

An infant is delivered vaginally to a 30-year-old G1P1 woman whose pregnancy was uneventful. Examination of the newborn reveals mild atrophy of the left calf. His left calcaneum and talus are in equinus and varus positions, his midfoot is in varus position, and his forefoot is in adduction. Dorsiflexion and plantar flexion of the ankle are limited. The neurologic examination is normal. What is the next best step in the management of this patient?

- ☐ A. Reassurance
- ☐ B. Stretching, manipulation, followed by serial casting
- ☐ C. Casting of the whole leg up to the hip
- ☐ D. Surgical correction within the first month of life
- ☐ E. Watchful waiting

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- ☐ A. Reassurance [10%]
- ☒ B. Stretching, manipulation, followed by serial casting [60%]
- ☐ C. Casting of the whole leg up to the hip [3%]
- ☐ D. Surgical correction within the first month of life [10%]
- ☐ E. Watchful waiting [18%]

[Proceed to Next Item](#)**Explanation:**User Id: 

Suspect clubfoot (talipes equinovarus) in a patient who presents with equinus and varus of the calcaneum and talus, varus of the midfoot, and adduction of the forefoot. This is a common foot deformity and may be congenital, teratologic, or positional. Congenital cases are usually isolated, idiopathic cases. Teratologic cases are associated with a neuromuscular disorder or a complex syndrome. Positional cases occur due to abnormal positioning of the affected foot in utero. Initial treatment involves nonsurgical methods (e.g., stretching and manipulation of the foot, followed by serial plaster casts, malleable splints, or taping) because conservative treatment corrects the majority of cases. Untreated cases result in further deformation, abnormal gait, and development of ulcerations.

**(Choices A and >E)** The condition should be managed immediately (same day). Any delay would result in permanent damage.

**(Choice D)** Operative management is indicated if conservative management gives unsatisfactory results. It is preferably performed between 3 and 6 months of age, but always before 12 months.



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**Educational Objective:**

Clubfoot is initially managed with stretching and manipulation of the foot, followed by serial plaster casts, malleable splints, or taping. Surgical treatment is indicated if conservative management gives unsatisfactory results, and is preferably performed between 3 and 6 months of age.

\*Remember that the treatment of clubfoot should be started immediately.

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