Clubfoot

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The purpose of this sheet is to inform you about the pathology and to present the various treatment options, if available. Please note that this sheet is for informational purposes only; each case is different and a physician examination and instructions are obligatory.

1. What is a clubfoot?

Clubfoot or talipes equinovarus is the most common congenital deformity of the bones and joints in newborns. It occurs in about 1 in 1.000 babies. The deformity consists of a foot twisted inward and down and develops when the child is developing in the uterus. It can affect one or both feet and the rigidity can vary from relatively flexible to stiff and rigid. It is not painful for the baby, but painful feet and difficulty walking can develop if it is not properly corrected.

2. What causes a clubfoot?

The cause of clubfoot is not exactly known but it is a congenital disorder where the muscles and ligaments of the foot and leg are not normally developed. Nowadays it is currently diagnosed on ultrasound, and it is advisable to ask for advice from a specialist in this pathology before the baby is born.

3. How to treat clubfoot deformity?

The gold standard for clubfoot treatment is the Ponseti method which consists of gentle manipulations and plaster casts in a certain sequence. Treatment begins at birth to take advantage of the favorable elasticity of the tissues forming the ligaments, joint capsules, and tendons, although it can be started a few days or weeks later.

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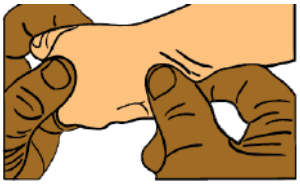
The Ponseti method is a well-defined treatment method that should be performed by a pediatric orthopedic surgeon qualified and trained in this type of treatment. In the office, gentle manipulations of the foot are performed followed by immobilization of the entire leg in a cast, from the groin to the tips of the toes. This immobilization softens the tendons and muscles to allow correction with the manipulations. The casts are changed every 5-7 days and are generally removed in the office so that the foot is, as little as possible, without the cast.



Generally, 4 to 8 casts are needed to correct all the deformities except the equinus because the Achilles tendon is very strong. To correct it, in most cases, you need a small surgery to cut the tendon, which is often done in the office with local anesthesia or with sedation in the operating room. Subsequently, the last plaster is placed, and it is left for about 3 weeks.

Although the foot is now corrected, the cause of the clubfoot is still present, and therefore the child must wear an orthosis to ensure that the foot remains corrected and grows in a good position.

There are different types of orthoses, but all must keep the feet in external rotation joined by a bar.

4. What is the prognosis?

Although the clubfoot deformity looks very striking at birth, the Ponseti method, when done properly, achieves very good results that allow children to grow up leading a life just like other children of their age and can practice any type of sports even of competition.

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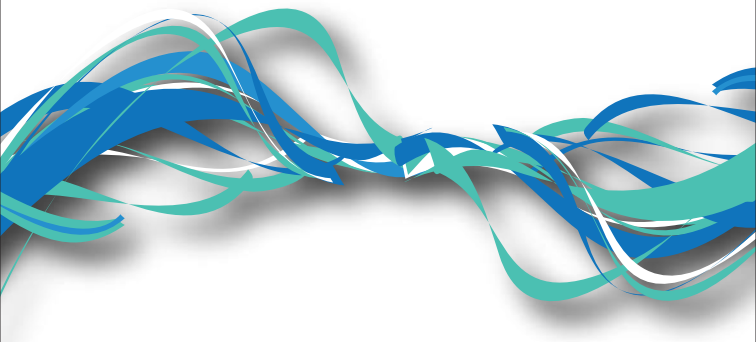

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