in a neutral position. Ankle range of motion is normal. This deformity may cause a pigeon-toed or intoeing gait in the child. A thorough hip examination should be performed for all infants with metatarsus adductus as an increased risk of hip dysplasia is associated with foot deformities.

Management depends on the rigidity and type of the deformity. With types I and II, correction can usually be accomplished by gentle manipulation and passive stretching of the foot, which the parent is taught to perform. Repeated and consistent stretching is continued for the first 6 weeks, after which the treatment is based on the flexibility of the foot. With type III, the child usually requires serial manipulation and casting to correct the deformity, after which a corrective shoe or orthosis may be used. Surgical correction is rarely required for the condition but may be performed in children older than 4 to 6 years old who have considerable pain on ambulation or functional difficulties as a result of the deformity (Winell and Davidson, 2016).

Nursing Care Management

The nursing role primarily involves identifying the defect so that early therapy and instruction of the parents can be initiated. The nurse teaches the parents how to hold the heel firmly and to stretch only the forefoot; otherwise, undue force on the heel may produce a valgus deformity. If casting or an orthosis is required, the nurse instructs the parents in cast care and use of the brace.

Skeletal Limb Deficiency

Congenital limb deficiencies, or reduction malformations, are manifested by a variety of degrees of loss of functional capacity. They are characterized by underdevelopment of skeletal elements of the extremities. The range of malformation can extend from minor defects of the digits to serious abnormalities, such as **amelia**, absence of an entire extremity, or **meromelia**, partial absence of an extremity, which includes **phocomelia** (seal limbs), an interposed deficiency of long bones with relatively good development of hands and feet attached at or near the shoulder or the hips. Most reduction defects are primary defects of development of the limb, but prenatal destruction of the limb can occur, such as full or partial amputation