Steps is the national charity working for all those whose lives are affected by childhood lower limb conditions



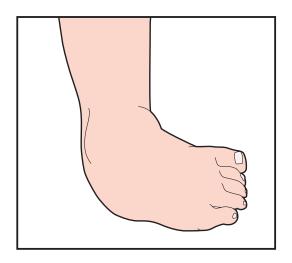
Fact Sheet



Positional Talipes/Positional Clubfoot

What is Positional Talipes/ Positional Clubfoot?

Positional Talipes Equinovarus is a common condition of the foot in new-born babies where a baby's foot turns inwards and downwards. The condition can also be known as Positional Talipes or Positional Clubfoot. Positional Talipes causes a noticeable difference in the way a baby holds their foot. However, the foot is not 'stuck' in this position and will have a full range of movement.



The condition is not caused by developmental issues and will not affect a child learning to walk normally. It is a condition that it is often normal and does not require treatment. Positional Talipes is not the same as Congenital Talipes Equinovarus (also known as CTEV or 'true' clubfoot) which requires treatment and monitoring in a child's early years. It is important to rule out an underlying structural problem and this can be done by visiting a doctor or a paediatric physiotherapist.

Why does it happen?

The condition is thought to be caused by the baby's position in the womb and is known as a 'packaging' disorder. Packaging disorders occur during pregnancy when the foetus is "packaged" too tightly within the uterus. As a baby grows, they will start to run out of space and sometimes the feet get a little squashed out of shape as a result. The foot (or feet) will have been resting in the womb in an awkward position and may become temporarily stuck this way. This will cause the muscles in the foot to appear tight when a baby is born and will give the foot it's unusual position.

Diagnosis

The condition is easy to spot when a baby is born and may have been picked up during routine antenatal scans. A gentle examination of the foot by an orthopaedic doctor soon after birth will confirm a diagnosis.



info@steps-charity.org.uk The National Charity for Lower Limb Conditions Registered Charity No. 1094343

Treatment

The affected foot (or feet) should be flexible and will naturally move out of this position as a baby moves about. Medical treatment is not usually needed, but it is possible that some gentle stretching exercises may be suggested by the hospital, if the affected foot feels a little tight. These exercises will be taught by the hospital staff and will need to be done little and often.

These exercises may help your baby's foot return to a 'normal' position more quickly. A baby with Positional Talipes will not always need to see a physiotherapist and a health visitor will monitor all aspects of a baby's progress, including their feet.

The hospital may suggest massaging the affected foot (or feet) with olive oil or baby lotion and, avoid clothes which restrict the feet too much. They may also suggest that you allow your baby some time out of their baby-gro or sleep suit, to let them kick freely.

When will treatment start?

Treatment in hospital is not needed for the condition and you will be taught how to gently massage your baby's feet before you go home.

How will this affect my child?

A baby will usually grow out of the condition in a few weeks and will not require follow up treatment. The feet can take up to 12 weeks to look completely 'normal'.

There will be no long-term effects on mobility or walking. If your baby's condition does not start to improve within around 8 weeks you should ask for advice from your GP or health visitor, as they may need to be examined again. Any further treatment will depend on your baby's individual condition.

Sources of support

Our helpline 01925 750271 is open from 9am until 5pm on weekdays, for any questions you may have about practical support.

Medical enquiries to be passed to our panel of NHS consultants. Email info@steps-charity.org.uk with a specific request or fill in a contact form on our website.

The Steps closed Facebook Group is a friendly and safe way of discussing your worries, sharing tips and finding emotional support. Our Family Contact service identifies someone else who has been through a similar situation and who's happy to talk about their experiences, on a one-to-one basis, to offer support.

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