

## Club Foot

From **birth to three years old** what can I expect?

<p>What kind of professionals might my child need?</p>	<p><b>Pediatricians</b> will help to manage your child’s care consistently. Refer to their expertise in times of transition or change as well.  <b>Podiatrists</b>, foot specialists, can help to manage your child’s care.  <b>Orthopedists</b> will be important in cases in which surgery is necessary.  <b>Physical Therapist:</b> see “therapies” for a complete description.</p>
<p>What other conditions may affect my child?</p>	<p>Club foot is usually an isolated condition. If treated, there are few associated issues.</p>
<p>What kind of therapies are available?</p>	<p><b>Ponseti Method:</b> Has proven to be successful in almost 95% of cases. This method consists of gradual and incremental castings of the foot in positions closer and closer to “normal”. Through stretching and casting over time, the foot can resume a more functional position. Usually, your child will have 5-7 casts that stay on for roughly 5-7 days at a time after which time the foot will be closer to a functional position. After the weeks of casting, a splint must then be worn in order to maintain proper foot positioning. Time spent in such splints will be determined by your doctor. If full results are not seen using this method, surgery may be the next option. <sup>1</sup></p> <p><b>Botox:</b> It is a chemical that acts on the nerves that control muscle. If the right muscles are targeted, it can weaken the problem muscles which are too tight (Gastrocnemius and soleus), and allow the foot to return to a functional position. This is a relatively new method and the effectiveness is not yet known.<sup>2</sup></p> <p><b>Physical therapy</b> – Often, children with club foot will need therapy in order to develop a functional walking pattern. Most often, your child will be able to walk with proper therapy and bracing.</p> <p><b>Splints and Braces</b> –</p> <ul style="list-style-type: none"> <li>-<i>Ankle and Foot Orthoses (AFOs)</i>  A lightweight, plastic splint that can be worn 24 hours a day, just at night, or whenever your doctor recommends. It is easily removable (Velcro), and often shoes can be worn over the brace.<sup>2</sup></li> <li>-<i>Dennis Brown Brace (DBB)</i>  A treatment method in which shoes are connected to a bar which can be adjusted daily. The adjustments are made gradually so that your child’s feet will take on a more functional foot position. <sup>2</sup></li> </ul>
<p>What kind of surgeries will my child need? When?</p>	<p>Surgery is not always necessary to treat clubfoot. If surgery is needed, it is usually done between 9 and 12 months.<sup>3</sup> A few common procedures are as follows:</p>

	<ol style="list-style-type: none"> <li>1. <i>Tenotomy</i>: a release (cut) of the Achilles tendon (on the child's heel). This is most commonly used when casting has failed.</li> <li>2. <i>Anterior Tibial Tendon Transfer</i>: A tendon from your big toe is moved to your third toe in order to create a more functional position of the foot.  <ul style="list-style-type: none"> <li>-This surgery is usually not completed until a later age (usually after age). It is usually only done if the club foot does not get better with other therapies and methods.<sup>5</sup></li> </ul> </li> <li>3. <i>Osteotomies/ Arthrodesis</i>: (surgery on the bone) Required if there is irregular bone formation. Specifics will depend on your child's condition.<sup>6</sup></li> </ol>
What kind of assistive devices are available?	If surgery and therapy fail (not a usual outcome) an assistive walking device such as a walker or crutches may be necessary.
What else can I do?	<p>Make sure your child is as active as possible.</p> <p>Ensure that he or she is getting the proper nutrition.</p> <p>Continue to follow up with your doctor annually to ensure proper growth and development of your child.</p>

### What to expect in the next phase, **3-12 years old**.

What will my child do for school?	<p>Your child should be able to participate fully in the school experience. If assistive devices or therapy should be needed, the appropriate arrangements should be made with your school. If assistance is appropriate for your child, you will develop a plan with teachers and other professionals to decide how best to facilitate learning for your child. This is known as an Individualized Education Plan (IEP), and is a way to continually assess your child's needs at school.</p> <p>More information can be found at the following:  <a href="#">US Department of Education</a></p>
What else should I be doing?	<ul style="list-style-type: none"> <li>-Be certain to continue to follow up with your child's doctor to make sure your child is developing properly.</li> <li>-Make sure your child is staying active!</li> </ul>

### Now that my child has reached **the teenage years (14-18)**, is there anything to worry about?

Will my child be effected at all by growth spurts/puberty?	Your child should make the transition with little problem. If he or she begins to walk differently, experience pain, or any other symptoms be sure to consult his or her doctor.
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## What about my child's **adult life (19 and beyond)**?

Will my child continue to have problems?	It has been shown that later in life, individuals can actively and successfully participate in everyday activities. They can function on a "normal level," but, as a whole, often experience more pain, a decreased ability to move the foot, and overall weakness compared to peers. <sup>7</sup> Again, it is important to consult a doctor if these symptoms become severe.
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4. Hussein, N. Complete Subcutaneous Tenotomy of Tendo-Achilles in Clubfoot Patients – A four year follow up. *International Journal of Surgery*. 2004. 2; 17-19.
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6. Hart, Erin. Pediatric Orthopedic Ailments: Clubfoot. 2003. Available at: <http://www2.massgeneral.org/ORTHO/ClubFoot.htm>. Accessed on: March 29, 2011.
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