

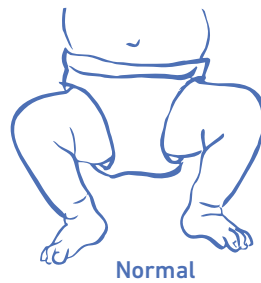
Steps

Clubfoot Care

Clubfoot can be treated!

A step by step guide to treating clubfoot for new patients

We will walk with you



Normal



Club foot

CONGENITAL CLUBFOOT

- There is no known cause for clubfoot – It is nobody's fault that your baby has clubfoot
- Clubfoot is present at birth
- The foot is stiff and cannot be brought to a normal position
- The foot points downward and it is twisted inward at the ankle so the top of the foot is almost where the bottom should be
- The medical name for clubfoot is Talipes Equinovarus
- Clubfoot is quite common – it occurs in about 2 of every 1,000 births
- Clubfoot can run in some families, but in others there is no history of clubfoot
- Clubfoot can affect one or both feet
- More boys have clubfoot than girls (incidence is about 2:1)
- Your baby will be checked for other conditions, but in most cases clubfoot occurs alone

THE RECOMMENDED TREATMENT FOR CLUBFOOT IS THE PONSSETI METHOD

THE PONSSETI METHOD

The method is successful in over 90% of cases, if you follow the treatment as prescribed from beginning to end, your child will have normal looking and functional feet:

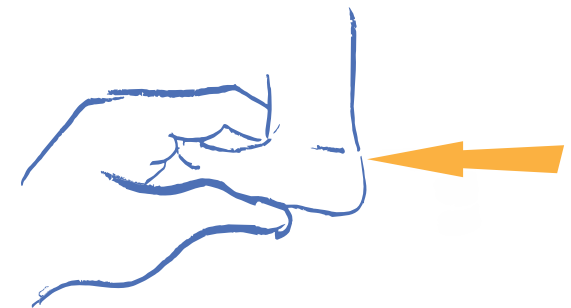
1. Gentle manipulation of the foot and ankle
2. Full leg plaster casts changed weekly for 4-6 weeks
3. 80% of children have a small procedure to cut the heel tendon (tenotomy)
4. After the tenotomy, the final cast is applied
5. The clubfoot brace is fitted immediately after the final cast is removed
6. The brace is worn for 23 hours a day for the first 3 months
7. After 3 months, brace wear is reduced to night-time and naps (12-14 hours per day)
8. Your child must sleep with the brace on until age 4

MANIPULATION AND CASTS



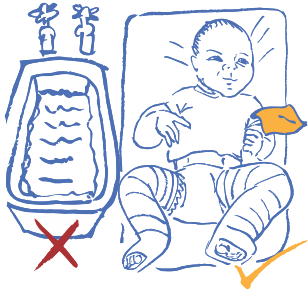
- The casting will not hurt your baby
- The cast is full leg, bent at the knee
- Bring your baby hungry and feed during the casting to comfort them
- Wet casts are heavy. Roll up a small towel and put it under your baby's knees to give support, until the cast dries
- The cast will stay on for a week and is removed on the morning of the next appointment, at the clinic or at home
- Casts will be applied every week until the feet are in the right position

TENOTOMY

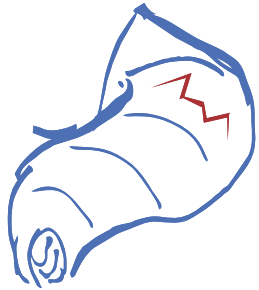


- Many children with clubfoot have a short tight heel cord
- Without a tenotomy your child will walk on tiptoes
- The tenotomy is a minor procedure to snip the heel tendon
- It is usually done with local anaesthetic and takes about 10 minutes
- After the tenotomy the last cast is put on for 3 weeks
- Some doctors use general anaesthetic for older patients
- You can give your baby a mild pain reliever if needed after the tenotomy

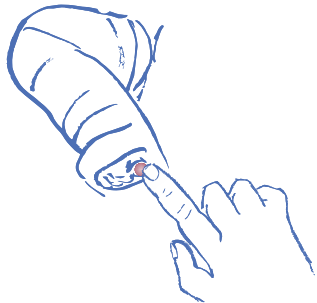
CAST CARE AT HOME



- Keep the cast clean and dry
- Do not bath your baby
- Use a soapy cloth to clean your baby without wetting the cast



- Check cast for breaks or cracks
- Do not put anything inside the cast



- You should always be able to see the toes
- Toes should be warm and normal skin colour
- Press the toes every few hours to check circulation



- You can put socks over the casts if the weather is cold
- Put a rolled up towel under the knees to support the heels when your baby sleeps



PROBLEMS WITH CASTS

Call your doctor or go back to the clinic if you notice any of these:



- High fever
- Swelling above or below the cast.
- Swollen toes
- Cast is too tight around top of leg.
- Bad smell from inside the cast



- Toes are cool or cold
- Toes are not normal skin colour
- The foot has slipped back into the cast
- You cannot see the toes
- The cast is cracked or soft
- The cast falls off

REMOVING THE CAST



- Some clinics will remove the cast, and some will ask you to remove the cast
- Do not take the cast off the night before
- Wet the cast, wrap with a damp towel, and cover with a plastic bag to soften the plaster
- You should find a knob of bandage near the knee to help you unwind it
- Add vinegar to the water will soften the plaster faster
- To remove the cast at the clinic, they will give you a container with warm water to wet the casts



As your child's caregiver, you play a very Important role in the success of the treatment. If you have questions or concerns, Please contact your clinic or parent adviser.

CLINIC INFORMATION



CASTING

1	2	3	4	5

DATE



CASTING

6	7	8	9	10

DATE



BRACE

1	2	3	4	5

DATE



BRACE

6	7	8	9	10

DATE

