

Clubfoot

Frequently Asked Questions

Will my baby be in pain during treatment?

The casting and bracing process is gentle. Babies may fuss during appointments, but the manipulation itself is not painful. Feeding your baby during casting can help soothe them.

What if I miss a brace-wearing session?

Consistency is key. Missing occasional wear won't undo progress, but repeated missed sessions increase the risk of relapse. If this happens, contact our office to discuss the next steps.

Is clubfoot linked to other health issues?

In most cases, clubfoot occurs by itself. However, it can occasionally be associated with neurological or genetic conditions. Your doctor will evaluate this during your visit.

Can clubfoot return after treatment?

Relapse can occur, especially if the brace isn't worn as recommended. That's why follow-up visits and long-term monitoring are important.

How do I care for the brace?

Keep it clean by wiping with a damp cloth. Make sure socks are worn underneath to prevent skin irritation, and check your child's feet daily for red spots or blisters.

Will my child need physical therapy?

Most children do not, as the Ponseti Method and bracing are typically sufficient. If needed, your physician may recommend therapy based on your child's progress.

What happens if both feet are affected?

Both feet can be treated at the same time using the same method. The treatment timeline may be extended slightly, but outcomes are generally excellent.



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Integrity, credentials, commitment, and the use of advanced technology are what make our physicians distinct and the best choice for your child's orthopaedic care!



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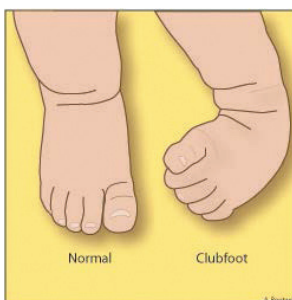


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Understanding Clubfoot

Clubfoot is a birth condition where one or both feet are turned inward and downward, giving the appearance of a club shape.



The condition can vary in severity, from flexible to very rigid, with some children also experiencing a smaller-than-average calf muscle and foot. Affecting approximately 1 in every 1,000 newborns, clubfoot is the most common bone and joint condition at birth. While the cause isn't fully understood, research suggests a genetic link rather than an environmental cause. If one child has clubfoot, the chance of a sibling having it increases to 1 in 30.

Treatment Approaches

Early intervention is key, typically starting soon after birth. The primary treatment, known as the Ponseti Method, involves a gentle series of manipulations and casts to guide the foot into proper alignment. Most children require 4 to 6 casts along with a minor procedure called a heel cord release (Achilles tenotomy) to ensure lasting correction.

Your Child's Treatment Journey

Manipulation and Casting

Casting is performed weekly. The cast material is "soft" and may be removed the night before or the morning of the next appointment allowing the child to be bathed. Prior to casting, the foot is gently manipulated. It helps if the baby is as relaxed as possible and the best way to do this is to feed during casting. If you are breastfeeding, consider pumping and bringing in a bottle. At 4 to 6 weeks, the child's foot is usually ready for the final stage of treatment – a heel cord release.



This outpatient procedure involves making a small cut in the Achilles tendon to allow the foot to flex upward more easily. If this is not done, and the foot is forced up, the arch of the foot may break down.

After the heel cord release, one final cast is applied and left on for 2 to 4 weeks. The infant's heel cord heals very quickly, and the surgery will not cause any permanent weakness.

Bracing

Bracing is started after the final cast is removed. The Mitchell shoes with a Ponseti Bar is our preferred brace. It is comfortable and easy to use. It is extremely important that the brace fits properly and is worn as directed. Studies have repeatedly shown that the success of treatment is directly related to compliance with brace wear.

The brace is worn full time (24 hours except for bathing) for 3 months and then worn at naps and night-time until the child is 4-5 years of age.

Following full correction of the clubfoot, clinic visits will be scheduled every 3-6 months for 2 years, and then less frequently. Your physician will decide on the duration of bracing depending upon the severity of the clubfoot and the tendency of the deformity to relapse.

