Aim to feel a stretch underneath the foot. Hold for 30 seconds. (Note: Please be careful with the kneeling position if you have knee issues.) 3. Joint Mobilization The following exercises will help loosen up
the tight joints that may be locking the foot into the high-arched position. a) Forefoot Instructions: Sit down on a chair. Place your ankle on top of the base of the big toe and the other fingers on top of the base of the big toe to rotate the forefoot away from you. Perform 30 repetitions. b) Midfoot Instructions: Sit down on a chair. Place the ankle on top of the arch. Place both thumbs above this bone. Apply a downward pressure in the direction towards the bottom of the foot. Perform 30 repetitions. c) Hindfoot Instructions: Sit down on a chair. Place your ankle on top of the other knee. Wrap your hand around the heel towards the ground. Aim to feel a pulling sensation in the inner side of the ankle. Perform 30 repetitions. d) Drop the Arch Instructions: Stand on one foot. Hold onto a stationary object for balance. Activate the muscles of the arch. Shift your weight on the inner side of your foot. Allow your arch to drop as much as possible. Do not let the knee collapse the foot, you will need to focus on the other foot exercises until it becomes easier.) Check out this blog post for more exercises for High Arched Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push Instructions: Lift your knee up to hip height and place the side of that leg against a wall. (See position above) Bend your planted leg slightly. Push the lifted leg into the wall. Aim to feel a muscular contraction on the side of both hips. Hold this position for 10 seconds. Repeat 5 times. b) Single Leg Balance Instructions: Stand on one leg. Make sure to keep your planted leg slightly. foot and knees facing forwards. Keep your torso upright. Maintain your best not to wobble. To challenge your balance: Alternate lifting your arms or, Look behind your left and right shoulder. Continue for 1 minute. c) Hinge Instructions: Stand on one leg. Keep your best not to wobble. To challenge your balance: Alternate lifting your arms or, Look behind your best not to wobble. and knees facing forwards. Aim to feel a muscular contraction on the side of the hip of the stance leg. Repeat 10 times. d) Step Up Instructions: Place your foot onto a step. Make sure that the foot and knee are pointing forwards. You can hold onto something for balance. (If Required) Slowly load the front leg with your body weight whilst maintaining the alignment between the foot and knee. Keep the foot and knee pointing for wards. Step up. Repeat 10 times. e) Step Down Instructions: Stand on top of a step. You can hold onto something for balance. (If Required) Slowly step down with one leg as you maintaining the alignment of the knee and foot. Keep

the foot and knee pointing forwards. Repeat 10 times. Pigeon Toe is a postural issue where the feet point inwards. The presence of Pigeon Toe does not automatically mean that there will be issues directly associated with it. However - the in-toed position of the feet alters the ideal alignment of the lower limb which may place more stress on certain structures of the leg. There are multiple areas of the body (such as the Hip, Knee and Foot) which can potentially lead to this postural issue. The exact area that is leading to the Pigeon-Toed presentation will need to be address with the specific exercises as suggested on this blog post. 1. Any questions?... (Leave me a comment down below.) 2. Come join me: Facebook | Instagram 3. Start doing the exercises! Disclaimer: The content presented on this blog post is not medical advice, diagnosis or treatment. Use of the content provided on this blog post is at your sole risk. Seek guidance from a healthcare professional before starting any exercise. For more information: Medical Disclaimer. With pigeon toes are commonly caused by bones or joints that don't point the right way (misaligned). Also called intoeing, pigeon toes may be noted as your child begins walking. It's normal for parents to worry about their children, especially when they are babies and can't tell you if something hurts. But pigeon toes don't cause pain. In most cases, pigeon toes are common in the first few years of life. As the condition usually gets better as children learn to walk, pigeon toes are less common as children reach adolescence. Infrequently, pigeon toes may last into adulthood. How do pigeon toes are quite common. Pigeon toes generally do not cause pain, and the condition should go away on its own as your child grows. Reading Time: 5 minutes The next Whole Life Challenge starts in: As a follow-up to my article on how to correct a duck footed stance (one where your feet turn outward while walking or standing), I was asked to address the issue of being pigeon toeing is the exact opposite of duck feet. Instead of your feet being turned outward, they are turned inward. In this piece I'm going to lay out what pigeon toeing is and how adults who have it can address it to varying degrees. The Options to Treat Pigeon Toeing in Children Pigeon toeing is often seen in young children. It is usually caused by the inward rotation of the femur in the hip, the tibia in the lower leg, or the metatarsal bones of duck feet, the bones are externally rotated beyond a normal position, while in pigeon toeing the bones of the legs are internally rotated beyond a normal position. While pigeon toeing is potentially common in young children, it is something they normally grow out of as they get older. The bones, muscles, and connective tissues slowly change doesn't naturally occur, there are a few options for correction: Young children with the inward rotation originating in the feet are often prescribed shoes or braces to correct the issue and encourage a more natural foot position. If the source of rotation is usually left alone to correct itself. In a case where things don't realign naturally, the only option tends to be surgery. Whatever the case, I always recommend doing your research and consulting with appropriate medical professionals, which in this case would include a podiatrist. Sometimes surgery is the only option, but once something in your body has been cut, it will never be as strong as it was when it naturally formed. Given that, the option of surgery should be approached with diligence and care. What if I'm an Adult Who Is Pigeon Toed? While most children grow out of a pigeon toed stance, there are some who do not. This is often attributable to a fixed part of a person's anatomy, such as a pelvic structure that predisposes a person to being permanently pigeon toed. In cases such as this, the only option is surgery that is normally done while the person is relatively young. Those whose pigeon toeing isn't addressed at this age will wind up walking with this stance into adulthood. If this is you, then the unfortunate truth is that there's no amount of mobility work that can compete against your bone structure. It is the framework your body is built upon, and therefore the muscles and connective tissue must conform to it. This is where a consultation with a podiatrist and/or physical therapist can be helpful in leading you to your next step. But this might not include you. A small percentage of adults may not need surgery, and for these people mobility may be a viable option. These adults may not be pigeon toeing is due to their anatomy. And it may only present itself when the person is trying to squat or move in such a way that the lack of external rotation begins to display itself. For these people, the first and most likely place to begin addressing pigeon toeing is with the hips. Excessive internal rotation at the hips can be resolved with mobility exercises that address the tissues around the hip capsule and femur itself. How to Improve Hip External Rotation In this video, you'll notice I'm biasing the leg into an externally rotated position. This is to help establish the position I want to improve. I can moderate the intensity so I'm uncomfortable, which indicates I'm properly working the tissues around the tibia don't get much attention and consequently can be difficult to get working in proper fashion again. That doesn't mean it's not doable, it just means you'll have to do with any mobility work that's aimed at correcting an imbalance.) This video is one I originally made for my duck feet article. In