

“Clubfoot” is a foot that points downward, the toes turn inward, and the soles of the feet face one another. A clubfoot sometimes occurs along with other orthopedic and non-orthopedic birth problems, but often is the only problem that your a child may have. It is the most common deformity of the bones and joints in newborns.

In a true clubfoot, the foot is stiff and will not move easily out of this position. The first approach to treating a clubfoot is casting the foot for several months. Depending on the success of casting, bracing alone or bracing with surgery may be recommended.

About 1 in every 1,000 babies born in the United States has a clubfoot. Twice as many boys as girls have this condition. If one or more family members have a club foot, then the chances are higher that the baby may have one also. If a couple already has one child with a clubfoot, then the chances of having another child with the same condition are about 2 in 100.



CAUSES AND RISK FACTORS

No one really knows what causes clubfoot but there are several ideas that might explain what happens.

- Pressure on the baby's foot in the mother's womb.
- Muscles in the foot don't form equally, and the stronger muscles pull the foot inwards and downwards.
- Clubfeet that run in families are part of the genetic material.
- Clubfeet can be caused by syndromes, neurological conditions and spine problems.

The foot is not the only problem in clubfoot. The lower leg muscles are smaller. The joints at the ankle are not normal and do not move as much as a normal ankle. The clubfoot is usually smaller and may require a smaller shoe than the normal foot. The foot and leg will be smaller than expected no matter what treatment occurs for the clubfoot.

DIAGNOSIS AND TESTS

X-rays are not needed to evaluate and diagnose clubfoot. It is diagnosed by a clinical exam at birth.

Clubfoot can be detected on a prenatal ultrasound. A consultation with an orthopedic physician may be recommended.

TREATMENT AND CARE

Soon after birth, your baby's foot is gently stretched and then put into a cast. The cast is above the knee because a short cast will not correct the problem. Although your baby may cry when the foot is being stretched for the cast, they he should be comfortable after it is on. The cast is changed every 1 to 2 weeks until the foot is in a corrected position.

After casting, an additional procedure may be considered if any of the following occur:

- The bones are not correcting
- The heel can't be brought down
- The clubfoot reappears after casting

The procedure for infants generally is a heel cord release, or Achilles tendon release, to bring the foot up. Older children can require other procedures, such as tendon lengthening or transfers to correct different problems.

If the foot is corrected, your baby is placed in braces and a metal bar with shoes on it to hold the correction. It has been proven that the results of treatment are better in children who wear the braces as directed until the age of 4.

LIVING AND MANAGING

Children that do not have a syndrome or neurological cause for their clubfeet will be able to walk, even if the clubfeet are not corrected.



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