



PODIATRY

Footscope

A foot health message from
Proactive Podiatry

Clubfoot



Clubfoot is an inherited condition that affects the feet. The condition is usually diagnosed either at birth or in the weeks following birth and is easily recognisable due to the unusual shape of the foot. Clubfoot is named for the shape made by the foot as it is misaligned and twisted inwards in the shape of a club. The foot is contorted out of position because the tendons are shorter than they should be, reducing the flexibility in the foot and forcing it to twist. Clubfoot varies in severity, with severe clubfoot showing in both feet and with the feet twisted to such a degree that the foot can look as though it is upside down.

The cause of clubfoot is unknown, however risk of clubfoot is increased if parents or siblings have been diagnosed with the condition, and boys are more likely to be born with clubfoot than girls. Environmental factors, such as smoking or taking drugs during pregnancy can increase the chances of developing clubfoot, with a combination of family history and smoking making a child 20 times more likely to be born with the condition. Clubfoot can be seen alongside other congenital skeletal disorders, such as spina bifida, although the condition has no direct link to other disorders.

Children born with clubfoot are generally otherwise healthy and clubfoot does not cause any pain to the child. The main problems associated with clubfoot include reduced mobility if the problem isn't treated effectively, and associated self-esteem and image-related problems as a child grows up without the ability to walk normally. If left untreated, clubfoot will become a concern when the child begins to walk as the deformity will affect stability and the child will compensate by walking on the sides or balls of the feet. This changed walking pattern can impact on other parts of the body and cause more serious problems for the feet, knees, hips and spine, aside from the obvious issues of not being able to walk normally.

Treatment to correct clubfoot is usually started as soon as possible after birth. The most common course of treatment for clubfoot is a therapy known as the Ponseti method. The Ponseti method involves massaging the foot and gently moving it into the correct position, with a cast set to hold the foot in place. The cast is taken off and the foot is adjusted and a new cast is set every week for up to 8 weeks until the foot has adjusted to the correct position. After the last cast is removed, a small operation is usually performed to lengthen the Achilles tendon and allow the foot more flexibility. After this 8-week period of initial treatment by a medical professional, at-home care involving stretching and strengthening exercises along with custom-made shoes and braces to keep the foot in alignment, will be necessary to keep the foot in the new position and to prevent recurrence. At-home care is usually needed for up to 3 years to ensure that the foot is kept in position while the child learns to walk and as the main bones of the foot are forming. If clubfoot is treated early, children will usually be able to walk, run and play without difficulty.



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