Flashcards clubfoot



- **These flashcards contain information about working with children with clubfoot in low resource areas.**
- **These Flashcards are made for the use of fieldworkers.**
- **These flashcards are based on the information about clubfoot from the RehApp.**

rehapp

Download on the App Store

GET IT ON Google Play

The goals of the flashcards are:

- To meet the needs of people with disabilities and their families.
- To improve knowledge and skills of fieldworkers in providing basic (functional) rehabilitation services for people with disabilities and their families.
- To enhance participation in daily, family and community life.
- To improve the quality of life of people with disabilities and their families.
- To support you (as fieldworker) in the process of guiding a family by providing you with a resource you can keep with you on your phone (offline) or in your bag.

Index

Clubfoot

What can you do with these flashcards:

- To help guide your visits to families that have a family member with clubfoot.
- Make an inventory of the needs of the person with clubfoot and his/her family.
- Learn about the implications of a disability for the person and their family.
- Use them to do an assessment.
- Use them to set goals for a person with clubfoot.
- Use them to help you discuss interventions with the family.
- Use them to help you keep client records.
- Use them to help you monitor process.

Index:

Note: These flashcards contain information about clubfoot. The content is organised according to the ICF domains. These cards don't replace the knowledge and skills of doctors and therapists. We advice you to seek their advice first.

Information about Clubfoot	
	Introduction
	Body functions & structures
	Activities & participation
	Personal factors
	Environmental factors

Index

Clubfoot: content

Introduction:

- ❑ Introduction Clubfoot

Body functions & structures:

- ❑ Diagnoses
- ❑ Types of clubfoot
- ❑ Causes of clubfoot
- ❑ Treatment of clubfoot

Activities & participation:

- ❑ Prognosis about function
- ❑ Parent/s responsibilities: care at home
- ❑ Transportation
- ❑ Education and occupation

Personal factors:

- ❑ Peer counselling
- ❑ Mental support
- ❑ Caregivers role

Environmental factors:

- ❑ Community attitudes
- ❑ Family counselling
- ❑ Financial accessibility
- ❑ Toilet adaptations

Card 1

Introduction

Introduction Clubfoot

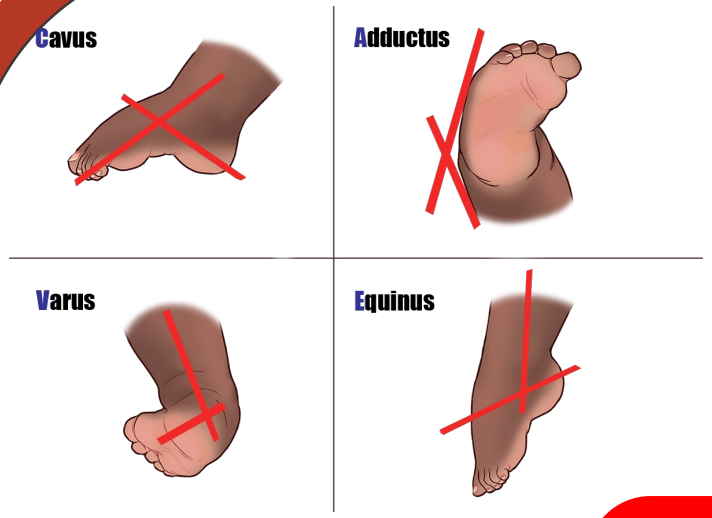
Clubfoot, also known as Congenital Talipes Equinovarus (CTEV), is a deformity of the foot a child is born with. The symptoms of this condition are:

- The front of the foot is angled downward and inward, increasing the arch and turning the heel inward. See CAVE for more information.
- The calf muscles in the affected leg are usually underdeveloped.
- The affected foot may be up to 1/2 inch (about 2.5 centimetres) shorter than the other foot.

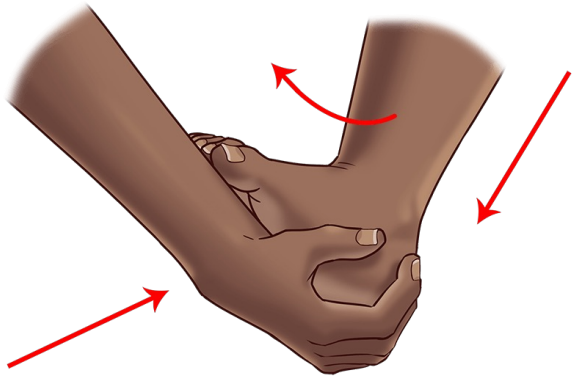
The clubfoot deformity is the most common serious congenital abnormality to affect the foot (approximately 1 in 800 births). Most often it is occurring on its own, but occasionally it is associated with other disorders affecting the muscles and nerves such as Spina Bifida or Arthrogryposis. Clubfoot is more than twice as common in boys than girls.

