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Clubfoot

Treatment Information for Parents and Caregivers



Saskatchewan
Health Authority



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Table of Contents

What is Clubfoot?	4
The Ponseti Method of Treating Clubfoot	5
Casting, What to Watch For	6
Achilles Tenotomy	7
Next Steps: Boots and Bar Brace	8
Boots and Bar Brace Instructions	9
Tips for Long-Term Success	10
Common Questions	11

What is Clubfoot?

Clubfoot is a condition present at birth that affects the muscles, ligaments and bones of the foot and ankle. This causes the ankle to rotate downward and the toes to point inward.

What Causes Clubfoot?

The cause is not exactly known but it is likely a genetic disorder and not caused by anything the parents did or did not do.

How Common is Clubfoot?

Clubfoot is the most common abnormality of the bones and joints in newborns. It occurs in roughly 1 baby per 1,000 births. It is twice as common in boys than in girls and can run in families.

When Should Treatment Begin?

Typically, infants are referred to the clubfoot clinic team at birth and are seen within the first few weeks of life. Treatment begins shortly after the first visit with the clubfoot team

How is Clubfoot Treated?

The clubfoot will not get better on its own, but it can be treated using the Ponseti Method. This involves a series of casts to gently stretch the muscles and ligaments and hold the foot in a certain position. Casting is followed by a brace to keep the foot from returning to the clubfoot position.

What is the Prognosis of Clubfoot?

With treatment using the Ponseti Method, most babies with clubfoot grow up with feet that look and work almost normally. If your baby has only one Clubfoot, that foot and calf may be smaller, but your child will grow to have strong healthy feet and will be able to live a normal, active lifestyle.

The Ponseti Method of Treating Clubfoot



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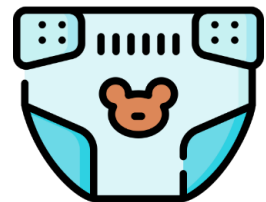
The Ponseti Method is the standard treatment used to correct clubfoot. It uses gentle stretching and a series of plaster casts to slowly move your baby's foot into the correct position. Each week, the foot is stretched and a new cast is put on to hold it in place. This method is gentle and is not painful for your baby.

Starting Treatment

- Treatment usually starts in the first few weeks of life
- Your baby will have weekly visits, where the doctor will gently stretch your baby's foot and ankle. The foot is then held in the correct position while a plaster cast is placed from the toes up to the upper thigh. Wearing the cast helps relax the tissues so the foot is ready for the next cast.
- Most babies need between 4 and 7 casts. The cast is changed every week. Slowly, the bones and joints in the foot and ankle move into the correct position.
- During casting, caregivers are welcome and encouraged to stay with baby. You may help comfort your baby by feeding or distracting them. Casting is not painful for your baby.

Cast Care at Home

- Keep the cast clean and dry: Sponge baths only.
 - Water under the cast can cause skin irritation or a rash.
- Change your baby's diaper often to help prevent leaks.
 - Keep the top of the cast outside the diaper.
 - If a small leak happens, gently wipe the cast and the skin around it.
 - Stains on the plaster are okay as long as it stays dry.
- If the cast becomes very dirty, contact the clubfoot nurse or clinic
- Do not put anything inside the cast. This can break the skin and cause infection.



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Casting, What to Watch For

Check Your Baby's Toes

- After the cast is on, take a photo of your baby's toes and notice where they sit in the cast.
- Check often to make sure the toes are still easy to see. If the toes start to move up into the cast, the foot may not be in the right position. This can cause pain or skin damage.
- To check blood flow, gently press on your baby's toes, then let go. The toes should turn white and then quickly turn pink again within a few seconds.
- If the toes feel cold or do not turn pink, lay your baby down and place their feet on a pillow so the feet are higher than the chest for 30 minutes. If the toes still do not improve, contact the clinic.

Watch for Other Changes

Watch your baby for signs of a problem with the cast, such as:

- Being more fussy than usual
- Changes to the skin
- A bad smell, especially near the edges of the cast.

If any of these happen, call the clubfoot nurse for advice. If it is outside regular business hours, soak the cast off at home. Contact the clubfoot clinic nurse when the clinic opens.

Soaking a Cast Off

Please arrive 30 minutes early for your appointment if the cast needs to be soaked off in clinic.

Plaster casts are soaked off either at home or in the clinic using a small tub of water.

Press gently on the cast to help water soak all the way through and to soften the plaster.

Once the cast is soft, it can be unwrapped and is removed.

You may then wash your baby before going into the clinic room for the next cast.



If you soak the cast off at home, do not pour the water down the drain.

The plaster can block your pipes.

Pour the plaster water outside or into a garbage bag instead.

Achilles Tenotomy

To finish correcting the foot, most babies need a small procedure called an Achilles tenotomy. The Achilles tendon is a cord that connects the calf muscle to the heel bone. In babies with clubfoot, the Achilles tendon is tight and stiff. When it is tight, it can limit ankle movement.



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During the procedure, the doctor makes a small cut in the tendon. This allows the ankle to move more freely. The procedure is usually done in the outpatient clinic. Local freezing is used, and your baby is awake. The cut is very small, and stitches are not needed. A small dressing is placed on the heel. After the procedure, your baby will be placed in a cast with the foot in the corrected position for 3 weeks. Most babies handle this procedure well.

While your baby is in the cast, the tendon heals in a stretched position. This helps the tendon become longer and more flexible. By the time the cast is removed, the tendon will be the correct length and strength.

Following the Procedure

- Your baby may be fussier than usual once the freezing wears off.
- Ask your clubfoot team about medications to help with baby's pain.
- A small amount of blood on the heel of the cast is normal; this happens because the cotton and plaster absorb moisture.

