

Fact Sheet

Talipes equinovarus: Positional vs Structural

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You have been told that your baby has Talipes, but what does this mean?

Talipes simply means 'ankle and foot'

Equinovarus means baby's foot and ankle point down and turn inwards. This is the most common type of talipes abnormal position.

More rarely, baby's foot turns upwards and outwards, which is called Talipes Calcaneovalgus.

What else do I need to know?

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

Structural talipes: is where the baby's foot cannot easily be moved into a normal position. This condition was called clubfoot in the past.

Positional talipes: is when the baby's foot can easily and gently be moved into a normal position.

How is talipes diagnosed?

Structural talipes may be seen at the baby's 12 or 18-week pregnancy scan. About 50% of structural talipes are diagnosed (found) on ultrasound. Very rarely, when structural talipes is seen, babies may have other problems. A special ultrasound scan should be arranged to check for these.

Positional talipes may sometimes be seen on later pregnancy scans. It is thought this type of talipes happens because of the way the baby is lying inside the uterus (womb). Sometimes the ultrasound shows the baby to have talipes, but when they are born, their feet are normal. Remember that scans are not 100% accurate.

Most often, a doctor or midwife will make the diagnosis when they check your baby after birth before you go home from the hospital. If you are worried about your baby's feet, please don't hesitate to ask our staff to check them for you.

Will this affect my pregnancy or the birth of my baby?

You should be able to have a normal birth and labour.

Structural Talipes (club foot)

- The baby's foot is NOT flexible and cannot be gently moved into the normal position.
- This type of talipes happens in about 0.1% of babies.
- In half of cases, both feet are affected.
- Rarely, babies with this type of talipes have other problems like spina bifida.
- This type of talipes will always need splinting of the foot with a series of plaster casts and usually some minor surgery – this is called the Ponseti treatment method.
- Treatment does not have to start straight after birth; it is fine to wait a week or two for baby to settle in at home.
- With structural talipes, you will be referred to children's orthopaedic physiotherapists and doctors. They are caring and skilled (very good) at this treatment.
- The treatment has excellent results and your child should crawl and walk normally and at the usual time.
- For more information on this treatment and structural talipes, please refer to the Westmead Children's Hospital website or scan the QR code.



Sydney Children's Hospital: Congenital Talipes Equinovarus (clubfoot)

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Positional Talipes

- The baby's foot is turned, but it is flexible, meaning that it can easily be moved into the normal position.
- Thought to be caused by the baby's position in the womb, with the baby not being able to move their feet enough.
- About 1.5% of babies are born with this condition.
- Positional Talipes is easy to treat and will not affect your baby's walking later.

What is the treatment for positional talipes?

A paediatric physiotherapist (therapist who has training in treatment of children and babies) will advise you on simple exercises to make sure baby's feet develop normally.

Basic advice includes:

- Allow your baby lots of time to kick and move their feet and legs freely
- Avoid tight wrapping, tight shoes and tight baby-gros (onesies)

Below are exercises which your physiotherapist may advise:

Please check with your physiotherapist BEFORE doing any foot exercises to make sure you are performing them correctly. It is important that you do the right exercises for your baby's feet

Do these exercises when your baby is relaxed and not crying. The movements should NEVER cause pain.

Talipes Equinovarus

The baby's foot turns inwards and the front part of the foot points down.



In this case, the tight muscles are on the inside of baby's foot and behind the ankle.

Exercise to stretch the tightened muscles:

Hold the baby's lower leg with one hand and use your other hand to gently turn the foot in line with the lower leg and then a little back towards the shin.

The stretch should be held for 10-15 seconds and should be done three times with each nappy change.



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Stimulating active movement

For talipes equinovarus, tickling the outside border of the foot will cause the baby to pull their foot into a neutral position, as shown below. This makes muscles stronger to help correct baby's foot position.



Talipes calcaneovalgus

The baby's foot is pushed upwards and turns outwards, and the tight muscles are at the front of the baby's foot.



Exercise to stretch the tightened muscles:

Hold the baby's lower leg with one hand. Use your other hand to gently point the toes away from the shin, in line with the leg, or a little inwards.

The stretch should be held for 10-15 seconds and should be done three times with each nappy change.



Massage

Massaging around your baby's ankles, especially over the structures that are tight on the front of baby's foot/ankle, will be helpful.

Stimulating active movement

For talipes calcaneovalgus, pressure on the ball of the foot or behind the ankle may stimulate the baby to point their toes.

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Should my baby's feet be checked again?

Your GP should check your baby's feet again at the six-week baby check-up. If you are concerned that your baby's feet are not improving, please discuss this with your physiotherapist and doctor. They can refer your baby for additional treatment if necessary.

If a baby has talipes, their hips should also be checked to make sure the hip joint sits neatly in the socket.



Positional talipes is a common condition of newborn babies and with simple measures it should resolve. It will not cause long term harm to your child's walking or running. If you are concerned please speak with our staff.

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

Send your feedback to:

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