If a child with clubfoot is diagnosed soon after birth and correctly treated with the Ponseti method, then the child will be able to wear regular shoes and walk normally. Therefore, it is essential to **refer the child to a clubfoot clinic immediately** when clubfoot is suspected. Correction should begin as early as possible after birth, preferably within the first 3 weeks.







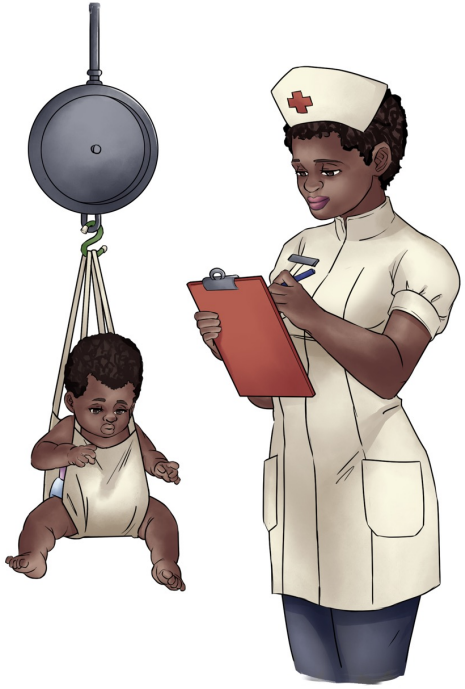


Body functions and structures:

Information and
Actions to take







Card 2

Body functions and Structures

Diagnosis

There are several features of clubfoot, and it is important that a medical doctor assesses the foot to ensure the child has the correct diagnosis. In a true clubfoot, these features are 'fixed,' meaning the foot is not flexible, and therefore it requires appropriate treatment. A child with clubfoot will have all four features, which can be easily identified and memorised by using 'C-A-V-E'.

The underlying deformity of clubfoot can be most easily understood if it is divided into four components, whose first letters make up the word CAVE. These components are **C**avus, **A**dductus, **V**arus, and **E**quinus.

Actions to take

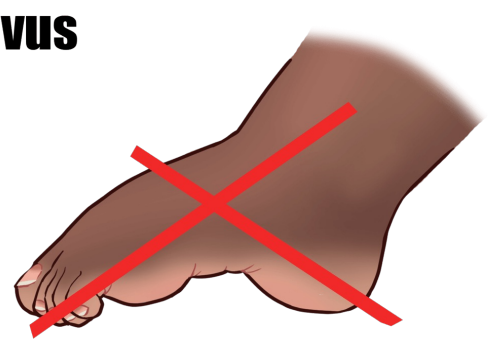
If you suspect a person has clubfoot, refer to the nearest clinic or hospital for diagnose and/or treatment.



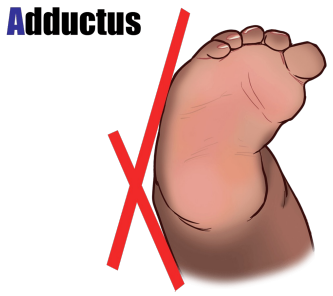
Card 3

Body functions and Structures

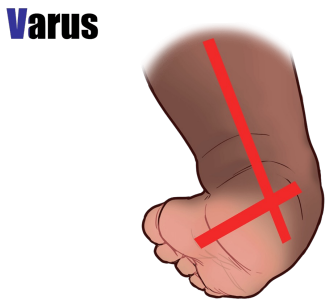
C – Cavus: this describes the high arch of the foo



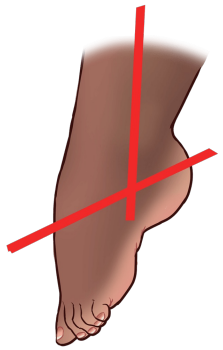
A – Adductus: this means the front of the foot is angled inwards.



