Let's Talk ABOUT...

Club foot is a when parts of the ankle or foot are not positioned correctly. One or both feet can be involved. Club foot is one of the most common birth defects. It happens to about 9,000 babies a year in the United States. It happens while the baby is developing in the womb pregnancy, but we do not know why it happens. Club foot runs in families, and boys have it more than girls. Children with other problems, like spina bifida, have club foot more often than other children.

Club foot is different than pigeon toes (also called intoeing). Intoeing is very common. A twist in the feet, calves, or hips can cause intoeing. Most of the time, intoeing corrects itself without treatment.

How does the doctor treat club foot?

A club foot can be treated two different ways: casting and surgery. The first step is "serial casting." Doctors and health care workers manipulate the foot (move it around) and put it in a cast in a more correct position. The doctor or other health care worker will probably change your child's cast every one to two weeks. This is so your baby's foot can be moved into the right position and grow properly. If casts do not correct the problem, your child may need surgery.

In surgery, tight tendons are made longer and bones may be moved to a better position. This surgery usually happens when the child is about 9 months old. Your child will probably have a cast for three months after surgery. Even after surgery, the calf and foot on the club foot side may be smaller than the other side. This may last into adulthood. Club foot surgery is different for each child. Some children need more treatment as they grow.

No matter what the treatment, your child will probably need to wear a foot brace or splint for a

Club foot



year or more after treatment. This prevents the muscles from going back to the club foot position. Your doctor or health care worker will teach you how to put the brace on and how long to keep it on.

Your child may stay in the hospital for one to two days after surgery. He may start to drink soon after surgery. He will probably be able to eat his normal diet within a day. Complications are very rare. Complications are related to infection in the stitches or problems with the cast. As your child's foot gets better it will be a little weaker than the other foot. Your child will continue to see the doctor or physical therapist to strengthen the weak foot. Most children grow up to wear shoes normally.

How do you care for my child after club foot surgery?

You can help your child by following these steps:

- **1.** Keep your child's foot (or feet) elevated and uses ice packs to reduce any swelling.
- **2.** Use pain medicine only in the way your doctor explains them to you.

- **3.** Check your child's toes to see if they are pink and warm. This means the cast is not too tight and blood is reaching the toes. Also, check to see that your child has feeling in his toes.
- **4.** Watch for signs of infection: fever, increased soreness in the foot, or a foul odor coming from the cast.

Call your doctor if...

- Your child's cast is too tight (toes feel cold or look blue).
- You notice signs of infection (see no. 4 above).
- Your child is in extreme pain even though he is taking his pain medicine.

