

**Patient
Information**

Ponseti technique further instructions for boots and bar stage

Introduction

Your child is now at the next stage of the Ponseti treatment. This leaflet will give you information about the next stage of your child's treatment for Congenital Talipes Equinovarus (CTEV), also known as club foot.

A member of the team, usually an orthotist, will fit the boots and bar when the final plaster cast is removed.

When the plaster cast is removed, your baby's feet and legs may look swollen. This swelling will start to go down after a few days.

Why are the boots and bar important?

The boots and bar hold your baby's feet in the position needed to stop the muscles and ligaments becoming tight and the deformity returning.

How long will my child wear the boots and bar?

The boots and bar are to be worn 23 ½ hours per day for about 3 months and should only be removed for bathing and dressing (30 minutes maximum). After 3 months, the boots need only be worn during sleeping and napping. This usually continues up to the age of 4 years. By the time your child starts school, the treatment should be completed. Well-fitting shoes must be worn at all other times.

Will my child need any other special equipment?

You can use your child's pram, car seat or high chair as before, as long as the strap that goes between the legs is detachable and can be threaded between the bar and your child's legs.

If your child is wearing trousers they will need to have poppers or buttons between the legs.

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Department

Trauma and
Orthopaedics

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An orthotist will fit the boots and bar and then show you how to fit them when you are at home.

The boots are set at the correct angle and must not be altered by anyone other than a member of the team.

How are the boots fitted?

The affected foot is fitted first. Where both feet are affected, the least flexible foot will be fitted first.

Boots can be worn with or without socks. Wearing the boots without socks often reduces rubbing. It is very important to make sure that your child's heel is placed at the very back of the boot and held firmly in place by the tongue and heel-retaining strap. Once the heel is in place, the other straps can be fastened. Repeat with the other boot. It can be useful to mark with a pen where your child's toes reach the end of the boot. If the toes move back from this line it usually means that the heel is not properly positioned in the boot.

Will my child be comfortable in the boots?

Your child will probably feel frustrated having both feet joined together. You can help your child, through play, by doing activities that show your child how to bend both knees at the same time. Your child will soon learn how to move both feet together.

If your child is crying more than usual, check that the boots are fitted correctly, not rubbing and that there are no blisters. This may suggest that the boots are getting too small or the bar needs lengthening. If your child develops blisters they will need to be seen in the clinic. Do not stop your baby wearing boots and bar but contact the Orthopaedic Team in the Plaster Room as soon as possible. The contact details are at the end of this leaflet.

Follow up appointments

Most children are seen 1 week following the fitting of the boots and bar and then monthly appointments are given.

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You must contact the Orthopaedic Team if:

- you have difficulty fitting the boots
- you are worried that your child's skin looks sore
- you think the boots and bar look too small or are damaged
- you are concerned about your child's feet.

It is very important to follow the advice you have been given but if you have any questions or concerns please contact a member of the team.

Contact Information

Secretary to Orthopaedic Surgeon
Gloucestershire Royal Hospital 0300 422 6581

Further Information

The Ponseti User Group
Tel: 0161 276 1234
Website: www.ponseti.org.uk

STEPS charity

Tel: 01925 750 271
Website: www.steps-charity.org.uk

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