

Let's Talk About...

Clubfoot

Clubfoot occurs when a baby's foot points down and turns in toward the body. It can affect one foot or both feet. One in 1,000 babies are born with clubfoot each year in the United States.

What happens when my baby has clubfoot?

A baby is born with clubfoot; it does not happen after birth. Clubfoot doesn't hurt at first, but your baby may have problems walking correctly if it isn't treated. A poorly treated or untreated clubfoot can develop pain, stiffness, arthritis and may make the skin on the bottom of the foot hard and thick.

What causes clubfoot?

Clubfoot happens while the baby is developing in the womb, but no one knows what causes it. Clubfoot runs in families, and boys have it more than girls. Children with other problems, like spina bifida or arthrogryposis (curved joints), have clubfoot more often than other children.

How do I know if my baby has clubfoot?

Your child's healthcare provider can look at your baby's feet and tell whether they have clubfoot. Sometimes providers can see if your baby has clubfoot during an ultrasound before they are born.

Club foot is different than pigeon toes (also called intoeing). Intoeing is very common and can be caused by a twist in the feet, calves, or hips. Most of the time, intoeing corrects itself without treatment.

How is clubfoot treated?

Clubfoot is treated with casting and bracing. Surgery is rarely necessary. The treatment has changed over the past 20 years, and most children do well with the Ponseti method of treatment.

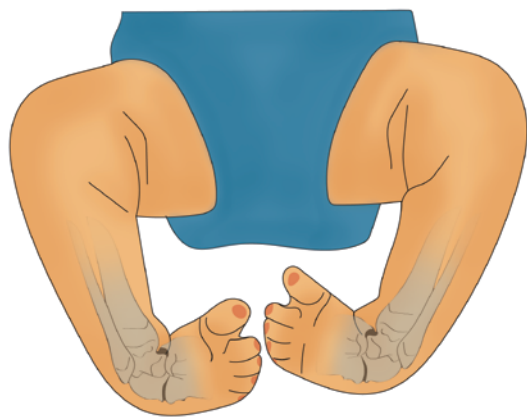


Serial casting

Your baby's healthcare providers will stretch and move your child's foot and put it in a cast in a better position. They will change your child's cast every 1–2 weeks. This is so your baby's foot can move into the right position and grow properly. The series of casts usually takes 6–10 weeks, depending on how tight the foot is.

To make the casting process easier:

- Bring your child to the clinic hungry. Putting the casts on while your baby eats may help them relax and make it easier to position the foot and ankle.
- Keep the cast dry. Cover it with plastic if there is a chance it may get wet. Only sponge-bathe your child while they are wearing a cast.
- Dress your child in clothes without feet that have snaps on the legs, and avoid extra clothing. The cast adds extra warmth, and too much clothing can make your child sweat or become itchy.



- If there are rough edges on the cast, you can apply moleskin to those areas so it doesn't rub against your child's skin.
- Never leave your child unattended. The extra weight of the cast can make your child roll or turn.

Call your child's healthcare provider if:

- Your child's toes swell or turn white or blue and do not look better within 30 minutes of elevating the cast.
- Your child can't move their toes as much.
- Your child's toes have slipped back into the cast.

Bracing

After your child wears casts to correct clubfoot, a brace will prevent the foot from turning again. This brace is a bar with special boots or boots at each end to keep the feet in place. Bracing is the most important part of the treatment. Your child must wear the brace:

- 23 hours a day for the first 3 months after casting
- 16–18 hours a day for 3 more months
- 10–12 hours at night until about age 4

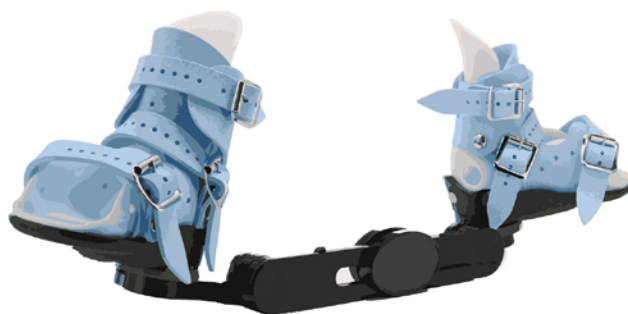
Even one night out of the brace will make your child used to moving their legs freely at night. It's important that your child wears the brace every night to get used to it and have successful treatment.

To put on the brace:

- Put thin cotton socks on your child, long enough to extend past the shoe.
- Open the shoe and put the buckles to the side. The buckles are on the inside of the foot. Gently slide your child's foot into place until their heel is snug against the back and bottom of the shoe.
- Pull the shoe tongue against the ankle and buckle the middle strap snugly over the horizontal tongue. Then tightly buckle the ankle strap.
- Look through the heel opening at the back of the shoe to make sure the heel is snug. Buckle the toe strap and re-tighten the other straps if needed.
- Clip the shoe into the bar with the brace logo facing up.

Protect your child while they wear the brace by:

- Using moleskin to pad the area if there are any sores and calling your child's healthcare provider.
- Making sure the straps are not too loose or too tight. If your child outgrows their shoes, call their healthcare provider.
- Calling the clinic if redness or blisters do not go away within 30 minutes.
- Helping your child learn to bend their knees in the brace and getting them used to it. Make the brace part of their bedtime routine.
- Not removing the brace to soothe your child. They will quickly learn you will take the brace off if they cry.
- Putting your child in clothes without feet while they wear their brace. Extra material in the shoes can cause sores.



Surgery

If casts and braces do not correct the problem, your child may need surgery. The surgeon will make tight tendons longer and may move tendons and bones to a better position. With the Ponseti method, few children need surgery.

After surgery, your child may stay in the hospital for 1–2 days. They will probably have a cast for 3 months after surgery.

To care for your child’s foot after surgery:

- Keep their foot or feet elevated and use ice packs to reduce any swelling.
- Make sure your child’s toes are pink and warm. This means blood is reaching the toes and the cast is not too tight. See if your child has feeling in their toes.
- Watch for signs of infection, including fever, more foot soreness, or a foul smell coming from the cast.

Even after surgery, the calf and foot on the clubfoot side may be smaller; this may last into adulthood. Clubfoot surgery is different for each child. Some children need more treatment as they grow. As your child’s foot gets better, it may be a little weaker than the other foot. Your child will continue to see their doctor or physical therapist to strengthen the weak foot.

What happens after my child’s clubfoot treatment?

No matter what treatment your child receives, they will probably need to wear a foot brace or splint for a year or more after treatment. This prevents the muscles from going back to the clubfoot position. Your child’s healthcare provider will teach you how to put the brace on and how long to keep it on. Most children grow up to wear shoes normally.

Will my child’s clubfoot ever be a normal foot?

Your child’s clubfoot will usually be a little bit (1 shoe size or less) smaller than a normal foot. If they had surgery, your child may not be able to move the back of their foot as well. Their calf above the clubfoot will also be smaller than a normal calf. However, if your child has two clubfeet, these differences may be less noticeable.

When should I call my child’s healthcare provider?

Call your child’s healthcare provider if:

- Your child’s cast or brace is too tight (toes feel cold or look blue).
- You notice signs of infection.
- Your child is in extreme pain even though they are taking pain medicine after surgery.

Notes

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