

Name of Child: _____ Date: _____

Clubfoot Correction: Brace Care

Your baby's clubfoot has been treated with casts. After the last cast is taken off, your baby must wear a brace to keep the foot in its new position. This is called a **foot abduction brace**.

- After the last cast is taken off, your baby must wear the brace 23 hours a day for the first 3 months.
- For the next 3 to 4 years, your baby must wear the brace whenever he or she is sleeping.
- If your child does not wear the brace as you are told, the clubfoot tends to come back.



foot abduction brace

Will the brace hurt?

- The brace is not painful. It may be a little uncomfortable until your baby is used to wearing it.
- Even if your baby is very fussy wearing the new brace, you must keep using it.
- If you do not use the brace, the clubfoot will probably come back.
- It could take 2 to 3 days for your baby to get used to the brace. After that time, the baby should no longer be fussy because of the brace.

Will my baby be able to move normally in the brace?

The child can still learn to sit, crawl and walk while wearing the brace. After the first 3 months of full time wear, the brace is worn only at night time and for naps.

Will the brace keep my child's foot from turning back into a clubfoot?

8 out of 10 children who wear the brace as told will not need any more treatment.

How to put on the brace

- 1. Always put on cotton socks that cover all the places the shoes touch the baby's feet or legs.** If the baby's skin looks red or sore after removing the last cast, your baby can wear two pairs of socks for only the first two days in the brace. After two days, wear only 1 pair of socks.
- 2. Put the worst foot in first and the better one in second.** If your child is kicking a lot, it may be easier to put the better foot in first.
- 3. Hold the foot into the shoe and tighten the ankle strap.** The strap should hold the heel firmly in place. Do not mark the hole that you use, because the straps will stretch over time and you must tighten the strap as needed to keep the heel in place.
- 4. Check that the child's heel is in place.** Pull up and down on the lower leg. The toes should not move backwards and forward. If they do, tighten the strap.
- 5. Lace the shoes tightly, but do not cut off blood flow.** Check the toes the same way you did when the baby was in a cast.
- 6. Be sure all the baby's toes are out straight and that none are bent under.** It may be easier to see the baby's toes if you cut the toe part out of a pair of socks.
- 7. Every day, check the heels to make sure there are no blisters or red spots.** If you notice any bright red spots or blisters, call the clinic right away.

Brace Use Tips

- Play with your child in the brace.** Gently push and pull on the bar of the brace to teach your child how to bend and straighten his legs together in the brace.
- Make a routine around wearing the brace.** Children do better if you wear the

brace the same time every day. For nap and nighttime wear, put the brace on every time your baby goes to his or her sleeping spot. If you do this every time, the child will expect this and won't fuss as much.

- **Do not put lotion on red spots.** Lotion makes the problem worse. If the shoe is not tight enough, rubbing can cause red spots. Be sure the heel stays down in the shoe.

If you notice any bright red spots or blisters, call the clinic right away.

- **If your child continues to get out of the brace or the heel does not stay down in the shoe:**

- Tighten the strap by one more hole.

- Tighten the laces.

- Remove the tongue of the shoe.

- Lace the shoe from top to bottom so that the bow is by the toes.

- **Check the screws on the bar every week.** Tighten them if they are loose.

How often will I need to come back to clinic once my child has the brace?

- For the first two years, you will need to come to clinic to check the feet every 3 to 4 months.

- After that, you will come once a year, for 8 to 10 years, to be sure the foot stays in a good position.

What if my child's clubfoot comes back?

- If the clubfoot begins to come back in the first 2 to 3 years, we will start a stretching and casting program again.

- Sometimes the child needs another lengthening of the heel cord.

- Sometimes, after a child turns 2 years old, another operation is necessary. In this operation (called a tendon transfer) the attachment of a tendon is moved from the inside border of the foot to the center of the foot. This stops the tendon from pulling the foot inward.

What about severe cases of clubfoot?

5% to 10% of infants who are born with clubfoot have feet with stiff ligaments that do not respond to stretching and casting. If stretching and casting do not work, surgery will be needed to improve the foot position.

What is the future of the child born with clubfoot?

- Most children treated with the Ponseti Method will have a nearly normal foot.
- The treated foot may be slightly smaller than the normal foot. The calf muscles on the side of the clubfoot may be slightly smaller than the other calf muscles. The leg with the clubfoot may be slightly shorter than the other leg. These small differences do not usually cause problems.
- Children and adults whose clubfeet have been treated by the Ponseti Method may play sports like anyone else. Many excellent athletes have corrected clubfoot.

Now that you've read this:

- Tell your nurse or doctor why your child should wear the brace. (Check when done)
- Tell your nurse or doctor when your child should wear the brace. (Check when done)
- Tell your nurse or doctor what you should do if your child gets red marks on the foot from the brace. (Check when done)



- If you have any questions or concerns,
- call Karla Shapiro, LPN at 602-933-5252
 - email Dr. Lee Segal at lsegal@phoenixchildrens.com
 - email Paula Stufflebeam, PA at pstufflebeam@phoenixchildrens.com

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016
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866-933-6459
www.phoenixchildrens.com

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Thursday, December 22, 2011 • DRAFT to familyreview
#1200 • Written by Susal Segal, PT • Illustrated by Irene Takamizu



The Emily Center

Clubfoot Correction: Brace Care

Procedure/Treatment/Home Care
Este folleto se encuentra traducido al español.
Solicítelo al enfermero o médico.

Name of Health Care Provider: _____ Number: 1200
For office use: Date returned: _____ db nb

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No
easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No

Why or why not?

Would you do anything differently after reading
this handout? Yes No

If yes, what?

After reading this handout, do you have any
questions about the subject? Yes No

If yes, what?

Is there anything you don't like about the drawings?

Yes

No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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Thank you for helping us!