

Infant foot deformities

Parent guide

Pediatric Rehabilitation



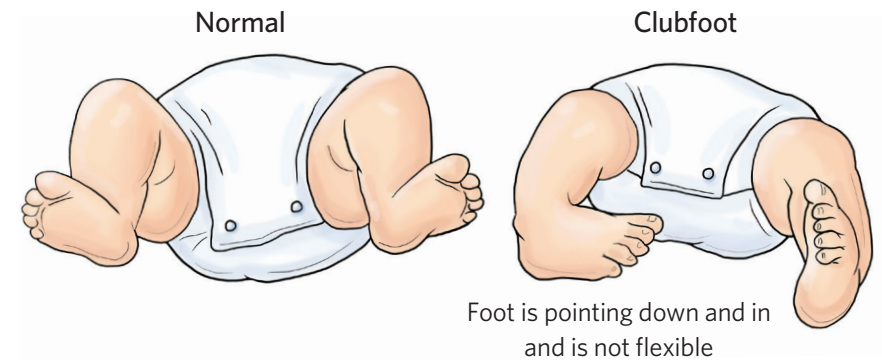
Resource introduction

This resource is to be used by parents and caregivers of your baby.

Having knowledge of your baby and his or her development, the signs to look for, services your care team can provide, and how to continue to find resources can help to improve baby development and family relationships. This resource will cover topics including keywords that you may hear during your baby's care; and services and resources in the community.

All newborns have some characteristics that may seem odd, especially to new parents. In the following pages, you will find information on some things that you may notice in your baby's appearance. Please see a member of our childbirth team if you have any questions.

Understanding clubfoot



Clubfoot is a common type of birth defect that affects muscles and bones in the feet. Instead of being straight, a clubfoot points down and turns in. This twisting causes the toes to point toward the opposite leg. A baby can be born with the defect in one or both feet.

A clubfoot isn't painful to the baby and won't cause immediate problems for the growing and developing child until he or she begins to bear weight on his or her feet. If left untreated, a clubfoot can impact balance and posture related to standing and walking. It is very important to initiate correction as soon as possible after your baby is born, usually within two weeks after birth when their feet and ankles are at the earliest possible stage of development.

Signs to look for

- A heel that is turned in
- Deep heel crease; soft, puffy heel pad; wide front foot area and overall smaller foot
- Stiff, rigid, foot of varying degrees
- Tight heel cord (Achilles tendon) with foot pointing downward

What causes clubfoot?

Doctors often don't know what causes a baby's clubfoot. It's more common in boys, and can run in families. A baby with clubfoot usually has no other medical problems. Clubfoot is usually found on an ultrasound around the 20th week of pregnancy. If not, it's diagnosed when a baby is born. It cannot be predicted or prevented. However, treatment can help your baby.

Types of clubfoot

Postural or positional - The baby does not have any bony abnormality at birth. This often corrects with conservative treatment; however, if the condition is not appropriately treated with exercise, splinting, and/or taping, deformities may develop.

Structural - The baby has abnormalities in bony structure and joint alignment which impacts the muscle and tendon function around the foot and ankle.



Varus

The foot generally turns inward.



Valgus

The foot rotates outward.



Equinus

The foot points downward.



Calcaneus

The foot points upward.



How is clubfoot treated?

A physical therapist will examine your baby's clubfoot to determine how much mobility your baby has at the foot and ankle when moved by the therapist (passive motion) and how much active movement your baby has out of the posture of deformity.

At that time, it will be determined whether your baby would benefit from a taping or splinting strategy on the foot and ankle while in the hospital to assist in movement toward normal alignment.

Either way, the therapist will show you how to massage and/or stretch your baby's foot appropriately in daily exercising. Use unscented baby lotion for massage techniques on your baby's body the first few months of life.

Once discharged from the hospital, it will be recommended that your baby follow up with a pediatric orthopedic doctor who specializes in clubfeet and outpatient physical therapy. If there is very little mobility to your baby's foot and ankle, the pediatric orthopedic doctor may recommend casting or surgical intervention.

You are a big part of helping your baby get better. The goal of clubfoot treatment is to correct the position of your baby's foot so that the bones, tendons and muscles of the foot can grow more normally.

Range of motion exercises

The following are methods of massage and stretching exercises that your physical therapist can demonstrate for you as well as identify the most appropriate for your baby.

