Tests and Treatments

Ponseti Method for Clubfoot

What is the Ponseti Technique?

The Ponseti method—widely used to treat clubfoot, which is a condition that affects foot shape and position—improves the appearance and function of the foot. Ignacio Ponseti, MD, an orthopedic surgeon, developed the method in the 1940s. It involves weekly foot manipulations and multiple plaster-cast applications, followed by diligent bracing.

The Ponseti method is usually a first treatment for clubfoot, because it can deliver excellent correction without surgery. Even if surgery for clubfoot becomes necessary, the Ponseti method is an effective way to begin improving the position and appearance of the foot.

Candidates for the Ponseti Method

If your infant or child has clubfoot, the Ponseti method might be part of your treatment plan. Or, if your child has a condition associated with clubfoot, such as:

- Arthrogryposis.
- Cerebral palsy.
- Developmental dysplasia of the hip (DDH).
- Skeletal dysplasias.
- Spina bifida.

The younger your child is when treatment begins, the better the results typically are.

What to Expect

The Ponseti method gradually corrects clubfoot through a series of foot manipulations and plaster-cast applications. Babies tolerate the treatment very well, with minimal discomfort. The duration of treatment is typically less than three months, even if your child also needs an outpatient procedure to lengthen the Achilles tendon. A four- to five-year maintenance phase follows treatment to prevent recurrence.

Manipulation and Casting

In the Ponseti method, a specialist gently exercises and stretches your child’s foot before applying a cast. The cast extends from the foot to the top of the thigh. The long cast helps control leg movement and hold the foot in the proper position. Casts are changed weekly for approximately six or seven weeks. Each cast straightens the foot a
little more. During treatment, your family should play with, carry and move your child as you normally would without the casts.

Achilles Tenotomy

Following casting, your child might still have an abnormally tight Achilles tendon. A pediatric orthopedic surgeon can correct this problem with a quick outpatient surgical procedure to lengthen the tendon. The procedure typically occurs through a small puncture under local anesthesia. After the surgeon lengthens the tendon, your child wears a final cast for about three weeks.

Maintenance

After removal of the final cast, your child wears sandals that hold the foot in the proper position. A metal bar attached to the bottom of each sandal keeps the foot turned out. If your child is an infant, they wear the sandals 23 hours a day for three months, then wear them whenever they sleep until they are about 4 or 5. All children who have clubfoot, regardless of treatment, will need this maintenance phase—which can involve splinting or bracing—to help prevent recurrence.

Treatment of Recurrence

Sometimes, clubfoot recurs. If this happens to your child, casting and lengthening of the Achilles tendon is repeated. Some children might need additional surgery when they are 2 to 4 years old. The initial condition of the foot and the presence of other underlying conditions can affect whether clubfoot recurs. A pediatric orthopedist monitors your child’s progress and addresses issues as soon as they’re noticeable.

How the Ponseti Method for Clubfoot Helps

The long-term goal of the Ponseti method—and related clubfoot treatment—is to correct clubfoot and maintain the correction. At Gillette Children’s Specialty Healthcare, we strive for the best possible alignment and range of motion of the foot to support your child’s growth and development.

In the vast majority of cases, the Ponseti method can successfully correct clubfoot. Studies show that kids treated with the Ponseti method have a more flexible foot and ankle than do those treated with only surgery. Long-term studies of the Ponseti method demonstrate that its benefits extend into adulthood.

The doctor who developed the method, Ignacio Ponseti, says, “The well-treated clubfoot is no [disability] and is fully compatible with a normal active life.”

Integrated Care

Proper treatment of clubfoot and related conditions requires a team approach. The skilled providers at Gillette treat more than 1,000 children who have clubfoot each year—and we specialize in using the Ponseti method before considering surgery.

When you come to Gillette, you’ll have access to an integrated team that will help you navigate the services you need. In addition to the Ponseti method, your child’s treatment plan might include working with specialists in:

- Assistive technology.
• Casting.
• Nursing.
• **Orthopedics.**
• **Rehabilitation therapies**

You’ll have a family-centered team that works closely with your primary care providers, teachers, and school or community therapists.

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