it, I take you through a technique you can use to aide in loosening the tissues surrounding the lower leg. This one might also have a positive effect on the ankle and knee tissues. By moving the foot and ankle through different positions and ranges of motion, you can gradually restore the rotation in the tibia and fibula, the bones of the lower leg. As their ability to rotate increases and the muscles around them become more mobile, they'll be better able to maintain a normal position. How to Improve Foot Mobility Pigeon toeing that originates in the feet is sometimes due to weak musculature. For those with weak arches, standing with the feet rotated inward can help ease the discomfort of standing, walking, or running. For those whose pigeon toeing isn't a result of something they were born with, the tissues of the feet can be worked to loosen them. This video for how to work on improving plantar fasciitis applies because pigeon toeing originating with the feet can be worked to loosen them. the inclusion of balance work to help improve foot mobility. Loosening the tissues isn't enough, you also have to get them strong and help the nerves begin firing properly. Note: if your pigeon toeing is the result of a curvature of the first step you should take as it's unlikely that mobility work will be able to correct your foot position. See What You Can Do with Consistent Effort Taken individually or all together, these exercises are a great place to start improving a lack of external rotation in your legs. If after a significant period of consistent effort, you find there doesn't seem to be improvement, then the next step should be to seek the counsel of a doctor or physical therapist who can give you advice as to your next course of action. Anatomy graphic by Pearson Scott Foresman [Public domain], via Wikimedia Commons. Written by Jenna Fletcher on September 26, 2018TreatmentCausesDifferent age groupsDiagnosisTakeawayPigeon toe, or pediatric intoeing, is when a child's toes point inward. It is a painless condition usually corrects itself without treatment. Pigeon toe often develops in the womb or due to genetic anomalies, so a person can do very little to prevent it. No evidence exists to support any type of shoe that claims to help prevent or, in most cases, treat pigeon toe is common and easy to treat. It is easy to treat most cases of pigeon toe. The most cases are time, allowing a child to grow normally, and reassurance. Normally, little or no further intervention is necessary. In the rare case that the feet require further medical intervention, practitioners will often suggest one of the following:molds or casts that correct the foot shapesurgery to correct the positioning of the bones that cause pigeon toeA doctor or therapist may recommend additional therapies that focus on parts of the legs and hips. If they feel any weakness in those areas, it may be linked to the pigeon toe. As most cases of pigeon toe resolve on their own over time, most doctors do not recommend much intervention in the early stages. They mostly recommend that monitoring and observation are effective first steps. Children with in-turned feet may trip more regularly than other children during exercise. This tendency usually resolves before treatment has fully corrected the toes. In most cases, simple walking, running, and other activities that occur naturally in children are the best daily exercises. There are three potential causes of pigeon toe. In this condition, the foot has a curved, half-moon appearance. The front of the foot is angled in toward the middle, while the back of the foot has a curved, half-moon appearance. child took in the womb. Metatarsus varus is fairly common in babies who were breech in utero, meaning that they were facing the wrong way in the womb. It also occurs more often in children whose mothers had low levels of amniotic fluid. For some people with the condition, there may be a family history. This condition is usually "flexible" and the foot can be easily straightened. This resolves as the child gets older, and no further treatment should be required. If the foot position is "fixed" and does not improve, further treatment is occasionally necessary. If desired, a parent can also gently stretch the feet of the infant a few times a day to help correct the shape, though this is not
necessary.Internal tibial torsion is caused by an inward twisting of the lower legbone, or the tibia. It is initially not noticeable but often becomes apparent at about the same time as a child's first steps. Children with internal tibial torsion do not usually feel any pain, but parents often report that their child growsnapparent at about the same time as a child's first steps. older, this type of pigeon toe almost always corrects itself without treatment, and the child does not normally require any therapy, bracing, or casting. If it does not resolve by the time a child reaches 9 or 10 years of age, internal tibial torsion may require surgery. The procedure involves cutting through and reattaching the twisted bone to straighten the foot. This type of pigeon toe is very common and occurs in 10 percent of children. The upper leg bone, known as the femur, experiences too much rotation inward at the hip joint. This is likely due to stress on the hips before birth, though the true cause is unknown. This type of intoeing normally clears by the age of 8 years. If symptoms continue after this age, consult an orthopedic surgeon to determine whether the child needs corrective surgery. Share on PinterestIntoeing can be observable from birth. However, there is often very little to worry about. In children with pigeon to eing may appear as follows: Infants: The front of the foot and toes often bend in towards the middle of the foot. The outer part of the baby's feet will often have a half-moon shape. This frequently occurs in both feet. Toddlers aged from 1 to 3 years: A child in this age group that has pigeon toeing may appear bowlegged. The pigeon toeing most commonly seen in toddlers is normally the result of tibial torsion, in which the shinbone rotates inward. Children between 3 and 10 years: Femoral anteversion is the most frequent cause of pigeon toeing in this age group. Children with this position, where their knees appear to go inward. There is no harm in allowing your child to sit in this position if they prefer it. Pigeon toe presents slightly differently as children start to walk and as they get older. Very often, the cause is due to the leg, not the foot, and the child's toes appear to point towards each other. There is normally no need to see a doctor immediately. However, if pigeon toe is still apparent by the time a child reaches 8 years, or if it causes the child to fall more often than normal, consult a healthcare professional. Most parents seek medical advice regarding pigeon toe as part of their child's routine exams. Share on PinterestThe doctor will sometimes but not always take an x-ray of the feet to diagnose pigeon toe as part of their child's routine exams. Share on PinterestThe doctor will sometimes but not always take an x-ray of the feet to diagnose pigeon toe as part of their child's routine exams. Share on PinterestThe doctor will sometimes but not always take an x-ray of the feet to diagnose pigeon toe. A diagnosis of pigeon toe as part of their child's routine exams. condition, the doctor carries out a simple physical exam. In some cases, X-rays, and other imaging may be necessary, but this is uncommon. For metatarsus adductus, diagnosis can take place very early, sometimes during the post-birth examination. A simple physical exam. In some cases, X-rays, and other imaging may be necessary, but this is uncommon. For metatarsus adductus, diagnosis can take place very early, sometimes during the post-birth examination. A simple physical exam. issues with the hip that may be causing the intoeing. Internal tibial torsion does not usually occur until the child starts to walk, so the earliest diagnosis may happen just before 1 year of age. A doctor most often diagnoses femoral anteversion between the ages of 4 and 6 years. This will normally start with a physical examination and review the medical history of the child and family. Whatever the diagnosis, pigeon toe should give no great cause for concern as it is painless, and common orthopedic condition that occurs in young children. The toes point inward