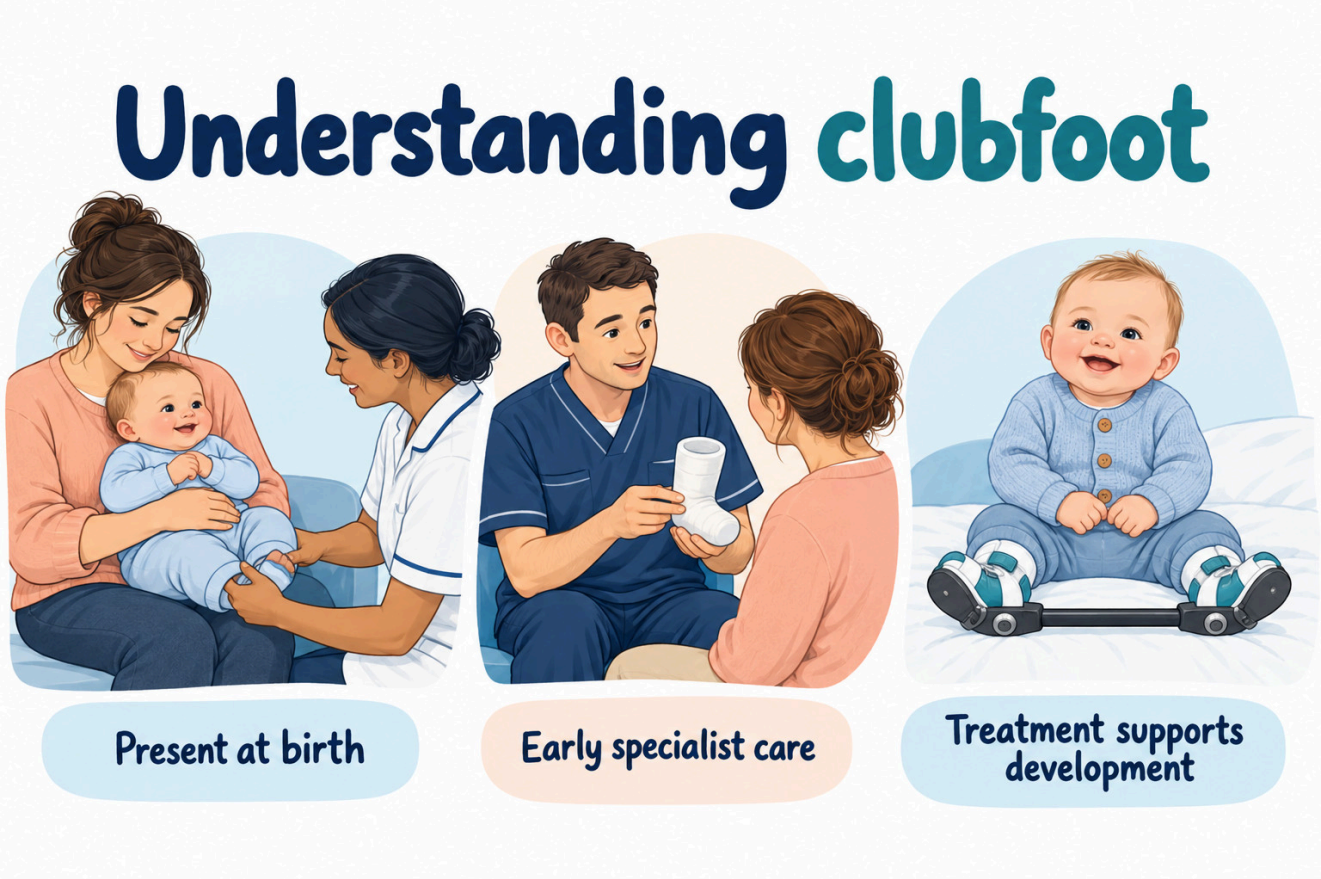
Clubfoot

Information for children, parents and carers

Clubfoot

A guide to symptoms, treatment and recovery



Understanding clubfoot

Clubfoot (congenital talipes equinovarus) is present at birth. One or both feet turn inwards and downwards. The foot may feel stiff, and the heel and calf on the affected side may be smaller.

Supporting your child

Early specialist treatment gives the best outcome. Most children treated successfully can walk, run and play normally. Regular reviews and the prescribed brace schedule are essential.

Symptoms and assessment

Understanding the cause and when to seek help

How common is it?

Clubfoot affects about 1 in 1,000 babies. Boys are affected more often than girls. It may affect one foot or both, and most cases occur without other conditions.

Why does it happen?

The exact cause is not fully understood. Genetic and environmental factors may contribute. It is not caused by anything parents did or did not do during pregnancy.

Signs and diagnosis

The foot points inward and downward, may be stiff and has a smaller heel. The calf may also be smaller. Diagnosis is usually made by examining the baby at birth; sometimes it is seen on prenatal ultrasound.

Why early treatment matters

Untreated clubfoot can cause lasting walking difficulties and pain. Early correction and ongoing brace care support good function as your child grows.

Your specialist team

The team explains the treatment plan, teaches cast and brace care and checks progress regularly. Ask for a demonstration if any part of home care is unclear.

Key message

Early specialist treatment gives the best outcome. Most children treated successfully can walk, run and play normally. Regular reviews and the prescribed brace schedule are essential.

Treatment and daily care

Activity guided by your child's healthcare team

Before starting activity

This is a treatment and care pathway, not a home stretching routine. Only carry out movements taught by your child's specialist team.



Activity guidance

Casts: the team gradually corrects position with gentle stretching.
Tendon release: a small Achilles procedure may be needed.
Bracing: boots and bar maintain correction after casting.
Reviews: follow the exact wear schedule and appointment plan.

Important precautions

Contact the team if a cast is wet, loose or damaged, toes become red, swollen or painful, or your child has difficulty moving the toes or foot. Do not adjust treatment yourself.

Treatment and next steps

Caring for your child and finding support

Ponseti treatment

Specialists gradually move the foot towards a corrected position using stretching and casts. Casts are changed regularly. Some babies need a small Achilles tendon release procedure; the team explains this if needed.

Boots and bar

After correction, a brace helps maintain the position. It is worn full-time at first, then at night for several years according to the team's instructions. Follow the individual schedule closely.

Home care and follow-up

Learn cast and brace care from your team, attend every review and encourage normal play when advised. Some children need ongoing monitoring or treatment adjustments as they grow.

Questions or concerns?

Contact your team for a wet, damaged or loose cast; redness, swelling or pain in the toes; or difficulty moving the toes or foot. With early care, most children have excellent outcomes.

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