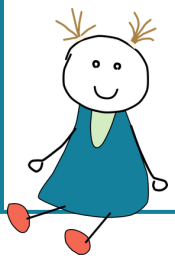
Fibular Hemimelia Fact Sheet

Updated April 2026



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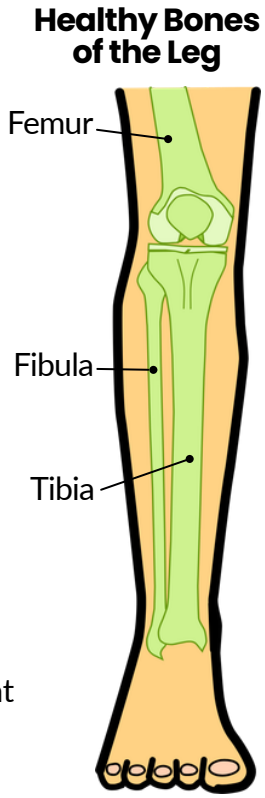
Steps is the leading charity working for all those whose lives are affected by childhood lower limb conditions

What is fibular hemimelia?

There are two long bones in the lower leg: the thicker one is called the tibia and the thinner one is the fibula.

Fibular hemimelia is a condition which is present at birth (congenital) in which the fibula is missing or underdeveloped and the tibia is shorter than normal.

People with fibular hemimelia may also experience:



- Associated limb length differences
- Foot, ankle and knee ligament problems
- The tibia may be bent
- The ankle stability may be affected
- The foot may be smaller than those of other children and bent outwards at the ankle
- The femur can be shorter
- Bones in the foot may not have formed or may be fused together so the child may have fewer than five toes, often with the outer toes missing
- Fibular hemimelia can be associated with other foot conditions such as CETV/clubfoot

The condition may affect soft tissue as well as bones.

The knee joint can often be misshapen and may not move properly.

In addition, many children have a slower growing thigh bone (femur) on the affected side. In some cases, both legs are affected.

In short, fibular hemimelia is where one shin is shorter than the other.

Why does it happen?

In most cases it is unknown why fibular hemimelia occurs. It's thought that in early pregnancy something happens which affects the growth of the leg.

The condition is rare, occurring in approximately 1 in 25,000 births, but is the most common form of limb-difference present at birth. It usually affects one leg (unilateral) while fibular hemimelia affecting both legs (bilateral) is much rarer.

Fibular hemimelia is not thought to be genetic in most cases, meaning it is not usually passed on in families, and the majority of children born with this condition have no family history of birth defects. Consequently, additional children born to the family have no more risk of the condition occurring than the general population, except where the fibular hemimelia is a symptom of another (genetic) condition.

Diagnosis

Severe cases may be picked up at scans during pregnancy, but not always. In milder cases, it may at first be identified as a foot problem, but when the shortening of the leg becomes more noticeable and the leg is X-rayed, the full picture can be seen.

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The Leading Charity for Lower Limb Conditions

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Treatment

As your child grows, their medical team will use X-rays and measurements to try to estimate the difference between the leg lengths.

Treatment is tailored to meet the needs of each individual child. Some may require no treatment, others may need insoles or other orthotic splints to compensate for foot shape. In other cases, doctors may discuss surgery. An operation or operations may be necessary to improve the shape of the foot, leg position or to stabilise the knee joint.

- In cases where the fibula is present and shortening is not severe, treatment is usually leg equalisation by lengthening the affected leg or by slowing the growth of the other leg (epiphysiodesis) or sometimes both.
- If the foot is reasonably normal, it may be possible to lengthen the leg using a thin metal frame worn around the leg (fixator) or a lengthening nail, depending on the age of your child.
- If the foot is twisted outwards, it may be possible to correct it enough using surgery.

In more severe cases, it may be best to amputate through the ankle and fit an artificial limb (prosthesis). This is a less common option but often seen as the preferred choice to optimise function for a child as they grow. If amputation is not preferred the foot and lower leg can be fitted into a special prosthesis.

When will treatment start?

This will be tailored to the needs of your child, but treatment may start as early as 18 months old. Treatment often focuses on supporting the goal of independent walking. Fibular hemimelia will not stop your child from learning to walk, even in severe cases.

They will usually learn to walk either at their normal age or with a slight delay.

Once a child starts to cruise or walk, a shoe-raise, special splint or prosthesis is provided to minimise the limb length discrepancy.

Decisions over surgery and/or lengthening of the leg are made later, after discussions with your child's medical team.

The type and timing of surgery will depend on many factors and will be discussed in detail with the child's medical team at regular consultations.

How will this affect my child?

The emotional and physical effects of living with - and having treatment for - fibular hemimelia will vary from child to child and family to family.

Discussing your child's condition and treatment with them openly, in simple terms, and promoting positive body image, both for them and within the family will help them prepare for whatever the future holds.

As the many achievements of the children whose families we have supported demonstrate, even amputation is no barrier to a full and active life and the most important thing is to always encourage full participation in whatever your child shows an interest in. Access to new technologies and advanced prostheses means that your child should be able to participate fully and thrive in almost any activity.

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Support Steps is here to help

Contact Steps: +44 (0) 1925 750271 to answer any practical questions you have.

Email: info@steps-charity.org.uk with questions.

Family Contact Service: If you want to talk to someone who has been through a similar situation, one on one.

Facebook Group: A closed group where you can talk about your worries, share helpful tips, and find emotional support.

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