instead of straight ahead. There are three different causes of pigeon toe, and the type dictates the level of treatment necessary to correct the problem. However, a child would be able to exercise and live a full, happy life without impaired movement or uneven gait. Bones / OrthopedicsPediatrics / Children's HealthParenthood Pigeon Toe is a postural issue where the feet point inwards. This can be observed whilst walking or in the standing position. Ideally - the feet should be pointing forwards/slightly outwards. (It is also referred to as In-Toeing.) Table Of Contents Not sure if you have Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe Instructions: Stand up. March on the spot for 5 seconds. Stop. Look down at your feet are pointing inwards, then you have Pigeon Toed feet. With the inward turning of the feet, there is a loss of the ideal alignment of the lower limb. As a result - the joints and muscles in the leg may not function optimally. (especially during gait/walking!) (Note: The presence of Pigeon Toe does not necessarily mean that there will be direct issues associated with it. The body can adapt!) (Note: The presence of Pigeon Toe does not necessarily mean that there will be direct issues associated with it. The body can adapt!) (Note: The presence of Pigeon Toe does not necessarily mean that there will be direct issues associated with it. surgery.) It is important to know which exact area of the body is causing the in-toeing presentation of your feet. (This will determine the specific exercises that you will need to focus on in the exercise section down below.) Here are the 4 main causes: This refers to the inward twisting of the thigh bone (Femur) within the hip socket. This movement may occur as a compensation for general weakness in the lower limb. If your hips are internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) your knee is facing inwards, then your hip is internally rotated. b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERALLY ROTATE the hip.) Gluteus Maximus Posterior Gluteus Medius Piriformis Deep posterior hip muscles (Note: Internal Rotation of the Hip can also lead to another postural issue called Knock Knee. This is where the knees are pointing inwards.) This refers to the inward rotation of the shin bone (Tibia) relative to the upper leg bone (Femur). If your Tibia is internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up right. Identify the middle of your knee, then your Tibia is internally rotated b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERNALLY rotate the Tibia.) Lateral Hamstring Wastus Lateralis medial arch of the foot. In some people - a significant high arch can lead to the middle of the foot curving inwards. This can give the appearance of the in-toed foot position. If you have this issue: Instructions: Stand up. Take a photo of the medial (inner) side of your foot. Observe the shape of the arch. Results: If you can observe a prominent arch in your foot, then you have High Arches. b) Muscles that need to be addressed Tight Muscles: (The following muscles lift the arch in the foot.) Tibialis Posterior Flexor Digitorum Longus Flexor Digitoru Plantar muscles Tibialis Anterior (The following structural causes of Pigeon Toe will NOT be addressed in this blog post.) a) Metatarsus Adductus This abnormal position of the feet being squashed in the womb. It will usually self resolve within 4-6 months. In severe cases - it can be treated with casting or special shoes. b) Femoral Anteversion This involves the angle between the femoral head and femur body being more narrow than normal. As a result - the leg (including the feet!) turns inwards to better position of the foot can be changed without negatively impacting the hip joint. (To determine this - read the CAUSES OF PIGEON TOE in the section above.) Once you know where and what you need to address, click the appropriate cause down below to take you to the specific area, challenge yourself by attempting the exercises mentioned in this section. Follow these 5 steps to address Pigeon Toe that is caused by hip internal rotation: STEP 1: ReleasesSTEP 2: Joint MobilizationSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 5: Avoid These Positions 1. ReleasesSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 4: Strengthening ExercisesSTEP 5: Avoid These Positions 1. ReleasesSTEP 4: Strengthening ExercisesSTEP 5: Avoid These Positions 1. ReleasesSTEP 5: Avoid The following releases to the groin region, do not apply too much pressure as there are sensitive structures (such as nerves and arteries) that run through this area.) Instructions: Lie down on the stomach. Place a foam roller underneath the groin region. Completely relax this leg. Apply an appropriate amount of your body weight on top of the foam roller Roll up/down. Make sure to cover the entire muscle that is being targeted. Continue for 1 minute. b) Self Release To Groin Instructions: Sit on the edge of a chair. Drop your knee towards the side. Use your finger tips, knuckles or elbow to apply pressure to the groin. Continue for 1 minute. c) Release To Groin Instructions: Lie facing downwards on the floor. Place a foam roller or massage ball directly underneath the front of the side hip region. Apply an appropriate amount of your body forwards and backwards over the foam roller. Make sure to cover the entire area of muscle. Continue for 1 minute. 2. Joint Mobilization A stiff hip joint that is locked into the internally rotated
position will need be loosened up via the following Hip Traction techniques. a) Traction in Neutral Instructions: Anchor a thick resistance band to a stationary object at ground height. Wrap the other end of the band around the ankle. (See above) Move your body away from the anchor point until there is a firm amount of tension on the band. Lie down. Relax your entire body. Allow the resistance band to pull on your hip joint. Aim to feel a pulling sensation around your hip. Hold this position for 1-2 minutes. Progression: Move further away from the anchor point. b) Traction in Hip 90 Degrees flexion Instructions: Anchor a thick resistance band to a stationary object. Loop the other end of the resistance band as close to the hip crease as possible. Flex and hold your hip to ~90 degrees. Hold onto the back of your knee with your hands. completely relaxed. Hold this position for 1-2 minutes. Progression: If able - start to pull your hip into more flexion. 3. Stretch Internal rotators of the hip. a) Lunge Instructions: Assume the lunge position. Point the foot at the back towards the outside. Lunge forwards as far as you can. Do not rotate your pelvis. Keep your pelvis. Keep your pelvis facing the front. Aim to feel a stretch in the groin region. Push your hips forwards to increase the stretch. Hold for 30 seconds. b) Butterfly Stretch Instructions: Sit on the floor with your back against the wall. Brings your feet together. Sit as straight as possible. Push your knees down. Aim to feel stretch in the groin region. Hold for 30 seconds. c) Frog Stretch Instructions: Lie down on your stomach. Spread your knee to the side. Bring your foot closer to the rest of your body. Keep your hips and legs completely relaxed. Sink into this position. Aim to feel a stretch in the groin region. Hold for 30 seconds. c) seconds. d) Cossack Squat Instructions: Start in a standing position. Have your feet wide apart. Drop down to one side. (See above) Keep your foot pointing upwards. Push your hips forwards. Aim to feel a stretch in the groin. Hold for 30 seconds. e) Anterior Gluteus Medius Stretch Instructions: Assume a lunge position with your hands on your hips (The leg at the back will be the side that is stretched.) Have the foot at the back pointing slightly outwards. Keep your pelvis facing forwards. Push your hips out towards the side of the back leg. Aim to feel a stretch in the front of the side hip region. Hold for 30 seconds. 