

CLUBFOOT (TALIPES EQUINOVARUS)

At Rocky Mountain Pediatric Orthopedics, we would like to ease some of your fears about clubfeet and what it means for you and your child. We are parents too and we understand the worries. We want you to know that clubfeet are treatable... we are here to help you. We know how important it is that your children receive the best outcome and we are committed to provide state of the art treatment by professionals who have the heart for gentle effective care.



Clubfoot is a foot deformity that presents at birth. Sometimes this congenital condition may be diagnosed during a prenatal ultrasound. It affects the entire extremity including bones, muscles and tendons. It can involve one or both feet.

The clubfoot may appear short and broad. The front half of the foot turns inward. The heel is abnormally high and small. The heel cord (or Achilles tendon) is tight. The calf muscle will be smaller than normal, which is more noticeable if just one foot is affected.

Clubfoot can range from mild to severe but all will require treatment. The exact cause of a clubfoot is unknown but some theories combine the influences of genetic and environmental factors such as position of baby in uterus, decreased amount of amniotic fluid in uterus surrounding fetus (oligohydramnios), and family history. There is an increased occurrence in children with neuromuscular disorders such as Spina Bifida or Cerebral Palsy.

At Rocky Mountain Hospital for Children, we use a modified Ponseti technique. Eighty five percent of newborns with clubfoot respond to this treatment. Ten percent may require a "buff up" surgery at around age 2. There are five percent of children that have severe clubfeet which will be a challenge throughout their lives.

Treatment for a new born includes stretching to correct the clubfoot and then casting to maintain the position. Within the first week of life, a specially trained orthopedic physician or Physician Assistant will begin the casting treatment. The cast is changed every week for 4 weeks. We use a semi-rigid removable cast material that is easy to manipulate. After the first four weeks, casts will be changed every 10 days for a series of three casts. Time spent in casts will extend after this to every other week for 2 – 4 casts depending on severity.

After the above series of casting, a decision is determined if an Achilles lengthening needs to be performed. This is done in a day surgery setting at the Rocky Mountain Hospital for Children. The surgeon will cut the Achilles tendon to complete the correction of the foot. Once cut, the tendon will regenerate and lengthen. After surgery, your child will be in a fiberglass, non-removable cast for three weeks. Your child will then transition to a brace with Mitchell shoes mounted on a Ponseti bar. Regular follow up appointments will allow us to monitor the position of the foot.

We share the same goals that you hold . . . your child walking, running and playing sports. We strive for feet that are flexible and powerful. Above all else, we want your child to move like all the other kids on the playground with feet that are pain free. We know this treatment plan may seem overwhelming at the onset, but we are here to see you and your child through to a great outcome.

We are proud to be Rocky Mountain Pediatric Orthopedics. We will do our best to make your experience a positive one. Please, feel free to call us with any questions or concerns. Children who are successfully treated for clubfeet go on to have normal childhood mobility in sports such as soccer, baseball, football and many others.



We want to get your child moving on **THE ROAD TO GET UP AND GO!!!**