

FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form.

Congenital Talipes Equinovarus (Club foot)

You may have had a pregnancy scan recently which shows that your baby has a club foot or feet. Or maybe your baby was born with club feet.

There are knowledgeable, compassionate and experienced experts who will guide you through the process of correcting your precious baby's foot or feet. Together, we will do our best to make sure your baby has a full and active life as your baby grows.

What is Congenital Talipes Equinovarus (CTEV)?

Congenital means present at birth.

Talipes refers to the foot and ankle.

Equinovarus refers to the position of the foot - pointing down and turning inwards.

Congenital Talipes Equinovarus is sometimes referred to as club foot. Club foot occurs in less than 0.5% of births. It is more common in boys than girls. In half of the babies with club foot, both feet are affected. The feet need to be corrected; they won't correct on their own.

Club foot is a very treatable condition. The treatment will not stop your child from developing normally. They will roll, sit, crawl, walk and run at typical stages.

What causes club foot?

It is not clear what causes club foot. It may be due to an abnormality in the development of the soft tissues and bones of the ankle and foot. Club feet are more common in some families or cultural groups. It is likely that there is a genetic component. However, this has not yet been proven.

How is club foot diagnosed?

About 50% of cases can be detected by ultrasound before birth. This is most commonly at the 18-20 week scan.

Club foot usually occurs in isolation. However, there is a very small chance that it could occur along with other medical or physical conditions. An additional ultrasound at a specialist ultrasound clinic is used to rule out any other issues of concern.

How will club foot affect the pregnancy and birth?

Further assessments are not necessary during pregnancy. You can enjoy a normal pregnancy and birth. Your baby is not in pain and will be delivered without special requirements. You will be able to hold your baby as usual afterwards. After your baby is born, a paediatrician will examine their foot/feet.

What treatment will my newborn baby need?

All babies born with club foot need treatment. They should be referred to a paediatric orthopaedic surgeon and a specialist physiotherapy clinic. You should try to arrange the first appointment as soon as possible. However, treatment does not need to start immediately after your baby is born. It is fine to wait until they are a couple of weeks old and hopefully settled into a routine at home.

What is the treatment for club foot?

The Ponseti Method

The Ponseti Method is a program of treatment which starts with a series of plaster casts. These extend from the toes to the groin and are changed weekly. The foot position is gradually improved and corrected with each cast. This is not painful for your child.

Casting continues for about 6 weeks and will be done by a hospital physiotherapist. Usually, getting the foot/feet to the final correct position is done by a small surgical procedure to release the Achilles tendon (heel cord). After this procedure, a cast is applied and left in place for 3 weeks.

When this cast is removed, your baby will be fitted with a pair of boots joined together with a bar. This 'boots and bar' set is worn 23 hours per day for the next 12 weeks. After this they are worn 12-16 hours per day mostly while asleep at night until 4 years of age. This bracing is needed to keep the foot/feet in the correct position. This might seem like an onerous task now, but it is an investment in your child's future. The Ponseti Method is proven to deliver excellent results.

The below images show some of the stages of club foot treatment using the Ponseti method. This includes a baby with club feet, casting, wearing the boots and bar, leading to maintenance of feet in the correct position.



Will my child be able to walk normally after treatment?

Yes. Children successfully treated using casting, Achilles tendon releases, and boots and bar bracing achieve typical developmental milestones. They have pain-free, functional feet that let them take part in all physical activities that they want to do.

Ongoing management

Your child should have regular reviews until they stop growing to make sure the foot/feet remain in the

corrected position and are moving properly. Sometimes they may need further treatment as they grow.

Where to find us?

Your child will be referred to the hospital that serves your local area. Extra support is also available from the specialty club foot services at the three children's hospitals. To contact the Physiotherapy department you can call:

The Children's Hospital at Westmead on (02) 9845 3369

Sydney Children's Hospital, Randwick on (02) 9382 1050

John Hunter Children's Hospital, Newcastle on (02) 4921 3700

The physiotherapists at your local hospital or at one of the three hospitals will be happy to answer any questions or concerns you may have about Congenital Talipes Equinovarus and the treatment program. A prenatal appointment with one of club foot services can also be organised for you.

Further information

www.schn.health.nsw.gov.au/find-a-service/health-medical-services/clubfoot

www.AussieClubFootKids.org

www.ponseti.info

www.uk.cure.org/clubfoot/

This information is meant to be a helpful, informative introduction which will be followed by a consultation.