

Clubfoot Deformity

INTRODUCTION

Your child has been diagnosed with clubfoot deformity which is technically known as congenital talipes equinovarus. Sometimes babies are born with a foot or feet that are not in the normal position. The cause of clubfeet is multifactorial. When a foot can be pulled easily into correct position, no treatment is necessary. Your physician has determined, for other reasons, that your child's foot is not that flexible and requires treatment to correct the position of the foot.

BACKGROUND

Clubfoot occurs in about 1 of every 1,000 births and affects boys more than girls. In about 50% of the cases, both feet are affected. In some cases, the cause of clubfoot is known, but in the majority of cases, the cause is unknown. In some instances, the muscles supporting the feet can be contracted (shortened) causing the bones in the foot to be out of normal alignment.



TREATMENT

If the foot is flexible and mildly turned in or up, no treatment will be necessary. A foot that is non-flexible will need to be treated shortly after birth. The best form of treatment is called serial casting. Casts made of plaster applied by the doctor to gently stretch the foot from its initial position. Every week, usually for 5 or 6 weeks, the cast will need to be changed by your

physician. This enables the foot to be gradually stretched to the desired position. Often a small procedure to lengthen the heel cord is done to shorten the casting time. Most feet will respond to serial casting.



After the casting, a special foot abduction brace is worn full time for several months and then at naps and night-time for several years.

If the feet do not respond to serial casting, then an operation is recommended. The type of surgery will depend on the amount of correction obtained with serial casting. Surgery is performed when your child is 9 to 12 months of age, usually after starting to stand. Afterwards, a post-operative cast is worn for several months. It will be necessary to change the cast at intervals during this time. Following the cast, a special orthosis (brace) will be worn for approximately 1 year.



About 25% of feet corrected in the first year of life will redevelop deformity due to muscle force imbalances. Your physician will monitor for this and may recommend further surgery to achieve better muscle balance.

FREQUENTLY ASKED QUESTIONS

1. Clubfoot deformity cannot be prevented, but it is treatable.
2. After initial treatment, an orthoses or brace is used to maintain the correction.
3. The foot may be slightly smaller and stiffer than an unaffected foot.
4. Some feet may require further correction as your child grows.
5. Despite having clubfoot, your child should be able to run and play like other kids.

Celebrities with Clubfoot

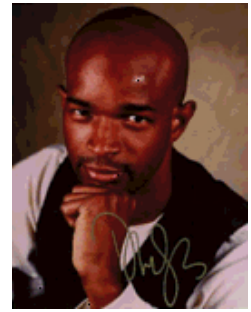
1) Kristi Yamaguchi, 1992 Olympic Figure Skating Gold Medalist. "When I was born, on July 12, 1971, my parents immediately noticed something wrong with my feet - they were deformed, pointing inward and curling under. I wore casts and foot braces my first two years to correct the problem. My casts were changed every two weeks. I teetered at first, yet I learned to balance and walk in casts." Text & photo: "Always Dream" by Kristi Yamaguchi & Greg Brown, Taylor Publishing, 1998.



2) Troy Aikman, Dallas Cowboys Quarterback and two-time Super Bowl champion. "I was born Nov. 21, 1966... During my first year, my parents found it difficult to put on my shoes. They were not worried at first. Soon, however, they started to wonder why my legs slightly bowed below my knees and my toes curled under my feet. They took me to Dr. Bill McColl, who told my parents I had a mild form of club foot. Dr. McColl put casts on my feet when I was 8 months old. Every 2 weeks the casts were changed. I wore those casts until a month after my first birthday, & I even learned to walk wearing them. After the casts came off, I wore special shoes until I turned 3 years old... Slowly my feet grew normally." Text & photo: "Things Change" by Troy Aikman & Greg Brown, Taylor Pub, 1995.



