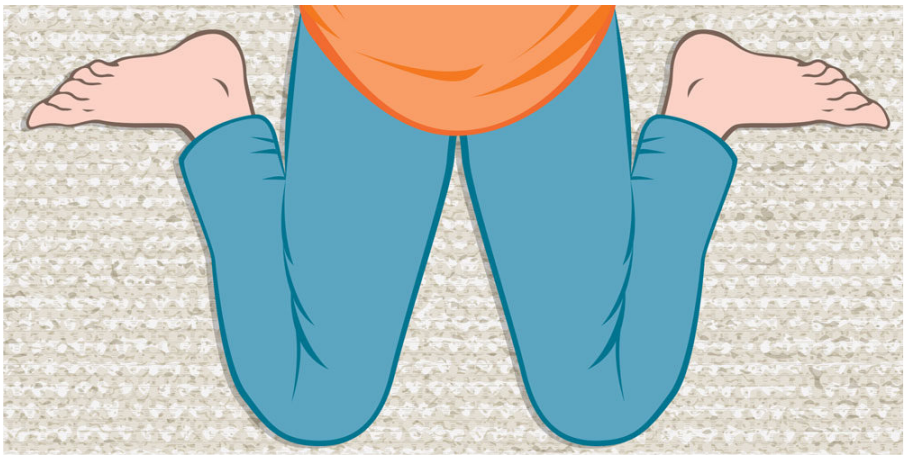
Vancouver Coastal Health
Paediatric Teams

W-SITTING



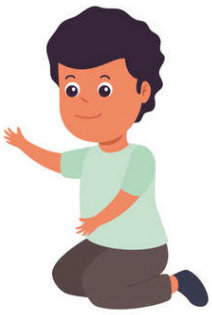


- W-sitting is often adopted by children in the first decade of life due to an immature rotation in their leg bones. It can also be common because it creates a wide base of support increasing stability, while allowing the hands to be free to use for activities rather than providing stability/balance. Typically, w-sitting naturally resolves as the bones mature.
- Studies show w-sitting is not associated with hip dislocations or any functional deficits. However, it may restrict weight-shifting, trunk rotation or reciprocal movements, and enable undesirable muscle tightness.
- For the above reasons, current recommendations suggest w-sitting be permitted in moderation and other forms of sitting be encouraged at other times. For example, sitting in: side sitting, kneeling, long sitting, ring sitting, or crossed leg position when sitting on the floor.

See below:



Side Sitting



Kneeling



Long Sitting



Ring Sitting



Crossed Leg