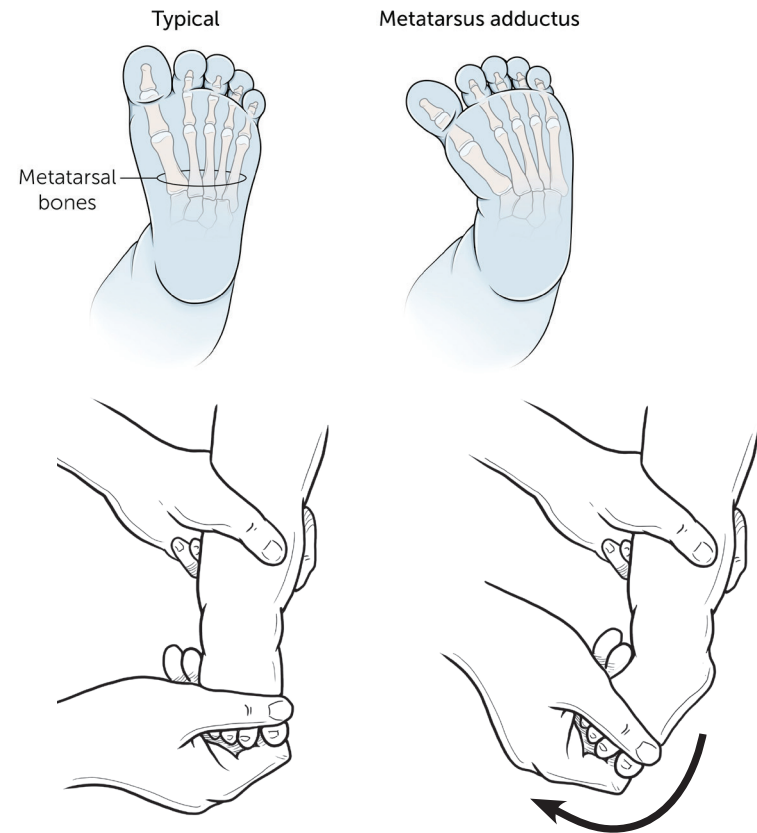
Foot manipulation



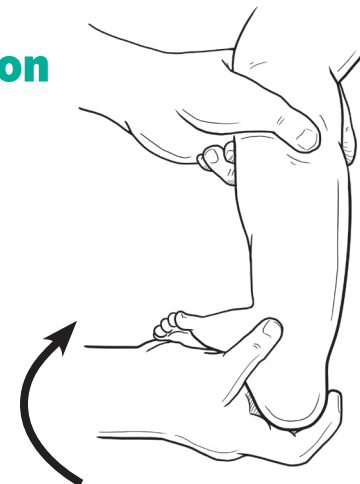
Hindfoot stretching



Midfoot and forefoot stretching

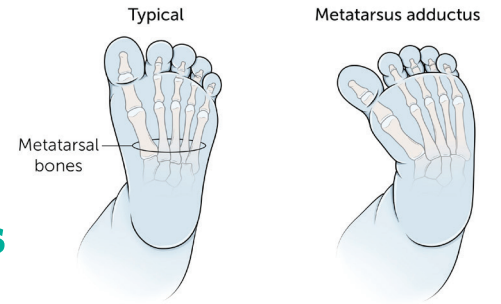


Dorsiflexion

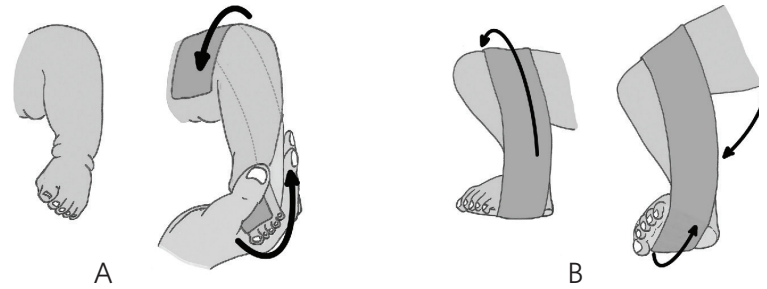




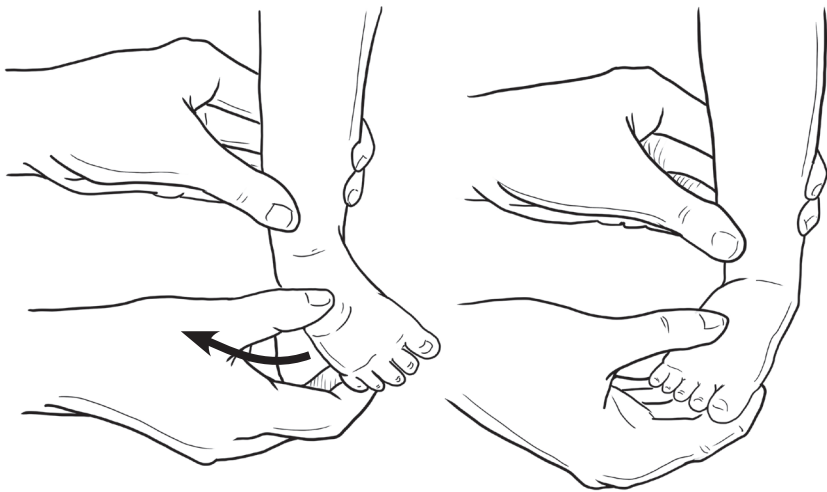
Metatarsus adductus and other positional foot deformities



Treatment strategies



Eversion





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