

## Taking club foot in hand

*What if your newborn is born with club foot? How can your medical scheme help you and your baby in this distressing time?*

### What is club foot?

Club foot is an inborn deformity of the foot, where either or both feet are twisted inward, causing the child to walk on their ankles. Club foot can range from mild and flexible deformity to severe and rigid deformity. The deformity is bilateral in up to 50% of children and can occur alone or in a syndrome, e.g. Edwards Syndrome. If left untreated, the condition causes severe, lifelong disability.

### What are the signs and symptoms of club foot?

Club foot is thought to develop in the first trimester of pregnancy and can be picked up on ultrasound around week 20. The signs can be many and varied and can include:

- the heel pointing away from the body and drawn upwards;
- the foot being twisted in towards the other foot;
- toes pointing downwards;
- the affected foot and leg might be stiff and smaller in size when compared to a healthy child's;
- the calf muscle might be smaller than normal and underdeveloped; and/or
- no ankle joint motion.

### What causes club foot?

The cause of club foot is not known. Most infants with club foot show no identifiable genetic, syndromal, or extrinsic causes for the deformity.

### Diagnosis, treatment, and care that are covered by prescribed minimum benefits (PMBs)?

Your medical scheme must pay in full for the diagnosis, repair, reconstruction, and care of the condition because club foot is a prescribed minimum benefit (PMB) listed in the Medical Schemes Act.

Club foot can be detected through an antenatal ultrasound scan before the child is born, or once the child is born. Once the diagnosis has been



*Club foot can affect either or both feet; untreated club foot in a teenager*

made, an x-ray or a computed tomography (CT) scan will indicate the severity of the problem

The most common used form of treatment is the Ponseti method, which is a non-invasive, low-cost procedure with a 98% success rate. It consists of manually aligning the child's foot with the application of a series of casts. It can take as little as five casts and 20 days to give a child a new chance at life.

## References

Medindia.com

<http://www.medindia.net/patients/patientinfo/clubfoot.htm>

The National Center for Biotechnology Information

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1943656/pdf/brmedj02354-0017a.pdf>

The World Health Organisation

[http://www.who.int/surgery/challenges/esc\\_congenital\\_nomalies/en/](http://www.who.int/surgery/challenges/esc_congenital_nomalies/en/)

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Your physician may suggest surgery if your child is resistant to non-operative manipulation. If your doctor decides surgery is the best way to treat your child's club foot, the child may require two

*'If left untreated, the condition causes severe, lifelong disability'*

to three more surgeries over his or her lifetime. As with any PMB condition, discuss club foot with your medical scheme to confirm that all bills will be covered in full.

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them.

A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment.

PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our website by accessing the link provided ([www.medicalschemes.com/medical\\_schemes\\_pmb/index.htm](http://www.medicalschemes.com/medical_schemes_pmb/index.htm)).