

Gentle Club Foot Treatment Available At Shriners Hospitals

(NAPSA)—Talipes equinovarus, better known as club foot, is the most common congenital disorder of the lower extremities, affecting approximately one in 750 babies. It can be detected immediately at birth and can affect either one or both feet. The foot normally looks turned on its side or inward and, in many cases, it is impossible to put the foot flat on the floor.

"When my wife and I found out through an ultrasound that our baby might be born with club foot, panic set in," said Tim Gravelle. "Then tears came to my wife's eyes as she thought of everything I had to go through when I was born with club foot."

Tim was born with a severe case of club foot over 35 years ago and was admitted as a patient to Shriners Hospitals for Children in Minneapolis and in Houston. He spent much of his childhood, until age 8, either recuperating from surgery, dealing with a cast or managing with a metal bar between his feet.

"I did not want my new son to go through what I went through with multiple surgeries. I was pleased to find out that a new, more gentle method of treating club foot is now available at Shriners Hospitals," said Tim.

After being born with club foot, the Gravelle's son Garrett became a patient at the Twin Cities Shriners Hospital. His parents decided to try the Ponseti method, an old approach to treatment of club foot that has gained new acceptance and is now being offered at several Shriners Hospitals.

By following the methodology of Ignacio Ponseti, M.D., of the University of Iowa, Shriner med-



Instead of surgery for club feet, Garrett Gravelle's parents opted for a new, gentler treatment method.

ical staff members have become believers in this gentle and successful treatment for club foot. Dr. Ponseti himself taught Richard Aadalen, M.D., and Beth Meyers, cast technician, to use their hands and a series of old-fashioned plaster casts to fix Garrett's and other babies' club feet.

Rather than moving the bones surgically, Dr. Ponseti's method calls for a very specific but gentle manipulation of the foot by a specially trained individual. A cast is then applied to maintain the correction for seven days. Then, the cast is removed and the same process of gentle manipulation and casting is repeated at one-week intervals for approximately six weeks or until the doctor feels adequate correction has been achieved.

Following removal of the last cast, the baby is then fitted with a Dennis-Browne splint (shoes attached to a metal bar) in order to prevent relapse. The splint is worn 23 hours a day for two to three months, and at night or during naps for an additional two to

four years

Once the popularity of the Ponseti Method hit support chat rooms for parents with children who have club foot, reviews have been pouring in and parents are grateful to hear that several Shriners Hospitals are offering this alternative to surgery.

"Although the complete treatment process lasts several years, and it is too early to know if our patients will have recurrence, since last August eight new families have come to us for help. We're happy with the success of the treatments," said Randy Loder, M.D., Twin Cities Hospital chief of staff.

According to the *Journal of Bone and Joint Surgery*, 78 percent of clubfoot children treated from 1950-1967 were successfully treated with manipulation and casts, followed by the use of a Dennis-Browne splint. However, it is extremely important to identify babies born with club foot immediately after birth for the Ponseti Method to be the most effective.

For more information on Shriners' network of 22 hospitals that provide free treatment to children with orthopaedic problems, burns and spinal cord injuries, write to: Shriners International Headquarters, Public Relations Dept., 2900 Rocky Point Dr., Tampa, FL 33607, or visit the Web site at www.shrinershq.org.

If you know a child Shriners can help, call 1-800-237-5055 in the United States or 1-800-361-7256 in Canada. Shriners Hospitals provide free treatment to children under age 18 without regard to race, religion or relationship to a Shriner.