4. Strengthen External Rotators of Hip The goal with these exercises is to focus on the most challenging exercise that you can perform all of them.) a) Hip Rotation (Lying Down) Instructions: Lie down on your back. Keep your leg straight throughout this exercise. Pivot the leg outwards. (External Rotation) Aim to feel a contraction in the muscles of the outer hip. Hold for 5 seconds at the end range. Repeat 20 times. sure that you do not move your pelvis as you are lifting your knee. Aim to feel the muscles on the side of your hip engage. Hold for 3-5 seconds at end range. Repeat 20 times. knees. (see above) Keep your feet shoulder-width apart. Push your knees outwards. Aim to feel a muscular contraction on the floor with knees bent. Wrap a resistance band between your knees. Keep your feet and knees shoulder-width apart. Push your knees outwards. Maintain this position throughout the exercise. Aim to feel a muscular contraction on the side of your hip. Push your hips upwards. Hold for 5 seconds at the end range. Repeat 20 times. e) Forward Lunge Instructions: Wrap a resistance band around your knee. Tie the other end of the band to a stationary object so that the band is crossing in front of you. Make sure the band is pulling towards in the inside of the knee. Move your body away from the anchor point to create a firm amount of tension on the resistance band. Assume the lunge position. Perform reverse lunges without letting the knee collapse inwards. Keep the knee band is pulling towards. Repeat 20 times. Repeat on the other side. f) Crab Walk Instructions: Wrap a resistance band around your legs as shown above. Proceed to take small side steps with each leg over a short distance. Keep your pelvis level through the exercise. Aim to feel a muscular contraction on the side of both hips. Continue for 1 minute. g) Band Squat Instructions: Stand up. Wrap a resistance band around your knees. Push your knees out throughout this exercise. Perform a squat. Repeat 20 times. The following positions are to be avoided as they encourage the habitual internal rotation of the hips. a) W Sitting with Knees Together/Feet Apart Sitting with the knees together and feet apart places the hip into an internally rotated position. This is usually a structural issue that can not be changed. However - I would strongly recommend performing the following exercises in this section to see what movement you might be able to reclaim. Follow these 3 steps to address Pigeon Toe that is caused by the Tibial Internal Rotation: STEP 1: ReleasesSTEP 2: Joint MobilizationSTEP 3: Strengthening Exercises 1. Releases a) Inner Hamstrings and Popliteus Instructions Sit on the floor. Place a massage ball underneath the back and back/inner side of your knee. Place your knee. Keep your leg Proceed to apply a downward pressure on your knee towards the ball. Continue for 1 minute. (Note: Do not apply too much pressure to the back of your knee as sensitive structures in this area.) 2. Joint Mobilization a) Tibial External Rotation Instructions: Sit on the edge of a chair. Start with the knee in 90 degrees of flexion. Whilst keeping your knee pointing forwards, position your foot to point towards the outside. Using both of your hands, firmly grasp the area underneath the knee. Keep your knee relaxed. Proceed to twist your hands, firmly grasp the area underneath the knee. Keep your knee relaxed. with your leg in a more straightened position. 3. Strengthening a) Tibial External Rotation Instructions: Sit down on the edge of a chair. Hold your knee with your leg in a slightly more straightened position. If your intoeing is due to the high arches in the feet, you will need to focus on the following exercises. STEP 1: Releases a) Muscles in the Arch Instructions: Place your foot on top of a massage ball. Apply a firm amount of pressure on top of the ball. Roll your foot forwards/backwards. Aim to cover the entire arch of the foot. Continue for 2 minutes. b) Tibialis Posterior Instructions: Sit down on a chair. Place your ankle on top of the other knee. Using your thumbs, press into the area as shown in the above image. Continue for 1 minute. 2. Stretches a) Plantarfascia Instructions: Kneel down on the floor. (You car place a pillow underneath your knees for comfort.) Make sure that the toes are bent backwards. Shift your body weight on top of your toes and forefoot. Aim to feel a stretch underneath the foot. Hold for 30 seconds. (Note: Please be careful with the kneeling position if you have knee issues.) 3. Joint Mobilization The following exercises will help loosen up the tight joints that may be locking the foot into the high-arched position. a) Forefoot Instructions: Sit down on a chair. Place your thumb under the base of the big toe and the other fingers on top of the base of the pinky toe. (See image) Whilst anchoring the midfoot still, push into the base of the big toe to rotate the forefoot away from you. Perform 30 repetitions. b) Midfoot Instructions: Sit down on a chair. Place the ankle on top of the other knee. Locate the Navicular bone: Feel for a bony prominence at the top of the arch. Place both thumbs above this bone. Apply a downward pressure in the direction towards the bottom of the foot. Perform 30 repetitions. c) Hindfoot Instructions: Sit down on a chair. Place your ankle on top of the other hand. Whilst keeping the ankle still, push the heel towards the ground. Aim to feel a pulling sensation in the inner side of the ankle. Perform 30 repetitions. d) Drop the Arch Instructions: Stand on one foot. Hold onto a stationary object for balance. Activate the muscles of the arch. Shift your weight on the inner side of your foot. Allow your arch to drop as much as possible. Do not let the knee collapse inwards. Perform 30 repetitions. (Note: If you are not able to stop the knee from moving towards the midline as you collapse the foot, you will need to focus on the other foot exercises for High Archeel Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push Instructions: Lift your knee up to hip height and place the side of that leg against a wall. (See position above) Bend your planted leg into the wall. Aim to feel a muscular contraction on the side of both hips. Hold this position for 10 seconds. Repeat 5 times. b) Single Leg Balance Instructions: Stand on one leg. Make sure to keep your pelvis level throughout this exercise. Make sure to keep your foot and knees facing forwards. Keep your torso upright. Maintain your balance: Alternate lifting your arms or, Look behind your left and right shoulder. Continue for 1 minute. c) Hinge Instructions: Stand on one leg. Keep your pelvis leveled throughout this exercise. Make sure to keep your foot and knees facing forwards. Aim to feel a muscular contraction on the side of the hip of the stance leg. Repeat 10 times. d) Step Up Instructions: Place your foot onto a step. Make sure to keep your foot and knees facing forwards. You can hold onto something for balance. (If Required) Slowly load the front leg with your body weight whilst maintaining the alignment between the foot and knee. Keep the foot and knee. Keep the foot and knee. (If Required) Slowly step down Instructions: Stand on top of a step. You can hold onto something for balance. (If Required) Slowly step down Instructions: Stand on top of a step. You can hold onto something for balance. with one leg as you maintaining the alignment of the knee and foot. Keep the foot and knee pointing
forwards. Repeat 10 times. Pigeon Toe does not automatically mean that there will be issues directly associated with it. However - the in-toed position of the feet alters the ideal alignment of the lower limb which may place more stress on certain structures of the leg. There are multiple areas of the body (such as the Hip, Knee and Foot) which can potentially lead to this postural issue. The exact area that is leading to the Pigeon-Toed presentation will need to be address with the specific exercises as suggested on this blog post. 1. Any questions?... (Leave me a comment down below.) 