



Clubfoot cast instructions

Your child's foot is being placed in a cast to begin to correct the turning of his/her foot and to prevent future deformity.

Treatment consists of gently massaging and manipulating the clubfoot to stretch the contracted tissues. A cast is then applied to maintain this correction. After the foot has been in this position for approximately seven days, the muscles and ligaments will stretch enough to make further correction possible. The cast is removed and the same process of gentle massaging and manipulation is repeated at one-week intervals for approximately six weeks or until your doctor feels adequate correction has been achieved.

In approximately 80-percent of clubfoot patients, the Achilles tendon must be cut before the application of the last plaster cast. This procedure, called a tenotomy, is completed under local anesthesia with a very thin scalpel. A few drops of blood usually stain the back of the cast to the size of a quarter. The tendon will heal and reattach within two to three weeks.

After the cast application:

The first 24 hours after the cast is applied your child may be restless but he/she should be comfortable after that time. Please perform the following:

1. Check the circulation in the foot every hour for the first 12 hours after the application, and then four times a day. Pinch the toes and watch the return flow of blood to the area. If the foot has proper blood flow, the toes will turn white and then quickly return to pink – a process called blanching. If the toes are dark and cold and do not blanch (turn white to pink), the cast may be too tight. If this occurs call us at (970) 351-0900.
2. The top of the toes should be exposed. If you cannot see the toes, it may mean that the cast has slipped and correct reduction is not being maintained.
3. Keep the cast clean and dry. The cast may be wiped with a slightly dampened cloth if it becomes soiled.
4. The wet cast should be placed on a pillow or a soft pad (hard surfaces may dent the wet plaster). Whenever your child is on his/her back, place a pillow under the cast to elevate the leg so the heel extends just beyond the pillow. This prevents pressure on the heels, which could cause a sore.
5. Use disposable diapers and change the child often to prevent the cast from soiling. Apply the diaper above the top of the cast to prevent urine/stool from getting inside the cast. Diapers with elasticized legs work well.

Notify your doctor if you notice any of the following:

- Any drainage on the cast
- Any foul smelling odor coming from inside the cast

- If the skin at the edge of the cast becomes very red, sore, or irritated
- If your child runs a fever of 38.5° C/101.3° F or higher without an explainable reason, such as a cold or virus

Cast removal

A new cast will be applied every seven to 10 days. Please remove the cast at home before coming to the office for your visit to be re-casted.

1. Soak the cast in warm water and vinegar, and make sure that the water gets inside the cast as well as on the outside. The more vinegar added to the water, the faster the plaster will soften.
2. Allow approximately one-half hour to soak the cast. If your child is a newborn, keep an eye on the water level in the sink or tub and be sure not to get the umbilical cord wet.
3. Once the cast is soft you can grab the end of the plaster and unroll it around the child's leg, or remove the cast with utility scissors. If you have any questions during the cast removal process, call us at (970) 351-0900 for further assistance.

To prevent relapse, your child will be fitted with a Dennis-Browne splint (shoes attached to a metal bar) following removal of the last cast. The splint must be worn 23 hours a day for two months, and thereafter, at night and during naps for an additional two to four years. Your child may be uncomfortable on his/her first and second nights of wearing the splint, but do not remove the splint. After the second night, your child will adapt to the splint. Relapse will almost invariably occur if the splint is not worn as prescribed. When the splint is removed, ordinary shoes can be worn. Yearly visits will be scheduled for the next three to four years to check for possible relapses.