Call the Clinic Nurse or Go to the Emergency Department if:

- Your baby's toes feel cold and look pale and do not improve after putting socks on, or after propping the feet above heart level for 30 minutes.
- There is a bad smell or drainage coming from the cast.
- Your baby develops a fever without a clear cause

Next Steps: Boots and Bar Brace

Once the weekly casting has helped correct your child's foot, wearing the boots and bar brace is the final step to keep the correction. Even after the foot is fully corrected, clubfoot can sometimes return. This is called a relapse. Wearing the brace as instructed helps prevent relapse.

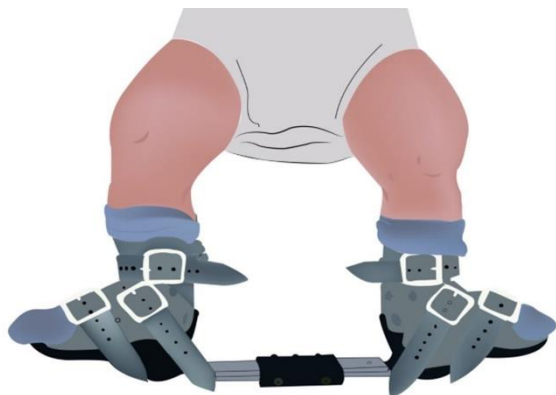
- The brace has two boots connected by a bar.
- The bar keeps the feet in the correct position, turned outward.
- The space between the heels of the boots will be about the same width as your child's shoulders.

Before Your First Boots and Bar Appointment

Before your clinic appointment for the boots and bar, you will soak off your child's cast at home.

Reminder: do not pour the bath water down the drain.

After removing the cast, SaskAbilities will provide you with the boots and bar. Bring the boots and bar with you to your clinic appointment, where the doctor will review them and make sure they fit your baby properly.



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When Is the Brace Worn?

For the first 3 months:

- the brace is worn 23 hours a day.
- One hour a day is allowed for bathing and diaper changes.

After 3 months:

- The brace is worn during sleep only, including night-time and naps.
- When your child no longer naps, the brace is worn at night only.
- Night-time bracing continues until your child is between 4 and 6 years old.

Boots and Bar Brace Instructions

Getting Used to the Brace

- The first few nights may be uncomfortable while your child adjusts to wearing the brace.
- Keeping the brace on as instructed is important.
- With time and consistency, most babies adjust well.

Why Wearing the Brace Is Important

- Once your child starts standing and walking, natural movement helps stretch the feet.
- Bracing is still needed during sleep because this is when the feet relax and most growth occurs.
- Wearing the brace as recommended helps prevent the foot from returning to its previous position.

Boots and Bar Instructions

- Use thin cotton socks that cover all areas where the boot touches your child's foot and ankle.
- Change socks often, especially if they become damp.
- If your child stays calm when putting the brace on, start with the more affected foot.
- If your child kicks a lot, start with the less affected foot. This helps the second foot slide into the boot more easily.
- Fasten the middle strap first and make sure it is snug.
- It is okay if the skin looks slightly red under the middle strap. This strap is important because it keeps the heel down in the boot.
- Check that your child's heel is all the way down in the boot by gently pulling up and down on the lower leg: If the toes move, the heel is not down. Tighten the strap and check again.
- You can also look through the small window at the back of the boot to check heel position.
- Make sure your child's toes are flat and straight, not curled under.
- When the boots are new, the leather may stretch. You may need to tighten the straps as this happens.

Tips for long-term Success

Tips for Brace Success

- **It is normal for your baby to be fussy for the first few days.** This is not because the brace causes pain, but because it feels new and different.
- **Play with your baby while they are wearing the brace.** Gently push and pull on the bar to show your baby they can still kick and move their legs.
- **Make wearing the brace part of your daily routine.** Children do better when things are predictable. During the years of night-time and nap wear, put the brace on every time your child goes to sleep. This can help reduce fussing.
- **Pad the bar if needed.** This can help protect your child, yourself, and your furniture if the bar is bumped during play.
- **Some redness around the middle strap is normal.** Bright red spots or blisters are not normal and may mean the straps are not tight enough, allowing the heel to move too much and rub.

If you notice bright red spots or blisters, contact the clinic nurse.

Long-term Monitoring

- Once your child is into nap and night-time boots and bar wear, clinic visits will be scheduled every 3 to 4 months for 2 years.
- Your doctor will decide how long the brace will be worn. This is different for each child and dependent on the severity of the clubfoot.
- At minimum, yearly visits will be scheduled for the next 8-10 years to check for relapse.

It is very important to keep your child in their boots and bar, it is the only successful method of preventing relapse. When used consistently bracing prevents relapse in 95% of patients!

Common Questions

What Happens if Clubfoot Comes Back?

Sometimes, clubfoot can return. This is called a relapse. If relapse happens, the most common treatment is weekly casting again to gently correct the foot. Some children may also need another tendon procedure, similar to what was done during infancy.

In a small number of children, relapse can happen even with proper bracing. In these cases, a different operation called a tendon transfer may be offered later in childhood (usually after age 5).

What is the future of a child with clubfoot?

Babies with clubfoot, treated with the Ponseti Method, grow up to have feet that look and work almost normally. If your baby has only one Clubfoot, the treated foot and calf may be smaller than the unaffected foot but your child will grow to have strong healthy feet and will be able to live a normal and active lifestyle.

Can My Child Play Sports?

Studies of people born with clubfeet have shown that, once corrected, children can live full, active lives and participate in sports like anyone else. There are even Olympic athletes with treated clubfoot!



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Healthy People, Healthy Saskatchewan

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PIER—Patient Information and Education Resource

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