2. Come join me: Facebook | Instagram 3. Start doing the exercises! Disclaimer: The content presented on this blog post is not medical advice and should not be treated as such. It is not intended to be used as a substitute for professional advice, diagnosis or treatment. Use of the content provided on this blog post is at your sole risk. Seek guidance from a healthcare professional before starting any exercise. For more information: Medical Disclaimer. AAOS does not endorse any treatments, procedures, products, or physicians referenced herein. as medical advice. Anyone seeking specific orthopaedic advice or assistance should consult his or her orthopaedic surgeon, or locate one in your area through the AAOS Find an Orthopaedic strong specific orthopaedic surgeon, or locate one in your area through the interval strong specific orthopaedic surgeon, or locate one in your area through the strong specific orthopaedic surgeon, or locate one in your area through the strong specific orthopaedic surgeon, or locate one in your area through the strong specific orthopaedic surgeon to strong specific orthopaedic surgeon, or locate one in your area through the strong specific orthopaedic surgeon, or locate one in your area through the strong specific orthopaedic surgeon to strong specific orthopaedic surgeon to strong specific orthopaedic surgeon to specific orthopaedic s crossed. Help your child sit in the chair with her legs uncrossed and feet flat on the floor. Trace her feet in the correct slightly-outward position onto a piece of paper. Make a game of this exercise can be done regularly while the child is eating coloring or reading. Continue this exercise daily until the condition is corrected. Clear an area that is approximately 6 square feet in your toddler or young child how to walk backward. Have him follow you in the backward walking. Continue the exercise for up to 10 to 20 minutes or as long as he is able to do so. This exercise helps to strengthen the hip joints to keep the feet straight while walking. Repeat this exercise regularly during play and walking time. Make a low walking beam for your child to avoid or 2 bricks. Keep the plank only three to five inches above the ground to avoid injury due to falling. Help your child walk across the full length of the plank two to four times a day and continue this exercise regularly until she is walking normally. This exercise firm chair Paper Wood approximately 2 by 6 inches wide and 3 feet long 2 bricks Your doctor may also recommend a brace that is worn on both feet and keeps them pointing outward. Put this brace on your child's feet every night after he is in bed, as recommended by your pediatrician or doctor. Other conditions can also affect the developing gait in children. Exercises for this condition should also be prescribed by your child's doctor or physiotherapist, and performed as instructed. Pigeon Toe is a postural issue where the feet point inwards. This can be observed whilst walking or in the standing position. Ideally - the feet should be pointing forwards/slightly outwards. (It is also referred to as In-Toeing.) Table Of Contents Not sure if you have Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe? Try out this quick test! a) Test for 5 seconds. Stop. Look down at your feet are pointing inwards, then you have Pigeon Toed feet. 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If your hips are internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. How to tell if you have this issue: Instructions: Stand up. March on the spot for 5 seconds. Stop marching. Look down at your knee is facing inwards, then your knee is facing inwards, then your hip is internally rotated. b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERALLY ROTATE the hip.) Adductors Anterior Gluteus Medius Anterior Gluteus Minimus Tensor Fasciae Latae Weak Muscles: (The following muscles EXTERNALLY ROTATE the hip.) Gluteus Maximus Posterior Gluteus Medius Piriformis Deep posterior hip muscles (Note: Internal Rotation of the Hip can also lead to another postural issue called Knock Knee. This is where the knees are pointing inwards.) This refers to the inward rotation of the shin bone (Tibia) relative to the upper leg bone (Femur). If your Tibia is internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up right. Identify the middle of your knee. Identify the midline of the Tibia. Are they aligned? Results: If the line of the tibia is positioned towards in the inside of the knee, then your Tibia is internally rotate the Tibia.) Popliteus Medial Hamstring Weak Muscles : (The following muscles EXTERNALLY rotate the Tibia.) Lateral Hamstring Vastus Lateralis Lateral Gastrocnemius A high arch in the foot is characterized by having a more pronounced curve in the medial arch of the foot. In some people - a significant high Arches: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. Take a photo of the medial (inner) side of your foot. Observe the shape of the arch. 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As this is a structural issue, there will be a limit as to how much the position of the foot can be changed without negatively impacting the hip joint. (To determine this - read the CAUSES OF PIGEON TOE in the section above.) Once you know where and what you need to address, click the appropriate cause down below to take you to the specific exercises: Hip Internal Rotation Tibial Internal Rotation High Arches After you have addressed the specific area, challenge yourself by attempting the exercises mentioned in this section. Follow these 5 steps to address Pigeon Toe that is caused by hip internal rotation: STEP 1: ReleasesSTEP 2: Joint MobilizationSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 5: Avoid These Positions 1. Release Internal Rotators a) Release The Groin (Note: When applying the following releases to the groin region, do not apply too much pressure as there are sensitive structures (such as nerves and arteries) that run through this area.) Instructions: Lie down on the stomach Place a foam roller underneath the groin region. Completely relax this leg. Apply an appropriate amount of your body weight on top of the foam roller. Boll up/down. Make sure to cover the entire muscle that is being targeted. Continue for 1 minute. b) Self Release To Groin Instructions: Sit on the edge of a chair. Drop your knee towards the side. Use your finger tips, knuckles or elbow to apply pressure to the groin. Continue for 1 minute. c) Release To Anterior Gluteus Medius Instructions: Lie facing downwards on the floor. Place a foam roller or massage ball directly underneath the front of the massage ball. Keep your leg completely relaxed. Roll your body forwards and backwards over the foam roller. Make sure to cover the entire area of muscle. Continue for 1 minute. 2. Joint Mobilization A stiff hip joint that is locked into the internally rotated position will need be loosened up via the following Hip Traction techniques. a) Traction in Neutral Instructions Anchor a thick resistance band to a stationary object at ground height. Wrap the other end of the band around the ankle. (See above) Move your body away from the band. Lie down. Relax your entire body. Allow the resistance band to pull on your hip joint. Aim to feel a pulling sensation around your hip. Hold this position for 1-2 minutes. Progression: Move further away
from the anchor point. b) Traction in Hip 90 Degrees flexion Instructions: Anchor a thick resistance band to a stationary object. Loop the other end of the resistance band as close to the hip crease as possible. Flex and hold your hip to ~90 degrees. Hold onto the back of your knee with your hands. Move your body further away from the anchor point to create a firm amount of tension on the band. Keep the hip completely relaxed. Hold this position for 1-2 minutes. Progression: If able - start to pull your hip into more flexion. 3. Stretch Internal Rotators Here are some effective ways to stretch the tight internal rotators of the hip. a) Lunge Instructions: Assume the lunge position. Point the foot at the back towards the outside. Lunge forwards as far as you can. Do not rotate your pelvis. Keep your pelvis facing the front. Aim to feel a stretch in the groin region. Push your hips forwards to increase the stretch. Hold for 30 seconds. b) Butterfly Stretch Instructions: Sit on the floor with your back against the wall. Brings your feet closer towards you. Place the bottom of your feet together. Sit as straight as possible. Push your knees down. Aim to feel stretch in the groin region. Hold for 30 seconds. c) Frog Stretch Instructions: Lie down on your stomach. Spread your knees to the side. Bring your foot closer to the rest of your body. Keep your hips and legs completely relaxed. Sink into this position. Aim to feel a stretch in the groin region. Hold for 30 seconds. d) Cossack Squat Instructions: Start in a standing position. Have your feet wide apart. Drop down to one side. (See above) Keep your foot pointing upwards. Push your hips forwards. Aim to feel a stretch in the groin. Hold for 30 seconds. e) Anterior Gluteus Medius Stretch Instructions: Assume a lunge position with your hips. (The leg at the back will be the side that is stretched.) Have the foot at the back will be the side that is stretched. forwards. Lunge forwards. Push your hips out towards the side of the back leg. Aim to feel a stretch in the front of the side hip region. Hold for 30 seconds. 