
Ponseti technique in management of talipes equinovarus

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Clubfoot is a congenital foot deformity where the bones, joints and muscles of the foot are abnormal. If left untreated, a child will begin to walk on the outer edge of their foot and is likely to develop many related health problems. Most orthopedic surgeons agree that the initial treatment of congenital clubfoot should be non operative. Beginning in the first days of life so as to take advantage of the favorable fibroblastic properties of the connective tissue which forms the ligaments, joint capsules and tendons. Failures of manipulative treatment usually occur when the surgeon lacks a thorough knowledge of the kinematics and pathological anatomy of the deformity. Ponseti method was developed by Ignacio Ponseti. The method includes correction of the cavus firstly by supinating the forefoot and dorsiflexing the first metatarsal, the forefoot must never be pronated, to correct the varus and adduction, the foot in supination is abducted while counter pressure is applied with the thumb against the head of the talus, the index finger of the same hand rests over the posterior surface of the lateral malleolus, the heel must not be touched, then calcaneus abducts by rotating and sliding under the talus, as the calcaneus abducts it simultaneously extends and everts, and thus the heel varus is corrected, the calcaneus cannot evert unless it is abducted. The improvement obtained by manipulation is maintained by immobilizing, the foot in a plaster cast for five to seven days. With immobilization, the tight medial and posterior tarsal ligaments tend to yield. The deformity can be gradually corrected with further manipulations and five to six changes of cast. The equines is corrected by dorsiflexing the fully abducted foot. Percutaneous tenotomy of the Achillis tendon is often necessary to completely correct the equines. Finally, the foot is putted in Dennis-Browne splitly until reach the age of three to fours years old. The Ponseti method delivers excellent correction of clubfoot without the associated risks and complications of major foot surgery. Moreover, studies show that patients treated with the Ponseti method has the upper hand in treating clubfoot than those treated by other conservative methods and the method provides more flexible foot and ankle than those treated surgically, Dennis-Brown splint is a must in this method to prevent relapses. Tibialis anterior transfer can be done in case of dynamic deformity or relapse.