

# **Orthopaedic Connection**

## **Clubfoot**

By Thomas J. Haverbush, M.D.  
Orthopaedic Surgeon

### ***Transforming patient information into patient understanding.***

Clubfoot has to be one of the most discouraging conditions I see as an Orthopaedic Surgeon. I am called to the newborn nursery to find a little newborn with this very serious, classic Orthopaedic problem.

#### **What Is It**

As with so many medical conditions people have at least heard the term, but don't actually understand what it is.

The foot is pointed down at the ankle, the foot and heel are tilted inward, the arch is high and the outer part of the foot is twisted in.

What's worse is that these positions of the foot are rigid.

Most children are otherwise normal.

#### **Cause**

I wish we knew. It can be part of a neuromuscular problem, but most of the time there is no apparent cause. It often affects both feet.

It happens twice as often in boys. If a parent has it, children have a higher chance of being affected.

#### **Symptoms**

All four components of the deformity are present to some degree. But different aspects may be present to a greater or lesser degree. If for some reason the condition is not treated, the child walks on the top and lateral or outer aspect of the foot. The child's walk is very awkward as you might expect.

A foot that can be placed in a normal position by manipulation is not a clubfoot. This flexible condition is due to intra-uterine molding and usually resolves without therapy.

#### **Tests**

In the examination I try to rule out neuromuscular conditions that could also be present. X-rays can be helpful in trying to determine how rigid the deformity is.

#### **Treatment**

Manipulation and casting should be started immediately in the newborn nursery.

Two to four months of treatment, changing the cast weekly is required. Then splinting is required for many months to minimize recurrence of deformity.

Surgery is required after 3 to 4 months of treatment if the deformity is not being corrected by the manipulation and casting.

Surgery releases contracted ligaments and tendons so the bones can be in more normal position for development. Casting is required after surgery.

Sadly, recurrence can occur after conservative or surgical treatment.

#### **Outcome**

Untreated, there is a severe disability that makes wearing a shoe and even walking difficult. There is a severe psychological aspect also. Treatment if successful results in a foot with a good weight bearing position that allows running and play without pain.

However, even with successful treatment the foot (or feet if both are affected) is not normal.

- Affected foot is smaller and less mobile.
- Foot can be 1 – 1 ½ shoe size smaller.
- Calf muscles are smaller.
- Affected leg is more slender.

*My patients put their trust in me and what I do improves the quality of their lives.*

### **Office Website and Gratiot County Herald Archive**

What if there was a whole world of musculoskeletal information at one place? There is!

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) opens up for you the office website, Your Orthopaedic Connection and the Archive of all previous GCH articles I have written for you, your family and friends.

Please check it out. Do yourself a favor.

Be well.

Dr. Haverbush