

correction until normal muscle balance is regained, and (3) follow-up observation to avert possible recurrence of the deformity. Some feet respond to treatment readily; some respond only to prolonged, vigorous, and sustained efforts; and the improvement in others remains disappointing even with maximal effort.

Recommended treatment of clubfoot is with the use of the Ponseti method. Serial casting is begun shortly after birth. Weekly gentle manipulation and stretching of the foot along with placement of serial long-leg casts allow for gradual improvement in the alignment of the foot ([Fig. 29-18](#)). The extremity or extremities are casted until maximum correction is achieved, usually within 6 to 10 weeks. The majority of the time, a percutaneous heel-cord tenotomy is performed at the end of casting to correct the equinus deformity. After the tenotomy, a long-leg cast is applied and left in place for 3 weeks. After casting is completed, children are transitioned to utilizing Ponseti sandals with a bar set in abduction to help maintain the correction and prevent a recurrence of the foot deformity. Inability to achieve normal foot alignment after casting and tenotomy indicates the need for surgical intervention ([Ponseti, 1996](#)).



FIG 29-18 Feet casted for correction of bilateral talipes equinovarus (TEV).

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