V – Varus: this means that the heel is angled inwards



E – Equinus: this means the foot is pointing downwards. This is the final part of the CAVE deformity.



Card 4

Body functions and Structures

Types of Clubfoot

Not all clubfoot are the same, and it is important that the child sees a medical doctor for appropriate assessment and treatment. Different types of clubfoot will need to be treated slightly differently.

Idiopathic Clubfoot: this is the most common type of clubfoot and it means that the deformity has no obvious cause.

Secondary or Syndromic Clubfoot: this is a clubfoot deformity that occurs in combination with a medical condition, such as Spina Bifida, that may have caused the clubfoot. Again, it is important that the child is assessed in a clubfoot clinic to ensure correct diagnosis and treatment.

Positional Clubfoot: this is a foot that, at time of birth, has some of the features of a clubfoot but which is correctable by simple, pain-free stretches. It usually resolves itself in the first few months. However, for reassurance of the parents and to speed up the process, 1 or 2 corrective casts may be applied.

Causes of clubfoot

Idiopathic clubfoot: the most common type of clubfoot is classified as "idiopathic" which means there is no known cause. But, there is a familial influence: if a relative, parent or sibling has clubfoot then you are more likely to have clubfoot yourself or to have a child with clubfoot (3–10% increased chance).

Secondary clubfoot: this type of clubfoot occurs when there is another disease or condition that may cause clubfoot, or which may be linked to the clubfoot. Such conditions are usually neurological or syndromic disorders, such as Arthrogryposis and Spina Bifida .

The causes of clubfoot are not yet clearly understood. Clubfoot is partially genetically determined, but it might also be caused by environmental factors such as smoking and drinking. In some cultures, there are different beliefs about what causes a child to be born with clubfoot, such as spiritual influences, spells, or curses Referentie SB hoofdstuk

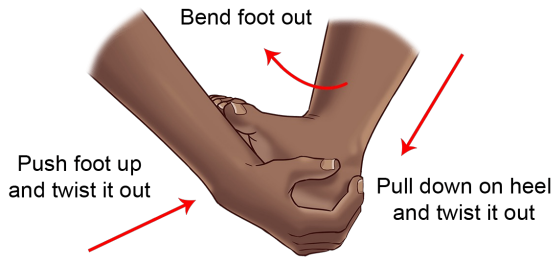
Actions to take: Stretching exercise for Positional Clubfoot

The following exercise is suggested to stretch the foot:

Gently stretch the foot past its normal position, in the opposite direction of the deformity.

Hold this position for a count of 10.

Do this exercise 2 or more times a day.



Card 5

Body functions and Structures

Treatment of clubfoot: Ponseti method

Ponseti treatment is a simple, cost-effective treatment method that has become widely used around the world. Many research studies have shown that more than 90% of children born with idiopathic clubfoot can be treated effectively with the Ponseti technique.

The goals of Ponseti treatment are:
to have functional, normal looking and pain-free feet;
to wear normal shoes, and;
to avoid permanent disability.

The Ponseti method consists of two equally important phases:
1. The corrective phase
2. The maintenance phase



1 2 3 4 5

The images show the improvement in the positions of the foot from left to right. Manipulations and casting must be done every week. Some babies only need 5 or 6 casts while others need a few more casts. The corrective phase of treatment should be carried out in a specialist clubfoot clinic by at least two health workers who are trained in the Ponseti technique.

The Corrective phase

During the corrective phase, the position of the foot is gradually corrected by using a series of manipulations and plaster of Paris casts which are changed every week. After about 5 - 6 weeks, a small procedure under local sedation is performed to cut the Achilles tendon (tenotomy). After the tenotomy, the cast usually stays on for another 3 weeks.



Card 6

Body functions and Structures

The maintenance phase

Once the corrective phase has achieved a good position for the foot, the treatment is not completed yet because the foot could still easily return to the deformed position. Therefore, the next stage, the maintenance phase, is very important. During this maintenance phase, the child needs to wear a so-called Foot Abduction Brace at night which holds the foot in the corrected position for the next 4–5 years.

Note: this phase of the treatment is critical for a good outcome of the treatment for the child with clubfoot. When the child does not use the brace as instructed, the foot position will quickly worsen. But when used appropriately, the Foot Abduction Brace is very effective in preventing the clubfoot to recur in almost all children.