4. Strengthen External Rotators of Hip The goal with these exercises is to focus on the most challenging exercise that you can perform with good control and technique. (You DO NOT need to perform all of them.) a) Hip Rotation (Lying Down) Instructions: Lie down on your back. Keep your leg straight throughout this exercise. Pivot the leg outwards. (External Rotation) Aim to feel a contraction in the muscles of the outer hip. Hold for 5 seconds at the end range. Repeat 20 times. Repeat 20 times. Repeat on the other side. b) Clam Shell Instructions: Lie or your side with your hip and knees slightly bent. Whilst keeping your ankles together, lift up your knee (on the upper side) as high as possible. Make sure that you do not move your pelvis as you are lifting your knee. Aim to feel the muscles on the side of your hip and knees slightly bent. Whilst keeping your ankles together, lift up your knee. Aim to feel the muscles on the side of your hip engage. Hold for 3-5 seconds at end range. Repeat 20 times. Repeat on the other side. c) Sitting with Resistance Band Instructions: Sit upright on a chair with your knees bent to 90 degrees. Loop a resistance band around both of your knees outwards. Aim to feel a muscular contraction on the side of your knees bent to 90 degrees. Loop a resistance band around both of your knees bent to 90 degrees. Loop a resistance band around both of your knees outwards. down on the floor with knees bent. Wrap a resistance band between your knees. Keep your feet and knees shoulder-width apart. Push your knees outwards. Hold for 5 seconds at the end range. Repeat 20 times. e) Forward Lunge Instructions: Wrap a resistance band around your knee. Tie the other end of the band to a stationary object so that the band is pulling towards in the inside of the knee. Move your body away from the anchor point to create a firm amount of tension on the resistance band. Assume the lunge position. Perform reverse lunges without letting the knee collapse inwards. Keep the knee pointing forwards. Repeat 20 times. Repeat 20 times as shown above. Proceed to take small side steps with each leg over a short distance. Keep your pelvis level through the exercise. Aim to feel a muscular contraction on the side of both hips. Continue for 1 minute. g) Band Squat Instructions: Stand up. Wrap a resistance band around your knees. Push your knees out throughout this exercise. Perform a squat. Repeat 20 times. The following positions are to be avoided as they encourage the habitual internal rotation of the hips. a) W Sitting This is a sitting position on the floor where the feet flare out to the side. (It tends to be more commonly seen in children.) b) Sitting with the knees together and feet apart places the hip into an internally rotated position. This is usually a structural issue that can not be changed. However - I would strongly recommend performing the following exercises in this section to see what movement you might be able to reclaim. Follow these 3 steps to address Pigeon Toe that is caused by the Tibial Internal Rotation: STEP 1: ReleasesSTEP 2: Joint MobilizationSTEP 3: Strengthening Exercises 1. Releases and Popliteus and Po Instructions Sit on the floor. Place a massage ball underneath the back and back/inner side of your knee. Place your knee as there as the ball. sensitive structures in this area.) 2. Joint Mobilization a) Tibial External Rotation Instructions: Sit on the edge of a chair. Start with the knee in 90 degrees of flexion. Whilst keeping your knee relaxed Proceed to twist your hands towards the outside of the leg. (Tibial External Rotation) Perform 30 repetitions. Progression: Gradually perform this technique with your leg in a more straightened position. 3. Strengthening a) Tibial External Rotation Instructions: Sit down on the edge of a chair. Hold your knee with your hands to keep it pointing forwards throughout this exercise. Pivot your tibia towards the outside. Perform 30 repetitions. Progression: Perform this technique with your leg in a slightly more straightened position. If your intoeing is due to the high arches STEP 1: ReleasesSTEP 2: StretchesSTEP 3: Joint Mobilization. 1. Releases a) Muscles in the Arch Instructions: Place your foot on top of a massage ball. Apply a firm amount of pressure on top of the foot. Continue for 2 minutes. b) Tibialis Posterior Instructions: Sit down on a chair. Place your ankle on top of the other knee. Using your thumbs, press into the area as shown in the above image. Continue for 1 minute. 2. Stretches a) Plantarfascia Instructions: Kneel down on the floor. (You can place a pillow underneath your toes and forefoot. Aim to feel a stretch underneath the foot Hold for 30 seconds. (Note: Please be careful with the kneeling position if you have knee issues.) 3. Joint Mobilization The following exercises will help loosen up the tight joints that may be locking the midfoot with one hand. Using your other hand, place your thumb under the base of the big toe and the other fingers on top of the base of the big toe to rotate the forefoot away from you. Perform 30 repetitions. b) Midfoot Instructions: Sit down on a chair. Place the ankle on top of the other knee. Locate the Navicular bone: Feel for a bony prominence at the top of the arch. Place both thumbs above this bone. Apply a downward pressure in the direction towards the bottom of the foot. Perform 30 repetitions. c) Hindfoot Instructions: Sit down on a chair. Place your ankle on top of the other knee. Wrap your hand around the heel. Firmly grip the ankle with the other hand. Whilst keeping the ankle still, push the heel towards the ground. Aim to feel a pulling sensation in the inner side of the ankle. Perform 30 repetitions. d) Drop the Arch Instructions: Stand on one foot. Hold onto a stationary object for balance. Activate the muscles of the ankle. of your foot. Allow your arch to drop as much as possible. Do not let the knee collapse inwards. Perform 30 repetitions. (Note: If you are not able to stop the knee from moving towards the midline as you collapse the foot, you will need to focus on the other foot exercises until it becomes easier.) Arches: See Post: Exercises for High Arched Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push
Instructions: Lift your knee up to hip height and place the side of that leg against a wall. (See position above) Bend your planted leg slightly. Push the lifted leg into the wall. Aim to feel a muscular contraction on the side of both hips. Hold this position for 10 seconds. Repeat 5 times. b) Single Leg Balance Instructions: Stand on one leg. Make sure to keep your foot and knees facing forwards. Keep your best not to wobble. To challenge your balance: Alternate lifting your arms or, Look behind your left and right shoulder. Continue for 1 minute. c) Hinge Instructions: Stand on one leg. Keep your pelvis leveled throughout this exercise. Hinge forwards throughout this exercise. Hinge forwards throughout this exercise. hip of the stance leg. Repeat 10 times. d) Step Up Instructions: Place your foot onto a step. Make sure that the foot and knee are pointing for balance. (If Required) Slowly load the front leg with your body weight whilst maintaining the alignment between the foot and knee. Keep the foot and knee pointing forwards. Step up. Repeat 10 times. e) Step Down Instructions: Stand on top of a step. You can hold onto something for balance. (If Required) Slowly step down with one leg as you maintaining the alignment of the knee and foot. Keep the foot and knee pointing forwards. Repeat 10 times. Pigeon Toe is a postural issue where the feet point inwards The presence of Pigeon Toe does not automatically mean that there will be issues directly associated with it. However - the in-toed position of the leg. There are multiple areas of the body (such as the Hip, Knee and Foot) which can potentially lead to this postural issue. The exact area that is leading to the Pigeon-Toed presentation will need to be address with the specific exercises as suggested on this blog post. 1. Any questions?... (Leave me a comment down below.) 