



**Vasu Pai MS, MCh, FRACS**

## CLUBFOOT

Parents know immediately if their newborn has a clubfoot.  
A clubfoot occurs in approximately one in every 1000 births  
More common with boys than girls  
One or both feet may be affected.  
It is more common among pacific islanders.  
Initial treatment is casting and some needs surgical correction

### Symptoms

The appearance is unmistakable: the foot is turned to the side  
The involved foot, calf and leg are smaller and shorter than  
the normal side.

It is not a painful condition.

But if it is not treated, clubfoot will lead to significant  
discomfort and disability by the teenage years.



### Risk Factors / Prevention

Genetic: It can occur in some families with previous clubfeet.

In fact, your baby's chance of having a clubfoot is twice as likely if you, your spouse or your other  
children also have it.

Less severe infant foot problems are common and are often incorrectly called clubfoot.

### Treatment Options

#### 1. Stretching and casting.

Treatment should begin right away to have the best chance for a successful outcome without the need  
for surgery.

Over the past 5 to 10 years, more and more success has been achieved in correcting clubfeet without  
the need for surgery.. A particular method of stretching and casting, known as the Ponsetti method, has  
been responsible for this. With this method, the doctor changes the cast every week for several weeks,  
always stretching the foot toward the correct position.

**2. Surgery if needed.** In 60% of cases, stretching, casting and bracing are not enough to correct your  
baby's clubfoot. A minimal surgery to release achilles tendon is required.

In 10 to 15% more extensive surgery is require. Here: the tendons, ligaments and joints in the  
foot/ankle of the foot are released under general anaesthesia.

Usually done at 9 to 12 months of age

After surgery, a cast holds the clubfoot for 3 months.

Aspecial shoes or braces will likely be used for up to a year or more after surgery.

Without any treatment, your child's clubfoot will result in severe functional disability. With treatment,  
your child should have a nearly normal foot.

The corrected clubfoot will still not be perfect, however. You should expect it to stay 1 to 1 1/2 sizes smaller and somewhat less mobile than the normal foot. The calf muscles in your child's clubfoot leg will also stay smaller

Even after good correction, there is a possibility of recurrence of deformity. When it happens, requires re-operation.