

## Common parental questions

Will my child have normal looking feet and function like other children.

Will the casting procedure cause any weakening of the leg and affect the growth of my child

Will my child be able to crawl, sit and walk in time due to the prolong splint wear.

Does my child need special shoes.

Splint wear is tedious, is there any other solution

Help line

[www.kidzorth.com](http://www.kidzorth.com)

[www.global-help.com](http://www.global-help.com)

  
Dr A R Bha.skar

FRCS(ORTH), FRCS, M.S., DNB, MCH (ORTH)  
FELLOWSHIP—PAEDIATRIC ORTHOPAEDICS  
HOSPITAL FOR SICK CHILDREN (TORONTO)

CEREBRAL PALSY & GAIT ANALYSIS  
GILLETTE'S CHILDREN HOSPITAL (USA)

Visiting Consultant

Dr L H Hiranandani Hospital: Wed (by appt)

Bombay Hospital, Marine Lines



### Clinic:

Children Orthopaedic Clinic  
Apt 003, Bldg No 18, Mhada  
Complex, Off New Link Road,  
Next to Tarapore Gardens,  
Oshiwara, Mumbai 53



**The Clubfoot  
Clinic: a  
comprehensive  
clinic for the  
care of clubfoot  
deformity.**

▶ Information for  
Physicians and  
Parents caring for  
the child

TEL: 98216 22992

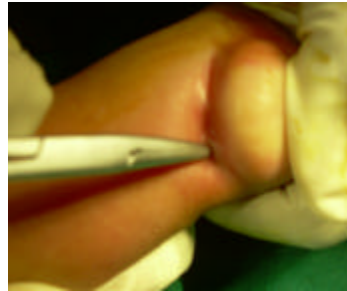
▶ **CTEV ( Congenital Talipes Equinovarus) or Clubfoot**



Rigid clubfoot deformity responds very well to cast treatment. The treatment begins soon after birth and usually 5—6 serial casts are required to correct the forefoot and midfoot deformity.

Hind foot deformity usually requires a heel cord lengthening .

Relapsed / Neglected clubfoot need extensive surgery to correct the foot deformity. This may lead to stiffness of foot although this rarely causes and functional disability.



**Tenotomy:**

About 60—70 % of the cases of idiopathic Club-foot need a heel cord tenotomy. This procedure is done under anesthesia as a day-care event. It entails a very small incision in the area of the heel cord after which a cast is applied for one month.

After the cast is removed the child is fitted with an Abduction Orthosis which is to be worn 22 hours per day for 3 months. After 3 months, a plastic AFO is used during day-time. Radiographs are usually done at 6 weeks of splint wear.

Regular follow-up ensures that your child gets the optimal results.



Correction after serial casting. Ankle Foot Orthosis (AFO) and Steenbeck splints are used to maintain the correction. This is later followed by walking shoes.

