

Clubfoot or talipes equinovarus (TEV) is a complex deformity of the ankle and foot that includes forefoot adduction, midfoot supination, hindfoot varus, and ankle equinus. The foot is pointed downward (plantarflexed) and inward in varying degrees of severity ([Fig. 29-17](#)). Clubfoot may occur as an isolated deformity or in association with other disorders or syndromes, such as chromosomal abnormalities, arthrogryposis, or spina bifida.



FIG 29-17 Bilateral congenital talipes equinovarus (TEV; clubfoot) in a 2-month-old infant. (From Zitelli BJ, McIntire SC, Nowalk AJ: *Zitelli and Davis' atlas of pediatric physical diagnosis*, ed 6, St Louis, 2012, Saunders/Elsevier.)

The incidence of clubfoot in the general population is approximately 1 per 1000 live births, with boys affected twice as often as girls. Bilateral clubfeet occur in 50% of the cases ([Winell and Davidson, 2016](#)). The precise cause of clubfoot is unknown. However, there is a strong familial tendency, with a 1 in 10 chance that a parent with clubfoot will have an affected offspring. Other possible theories as to the cause of clubfoot include arrested or abnormal fetal development or abnormal positioning and restricted movement in utero, although the evidence is not conclusive. Whereas arrested development during this early stage tends to result in a rigid deformity, mechanical pressures from intrauterine positioning are likely causes of more flexible deformities ([Shyy, Wang, Sheffield, et al, 2010](#)).

Clubfoot may be further divided into three categories: (1) positional clubfoot (also called *transitional*, *mild*, or *postural clubfoot*),