

Clubfoot

Introduction:

Clubfoot (talipes equinovarus – TEV) is one of the major orthopedic conditions of childhood. One of the most common of all birth defects, clubfoot affects about 1 in 400 babies born in the United States each year. Boys are affected twice as often as girls.

Causes:

The exact cause of clubfoot remains unclear. In the past, some thought that the baby's feet were twisted because of the way the baby was positioned in the uterus. This is true only in rare cases that are flexible and easily corrected.



Clubfoot is likely caused by a combination of hereditary and other factors that affect growth before the baby is born. Since the cause is unknown, parents should not worry or feel guilty that something that occurred during pregnancy somehow caused the clubfoot. There is no evidence to support this theory.



Although most children with clubfoot are otherwise normal, occasionally they have other orthopedic conditions such as a hip disorder. Clearly most children with clubfoot are otherwise completely normal and once the foot has been corrected can live a healthy, normal life.

Examination:

Clubfoot can be mild or severe, and can occur in one or both feet. In clubfoot the foot is twisted inward and downward. If both feet have the problem, the toes point toward each other instead of straight ahead. The heel cord is tight, making it impossible to bring the foot up to a normal position without cast correction or surgery.

Untreated clubfoot is not painful and does not bother the baby until he or she begins to stand or walk. Since the foot is twisted, the foot and ankle cannot move normally for walking.



If both feet are affected, the untreated child walks on the balls of the feet or, if the feet are badly twisted, on the sides or even the top part of the feet instead of on the soles. Left untreated, a child would not walk normally or be able to wear normal shoes.

Treatment:

Treatment for clubfoot is started soon after birth, preferably during the first week of life. The goal is to correct the twisted foot gradually and gently into a more normal position. This is achieved by a series of corrective casts. After serial cast treatment, many children require heel cord lengthening surgery to complete the correction. This is usually done when the child is a few months of age.

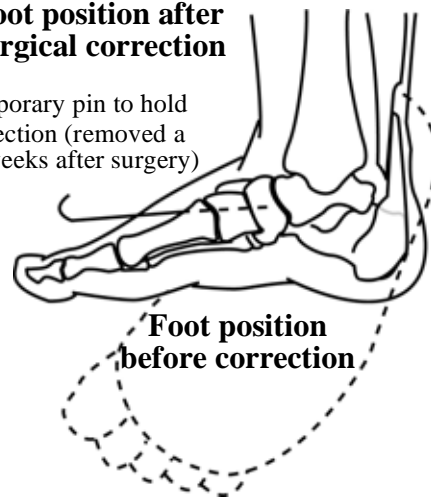


Surgical Correction:

In more severe cases, a more complete operation (posteromedial release) is required and is most commonly performed from age 4-12 months. Because clubfoot is a serious orthopedic condition, some children will require additional foot operations as they grow.

Foot position after surgical correction

Temporary pin to hold correction (removed a few weeks after surgery)



Summary:

Clubfoot is a relatively common childhood condition that requires vigorous orthopedic treatment. With expert early treatment, a clubfoot patient will wear regular shoes, take part in sports, and lead a full, active life. Parents who have a child with clubfoot should find an orthopedic surgeon who is an expert in its treatment and work closely with them to provide the best possible result for their child.