

Clubfoot (*talipes equinovarus*)

ORTHOPAEDIC FACT SHEET

Clubfoot is a common foot deformity in newborns, affecting about 1 in 1,000 babies. It may be mild or severe, and may affect one or both feet.

In clubfoot, the bones, joints, ligaments and muscles of the foot are abnormal. The foot turns down and inwards (**Figure 1**). If only one foot is affected, that foot and calf will always remain slightly smaller than the other.

The cause is not known. For parents of a baby with clubfoot, the chance of their second child being born with the condition is one in 30.

Treatment

Treatment is by the 'Ponseti method'. This involves a series of manipulations and casts (normally in the baby's first weeks) that gently move the foot into the corrected position (**Figure 2**). Casts may be changed weekly for around six weeks. This is generally followed by a small surgical procedure to lengthen the tight calf tendon at the back of the foot. A cast is then applied for a further two to three weeks to allow the calf tendon to heal.

For the first three months after casting a 'foot abduction brace' must be worn 23 hours a day (**Figure 3**). The brace is then worn overnight usually until the child is four years old. This is important for a successful outcome.

After treatment the baby will have a foot with essentially normal function. Children with clubfoot are expected to lead a normal active life; however, they must be monitored throughout growth. Strict adherence to the brace-wearing regime is the best way to avoid relapse and maintain the correct position of the foot.



Figure 1. Uncorrected clubfoot

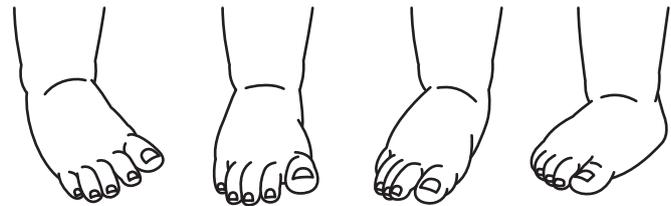


Figure 2. Gradual correction with Ponseti cast treatment

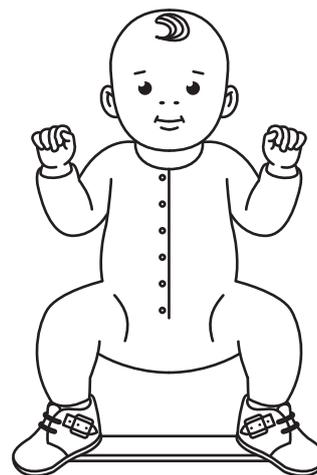


Figure 3. Foot abduction brace