2. Come join me: Facebook | Instagram 3. Start doing the exercises! Disclaimer: The content presented on this blog post is not medical advice and should not be treated as such. It is not intended to be used as a substitute for professional advice, diagnosis or treatment. Use of the content provided on this blog post is at your sole risk. Seek guidance from a healthcare professional before starting any exercise. For more information: Medical Disclaimer. Pigeon Toe is a postural issue where the feet point inwards. This can be observed whilst walking or in the standing position. Ideally - the feet should be pointing forwards/slightly outwards. (It is also referred to as In-Toeing.) Table Of Contents Not sure if you have Pigeon Toe? Try out this quick test! a) Test for Pigeon Toe Instructions: Stand up. March on the spot for 5 seconds. Stop. Look down at your feet. Which direction are your feet pointing towards? Results: If your feet are pointing inwards, then you have Pigeon Toed feet. With the inward turning of the feet, there is a loss of the ideal alignment of the lower limb. As a result - the joints and muscles in the leg may not function optimally. (especially during (Note: The presence of Pigeon Toe does not necessarily mean that there will be direct issues associated with it. The body can adapt!) (Note 2: Those of you who are concerned with Pigeon Toed feet in children/toddiers, this tends to generally improve with time without surgery.) It is important to know which exact area of the body is causing the in-toeing presentation of your feet. (This will determine the specific exercises that you will need to focus on in the exercise section down below.) Here are the 4 main causes: This refers to the inward twisting of the thigh bone (Femur) within the hip socket. This movement may occur as a compensation for general weakness in the lower limb. If your hips are internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. But you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. But you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. But you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. But you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. But you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. But you have this issue: Instructions: Stand up. March on the specific exercises as mentioned in the Exercise Section of this blog post. But you have the specific exercises as mentioned in the Exercise Section of the specific exercises as mentioned in the spe b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERALLY ROTATE the hip.) Adductors Anterior Gluteus Medius Piriformis Deep posterior hip muscles (Note: Internal Rotation of the Hip can also lead to another postural issue called Knock Knee. This is where the knees are pointing inwards.) This refers to the upper leg bone (Femur). If your Tibia is internally rotated: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up right. Identify the middle of your knee. Identify the middle of the knee, then your Tibia is internally rotated. b) Muscles that need to be addressed Tight Muscles: (The following muscles INTERNALLY rotate the Tibia.) Popliteus Medial Hamstring Weak Muscles : (The following muscles EXTERNALLY rotate the Tibia.) Lateral Gastrocnemius A high arch in the foot is characterized by having a more pronounced curve in the medial arch of the foot. In some people - a significant high arch can lead to the middle of the foot curving inwards. This can give the appearance of the in-toed foot position. If you have High Arches: You will need to perform the specific exercises as mentioned in the Exercise Section of this blog post. a) How to tell if you have this issue: Instructions: Stand up. Take a photo of the medial (inner) side of your foot. Observe the shape of the arch. Results: If you can observe a prominent arch in your foot, then you have High Arches. b) Muscles that need to be addressed Tight Muscles: (The following muscles lift the arch in the foot.) Tibialis Posterior Flexor Hallucis Longus Flexor Digitorum Longus Plantar muscles Tibialis Anterior (The following structural causes of Pigeon Toe will NOT be addressed in this blog post.) a) Metatarsus Adductus This abnormal position of the feet in babies is due to the feet being squashed in the womb. It will usually self resolve within 4-6 months. In severe cases - it can be treated with casting or special shoes. b) Femoral Anteversion This involves the angle between the femoral head and femur body being more narrow than normal. As a result - the leg (including the feet!) turns inwards to better position of the foot can be changed without negatively impacting the hip joint. (To determine this - read the CAUSES OF PIGEON TOE in the section above.) Once you know where and what you need to address, click the appropriate cause down below to take you to the specific area, challenge yourself by attempting the exercises mentioned in this section. Follow these 5 steps to address Pigeon Toe that is caused by hip internal rotation: STEP 1: Releases STEP 2: Joint MobilizationSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 4: Strengthening ExercisesSTEP 3: StretchesSTEP 4: Strengthening ExercisesSTEP 4: pressure as there are sensitive structures (such as nerves and arteries) that run through this area.) Instructions: Lie down on the stomach. Place a foam roller underneath the groin region. Completely relax this leg. Apply an appropriate amount of your body weight on top of the foam roller. Roll up/down. Make sure to cover the entire muscle that is being targeted. Continue for 1 minute. b) Self Release To Groin Instructions: Sit on the edge of a chair. Drop your knee towards the side. Use your finger tips, knuckles or elbow to apply pressure to the groin. Continue for 1 minute. c) Release To Anterior Gluteus Medius Instructions: Lie facing downwards on the floor. Place a foam roller or massage ball directly underneath the front of the side hip region. Apply an appropriate amount of your body weight on top of the massage ball. Keep your leg completely relaxed. Roll your body forwards and backwards over the foam roller. Make sure to cover the entire area of muscle. Continue for 1 minute. 2. Joint Mobilization A stiff hip joint that is locked into the internally rotated position will need be loosened up via the following Hip Traction techniques. a) Traction in Neutral Instructions: Anchor a thick resistance band to a stationary object at ground height. Wrap the other end of the band around the ankle. (See above) Move your body away from the anchor point until there is a firm amount of tension on the band. Lie down. Relax your entire body. Allow the resistance band to pull on your hip joint. Aim to feel a pulling sensation around your hip. Hold this position for 1-2 minutes. Progression: Move further away from the anchor point. b) Traction in Hip 90 Degrees
flexion Instructions: Anchor a thick resistance band to a stationary object. Loop the other end of the resistance band as close to the hip crease as possible. Flex and hold your hip to ~90 degrees. Hold onto the back of your knee with your hands. Move your body further away from the anchor point to create a firm amount of tension on the band. Keep the hip completely relaxed. Hold this position for 1-2 minutes. Progression: If able - start to pull your hip into more flexion. 