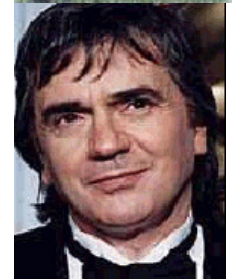
3) Damon Wayans, Stand-up Comedian, Actor, Director & Author -Wayans' resilience dates back to his childhood, when he underwent several operations to fix a clubfoot. During one interview, he was barefoot and wearing a canvas jumpsuit and he unselfconsciously showed the scars on what looked like a normal foot. "I spent so much time in the hospital as a kid it was scary," he says, recalling that it helped him develop his sense of humor because he wanted to be part of the gang." From Akron Beacon Journal, by Douglas J. Rowe, June 1999.



4) Mia Hamm, Best Women's Soccer Player in the World. Born March 17, 1972, Mia Hamm is considered the best all-around and most recognized woman soccer player in the world ...member of the Gold Medal winning U.S. Women's National Team at the 1996 Centennial Olympic Games ... named U.S. Soccer's Female Athlete of the Year for three consecutive years from 1994-96, becoming the first player honored three times ... Quoted from the March 2001 issue of the Washingtonian magazine, p. 50: "Her mother still remembers when Hamm discovered soccer. She was about 18 months old, wearing corrective shoes to treat a clubfoot..."



5) Dudley Moore, British Actor, Comedian & Composer -- Dudley, born in 1935, had ... "a clubfoot and a skinny, slightly shorter left leg, which sent him in and out of hospitals from the age of two weeks on." "Cuddly Dudley, the wee wonder", Gerald Clarke, Time Feb 21, 1983 v121 p70.



WISDOM FROM OTHER PARENTS

1. "How did your baby break its leg(s)?" -- There's no way to prepare yourself for the comments, stares and questions from the general public. Some days will be easier than others. You'll be helping to spread the word about clubfoot by explaining to strangers the treatment that your baby is enduring. Sometimes, you can use humor to deflect the comments "It was a bad skiing accident!", or train older siblings to pipe up, but the best way to keep your spirits up is to connect with other clubfoot families who know what you're going through!
2. Using moleskin for cast comfort -- Sometimes the padding at the ends of the cast can wear away, or there may be a tight spot in the foot abduction brace shoes, it helps to have a supply of moleskin with adhesive backing on hand for padding. It's sold at most pharmacies.
3. Clothing a baby in casts -- Most sleepers and bag style outfits work really well for a baby with casts. If you have a baby with one cast, it helps to put an adult sock on the cast to prevent irritation on the non-casted leg. If the weather is cold, look for a roomy bunting or snowsuit to allow room for the casts. Keep socks on the end of the cast to keep the toes warm in cool weather.
4. After a new cast is applied, the plaster will be cold and damp for a while until it sets. Bring towels to prop up the casts. This will help to protect the heel area of the cast from damage

incurred by a kicking child; it will also keep the stroller/car seat cover etc. dry, and help to keep the child comfortable.

5. Sleeping comfort for a child with leg casts -- In bed, the child can be made more comfortable by placing a small pillow, rolled up towel or blanket under the legs. This also helps when the baby is in their carseat/infant carrier.
6. Take lots of pictures! -- You'll want to take lots of pictures from the beginning and throughout the whole treatment process, and you'll be glad you have them when your child is old enough to start asking questions about their clubfoot. You'll be glad you have them to see where you started and where you ended up!

ADDITIONAL NOTES

Treatment of clubfeet has been a life long project for Dr. Ponseti of the University of Iowa. Dr. Daniel Stucato and I had the privilege to learn the fine points of his method for serial casting of clubfeet directly from Dr. Ponseti in on a visit to Iowa City in November, 2001.



MORE INFORMATION

Further information can be obtained on the internet. Your local public library can help you explore these sources if you are interested. Two good sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at www.aaos.org and www.emedicine.com.

FEEDBACK

If you have questions or comments, please contact the office or submit them to the web site at www.pedortho.com.