



Clubfoot

What is clubfoot?

Clubfoot (congenital talipes equinovarus) is a deformity that is present at birth in about one in every 1,000 children. It occurs in males more often than females, can affect one or both feet and can be mild or severe.

The feet of an infant with clubfoot point down and inward. It is not painful but must be corrected to avoid a lifetime of disability.

Parents can be assured that, in most cases, clubfoot can be effectively treated if it is undertaken as early as possible.



How is clubfoot treated?

Babies are generally treated with non-surgical approaches. Most involve some form of manipulation, casts, taping and splinting. These approaches have greatly reduced the need for major surgical repairs which were often associated with long-term complications such as foot and ankle pain and stiffness. A baby with clubfoot should be treated by a surgeon who is experienced in dealing with clubfoot and can discuss the various treatment options with parents.

The most common approach for treating clubfoot in the United States uses manipulation and casting, which usually corrects clubfoot in 2 to 3 months. Ideally, treatment should begin in the first few weeks of life. At this age, the ligaments and tendons in the foot are very flexible and respond well to treatment. Studies suggest that this approach also can be successful in treating children older than 1 year with uncorrected clubfoot.

The doctor gently manipulates the baby's foot and then puts it in a plaster cast to hold it in the corrected position. The cast extends from the upper thigh down to the toes. Every 5 to 7 days, the doctor takes off the cast, manipulates the foot and puts on a new cast. Each manipulation and casting brings the foot closer to a normal position. Several casts usually are needed to correct the clubfoot. Often children need to wear a brace for several months after treatment is completed to assure that the foot remains in good position.

Another treatment approach is to have a physical therapist and the family manipulate the baby's foot daily for 2 months, then less frequently until 6 months of age. After each session, the baby's foot is taped to hold the correction in place. When the physical therapy is completed, the baby wears splints at night until walking age. Some providers combine elements of both approaches.

With early expert treatment, most children with even severe clubfoot can grow up to wear regular shoes, take part in sports and lead full active lives. However, the affected foot is generally 1 to 1½ shoe sizes smaller than the unaffected one and the calf appears slightly thinner. The differences are minimal and have no impact on function.

GETTING PEOPLE BACK ON THEIR FEET SINCE 1983