3. Stretch Internal Rotators Here are some effective ways to stretch the tight internal rotators of the hip. a) Lunge forwards as far as you can. Do not rotate your pelvis. Keep your pelvis facing the front. Aim to feel a stretch in the groin region. Push your hips forwards to increase the stretch. Hold for 30 seconds. b) Butterfly Stretch Instructions: Sit on the floor with your back against the wall. Brings your feet closer towards you. Place the bottom of your feet closer towards you. Hold for 30 seconds. c) Frog Stretch Instructions: Lie down on your stomach. Spread your knee to the side. Bring your foot closer to the rest of your body. Keep your hips and legs completely relaxed. Sink into this position. Have your feet wide apart. Drop down to one side. (See above) Keep your foot pointing upwards. Aim to feel a stretch in the groin. Hold for 30 seconds. e) Anterior Gluteus Medius Stretch Instructions: Assume a lunge position with your hands on your hips. (The leg at the back will be the side that is stretched.) Have the foot at the back pointing slightly outwards. Keep your pelvis facing forwards at all times. Tilt your pelvis backwards and push your hips out towards. Lunge forwards. Lunge forwards. Lunge forwards. External Rotators of Hip The goal with these exercises is to focus on the most challenging exercise that you can perform with good control and technique. (You DO NOT need to perform all of them.) a) Hip Rotation (Lying Down) Instructions: Lie down on your back. Keep your leg straight throughout this exercise. Pivot the leg outwards. (External Rotation) Aim to feel a contraction in the muscles of the outer hip. Hold for 5 seconds at the end range. Repeat 20 times. Repeat 20 times. Repeat on the other side. b) Clam Shell Instructions: Lie on your knee (on the upper side) as high as possible. Make sure that you do not move your pelvis as you are lifting your knee. Aim to feel the muscles on the side of your hip engage. Hold for 3-5 seconds at end range. Repeat 20 times. Repeat 20 times bent to 90 degrees. Loop a resistance band around both of your knees. (see above) Keep your feet shoulder-width apart. Push your knees outwards Aim to feel a muscular contraction on the side of your hip. Hold for 30 seconds. Repeat 3 times. d) Bridge Instructions: Lie down on the floor with knees bent. Wrap a resistance band between your knees. Keep your feet and knees bent. Wrap a resistance band between your knees and knees shoulder-width apart. Push your knees bent. Wrap a resistance band between your knees and knees bent. contraction on the side of your hip. Push your hips upwards. Hold for 5 seconds at the end range. Repeat 20 times. e) Forward Lunge Instructions: Wrap a resistance band is pulling towards in the inside of the knee. Move your body away from the anchor point to create a firm amount of tension on the resistance band. Assume the lunge position. Perform reverse lunges without letting the knee collapse inwards. Keep the knee pointing forwards. Repeat 20 times. Repeat 20 times. above. Proceed to take small side steps with each leg over a short distance. Keep your pelvis level through the exercise. Aim to feel a muscular contraction on the side of both hips. Continue for 1 minute. g) Band Squat Instructions: Stand up. Wrap a resistance band around your knees. Push your knees out throughout this exercise. Perform a squat. Repeat 20 times. The following positions are to be avoided as they encourage the habitual internal rotation of the hips. a) W Sitting This is a sitting position on the floor where the feet flare out to the side. (It tends to be more commonly seen in children.) b) Sitting with Knees Together/Feet Apart Sitting with the knees together and feet apart places the hip into an internally rotated position. This is usually a structural issue that can not be changed. However - I would strongly recommend performing the following exercises in this section to see what movement you might be able to reclaim. Follow these 3 steps to address Pigeon Toe that is caused by the Tibial Internal Rotation: STEP 1: ReleasesSTEP 2: Joint MobilizationSTEP 3: Strengthening Exercises 1. Releases a) Inner Hamstrings and Popliteus Instructions Sit on the floor. Place your knee. Place a massage ball underneath the back and back/inner side of your knee. towards the ball. Continue for 1 minute. (Note: Do not apply too much pressure to the back of your knee as there as sensitive structures in this area.) 2. Joint Mobilization a) Tibial External Rotation Instructions: Sit on the edge of a chair. Start with the knee in 90 degrees of flexion. Whilst keeping your knee as there as sensitive structures in this area.) point towards the outside. Using both of your hands, firmly grasp the area underneath the knee. Keep your knee relaxed. Proceed to twist your hands towards the outside of the leg. (Tibial External Rotation) Perform 30 repetitions. Progression: Gradually perform this technique with your leg in a more straightened position. 3. Strengthening a) Tibial External Rotation Instructions: Sit down on the edge of a chair. Hold your knee with your leg in a slightly more straightened position. If your intoeing is due to the high arches in the feet, you will need to focus on the following exercises. STEP 1: ReleasesSTEP 2: StretchesSTEP 3: Joint Mobilization 1. Releases a) Muscles in the Arch Instructions: Place your foot on top of a massage ball. Apply a firm amount of pressure on top of the ball. Roll your foot forwards/backwards. Aim to cover the entire arch of the foot. Continue for 2 minutes. b) Tibialis Posterior Instructions: Sit down on a chair. Place your ankle on top of the other knee. Using your thumbs, press into the area as shown in the floor. (You can place a pillow underneath your knees for comfort.) Make sure that the toes are bent backwards. Shift your body weight on top of your toes and forefoot. Aim to feel a stretch underneath the foot. Hold for 30 seconds. (Note: Please be careful with the kneeling position if you have knee issues.) 3. Joint Mobilization The following exercises will help loosen up the tight joints that may be locking the foot into the high-arched position. a) Forefoot Instructions: Sit down on a chair. Place your ankle on top of the base of the big toe and the other fingers on top of the base of the big toe to rotate the forefoot away from you. Perform 30 repetitions. b) Midfoot Instructions: Sit down on a chair. Place the ankle on top of the other knee. Locate the Navicular bone: Feel for a bony prominence at the top of the arch. Place both thumbs above this bone. Apply a downward pressure in the direction towards the bottom of the foot. Perform 30 repetitions. c) Hindfoot Instructions: Sit down on a chair. Place your ankle on top of the other knee. Wrap your hand around the heel. Firmly grip the ankle still, push the heel towards the ground. Aim to feel a pulling sensation in the inner side of the ankle. Perform 30 repetitions. d) Drop the Arch Instructions: Stand on one foot. Hold onto a stationary object for balance. Activate the muscles of the arch. Shift your weight on the inner side of your foot. Allow your arch to drop as much as possible. Do not let the knee collapse the foot, you will need to focus on the other foot exercises until it becomes easier.) Check out this blog post for more exercises for High Arched Feet AIM: Keep your Feet, Knees and Hips in alignment as you perform the following exercises. a) Wall Push Instructions: Lift your knee up to hip height and place the side of that leg against a wall. (See position above) Bend your planted leg slightly. Push the lifted leg into the wall. Aim to feel a muscular contraction on the side of both hips. Hold this position for 10 seconds. Repeat 5 times. b) Single Leg Balance Instructions: Stand on one leg. Make sure to keep your planted leg slightly. foot and knees facing forwards. Keep your torso upright. Maintain your best not to wobble. To challenge your best not to wobble. To challenge your best not to wobble. To challenge your foot and knees facing forwards throughout this exercise. Hinge forwards. Aim to feel a muscular contraction on the side of the hip of the stance leg. Repeat 10 times. d) Step Up Instructions: Place your foot onto a step. Make sure that the foot and knee are pointing forwards. You can hold onto something for balance. (If Required) Slowly load the front leg with your body weight whilst maintaining the alignment between the foot and knee. Keep the foot and knee pointing for wards. Step up. Repeat 10 times. e) Step Down Instructions: Stand on top of a step. You can hold onto something for balance. (If Required) Slowly step down with one leg as you maintaining the alignment of the knee and foot. Keep the foot and knee pointing forwards. Repeat 10 times. Pigeon Toe is a postural issue where the feet point inwards. The presence of Pigeon Toe does not automatically mean that there will be issues directly associated with it. structures of the leg. There are multiple areas of the body (such as the Hip, Knee and Foot) which can potentially lead to this postural issue. The exact area that is leading to the Pigeon-Toed presentation will need to be address with the specific exercises as suggested on this blog post. 1. Any questions?... (Leave me a comment down below.) 2. Come join me: Facebook | Instagram 3. Start doing the exercises! Disclaimer: The content presented on this blog post is not medical advice, diagnosis or treatment. Use of the
content provided on this blog post is at your sole risk. Seek guidance from a

healthcare professional before starting any exercise. For more information: Medical Disclaimer.