

Fact Sheet

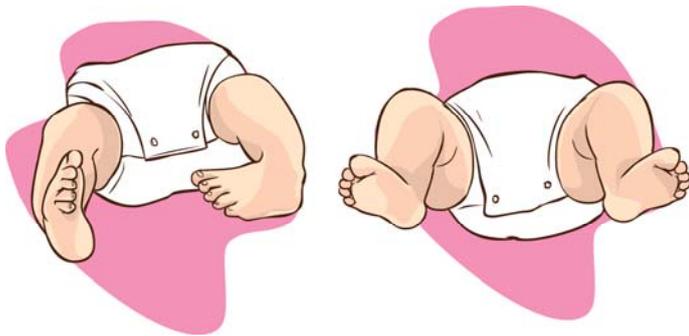
Positional Talipes

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You have been told that your baby has positional talipes but what does this mean?

What is talipes?

Talipes means that one or both feet are turned. In most cases the front of the foot is turned inwards and downwards (talipes equinovarus). Much more rarely the foot is turned downwards and outwards (talipes equinovagum). In the past, talipes was called clubfoot.



There are two types of talipes and it is important to know and understand which one your baby has:

Positional Talipes

- Where the baby's foot is turned, but it is flexible, meaning that it can easily and gently be moved into the normal position.
- Is thought to be caused by the baby's position in the womb with the baby not being able to move his/her feet enough
- Occurs commonly with about 1.5% of babies born with this condition
- Positional Talipes is easy to treat and will not affect your baby's walking later on.

Talipes

- Where the baby's foot (or feet) is turned but it is NOT flexible and cannot be gently moved into the normal position.
- This type of talipes happens in about 0.1% of babies
- Occasionally babies with this type of talipes have other problems like spina bifida
- This type of talipes does require treatment, usually with splinting of the foot and occasionally surgery. Treatment is usually started a few weeks after birth.
- With treatment your child's walking should not be affected by this condition. Very rarely the affected foot may be slightly smaller even with treatment.
- If your baby has this type of talipes you will be referred for the appropriate treatment.

How is talipes diagnosed?

Sometimes the ultrasonographer will see your baby's talipes when you have your 18 week pregnancy scan. However, usually a doctor or midwife will make the diagnosis when they check your baby after birth before you go home from hospital. If you are worried about your baby's feet please don't hesitate to ask our staff to check them for you.

If a baby has positional talipes their hips should also be checked to make sure the hip joint is not 'clicky' meaning that it does not sit neatly in the socket.

What is the treatment for positional talipes?

If your baby has been diagnosed with positional talipes you will usually be referred to a paediatric physiotherapist (therapist who has an interest in treatment of children and babies) who will advise you on some simple measures and exercises to ensure your baby's foot develops normally.

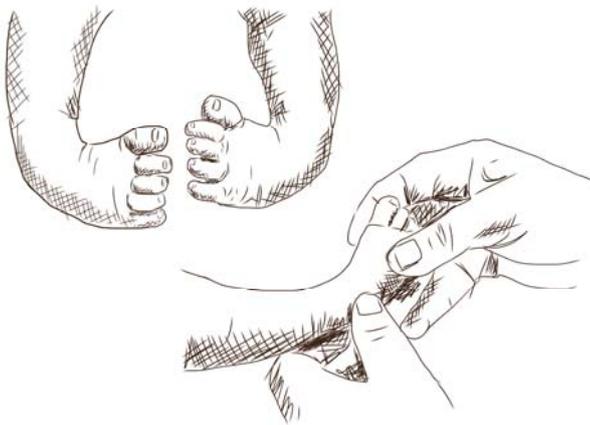
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Basic advice includes:

- Allowing your baby lots of time to kick and move his or her feet and legs freely without tight clothing.
- Avoiding tight shoes and baby-grows which fit too snugly.
- Gently stroking the outside and front of your baby's foot several times a day. This causes a reflex action of the foot and toes which moves them into a straighter position.



Exercises which your physiotherapist may advise

Please check with your physiotherapist BEFORE doing any foot exercises to make sure they are suitable and you are performing them correctly.

All exercises should be done when your baby is relaxed and not crying. The movement should NEVER cause pain.

- *Exercise one:*
Gently move the baby's foot outwards for 10-15 seconds
- *Exercise two:*
Gently move the baby's foot upwards for 10-15 seconds to stretch the tendon at the back of the heel called the Achilles tendon.

These positions may be repeated up to 5 times twice a day. Doing these as part of a baby's foot and leg massage with a baby lotion may make it easier for you.

Should my baby's feet be checked again?

Your GP should then do a 6-week check-up of your baby's feet. If you are concerned that your baby's feet are not improving, please discuss this with your doctor or physiotherapist so they can refer your baby for treatment if necessary.

Positional talipes is a common condition of newborn babies and with very simple measures it should resolve. It will not cause long term harm to your child's walking or running.



We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au