OVERVIEW
- <120° to femoral neck shaft angle
- Autosomal dominant

CAUSES
- Idiopathic
- Congenital
  - Associated with congenital short/bowed femur
- Developmental
  - 1 in 25000 defect in endochondral ossification of inferior femoral neck
  - Soft bone
    - Rickets
    - Dysplasia
    - Perthes
    - Sude

FAIRBANK CLASSIFICATION
- Radiological inverted Y in metaphysis of the neck

CLINICALLY
- Limb length
- Weak adductors thus Trendelenberg
- Decrease ROM

Ix
- Angle <120°
- Shallow acetabulum
- Hilgenreiner’s epiphyseal angle HEA

- N = < 25
- Non operative <45
- 45-60 is symptomatic or progressive = surgery
- Neck shaft angle <110 or HEA > 60 = osteotomy +/- Tenotomy

EVIDENCE
Peggers’ Super Summaries: Idiopathic Coxa Vara

- CARROLL et al 1997 J Paed Orthop
  - < 9 years do better
  - Corrected angle post surgery of <35-40° do better