Actions to take

- Ensure the child continues to attend the clubfoot clinic regularly. This is needed to have the Foot Abduction Brace checked and adjusted or replaced by a larger size.
- Instruct parents how to fit the Foot Abduction Brace and ensure that it is worn for:
    - 23 hours a day for the first 3 months after the last cast;
    - at night-time until the child is 4–5 years old.

Card 7

Body functions and Structures

Attention points when wearing the Foot Abduction Brace

1. Ensure the skin on legs and feet is clean and dry; do not put cream or lotion on the feet.



2. The child can wear the brace with or without socks, find out what is most comfortable. Avoid wearing socks with stitching or patterns. Plain cotton socks are most comfortable or socks with rubber grips on the bottom which might help to prevent slipping inside the shoe.



3. Fit the affected side first if the child had only one clubfoot. When both feet were affected, first fit the foot that seems to be the least flexible

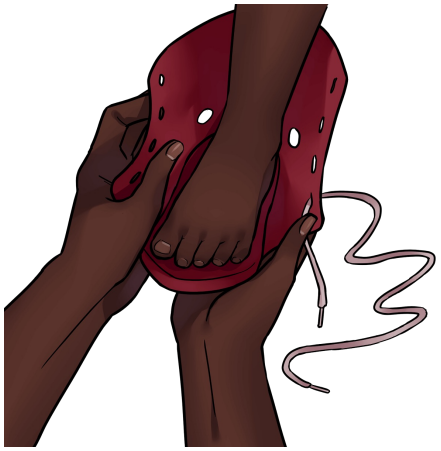


4. When fitting for the first time, draw a line on the inside of the shoe (at the edge of the toes) to mark the right position of the toes



Steps to put on the brace

1. Open the shoe completely.
2. Gently push up (dorsiflex) the foot as much as possible. This will be easier if the hip and knee are also bent.

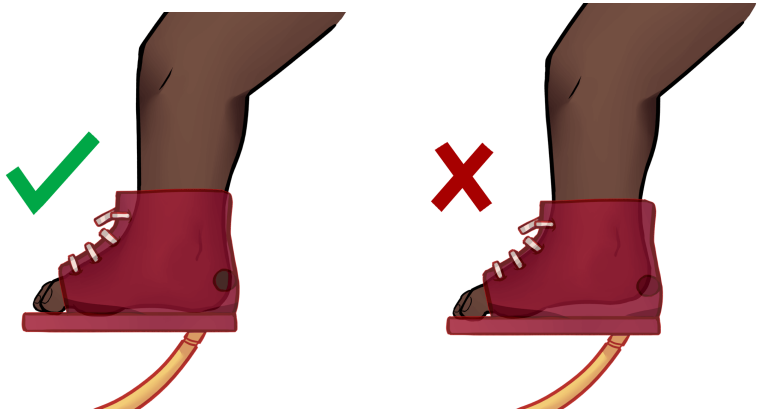


3. Hold this position with one hand and then push the foot (heel first) into the shoe of the brace.
4. Keep pressing the foot down with a thumb on the middle of the foot to hold in place



5. Close the tongue of the shoe and check whether the heel is still in the correct position by looking through the inspection hole of the shoe: the heel should be right at the back of the shoe and touching the bottom. If you have drawn a line in front of the toes, it should still be visible. If not, the heel has probably slipped up. Remove the shoe and start again. **Note:** keeping the knee bent helps to get the heel down
6. Keep the foot in position with the same hand and lace the shoe (or fasten the buckles) with the other hand.
7. Now fit the other foot in the same way.

Note: do not be afraid to redo it until getting it right. After enough practicing, it will become quick and easy to put on the brace as part of the daily routine.



Card 8

Body functions and Structures

Card 9

Body functions and Structures

Recurrence

Recurrence of the clubfoot deformity can occur up to the age of six years. Recurrence means that the treated clubfoot begins to return to its original, deformed position. If children stop wearing the Foot Abduction Brace in the first year, then about 90% of them may have a recurrence. The risk of recurrence decreases each year, but even at four years of age recurrence happens quite often (10-15%). This is why parents must be encouraged to continue putting the braces on their child at night until 4-5 years of age.

Signs of recurrence

Recurrence (returning to the deformed foot position) can occur at any point, especially if a child is not using the Foot Abduction Brace appropriately or if the brace does not fit well. Signs of recurrence are:

- The foot becomes stiff.
- The foot slips back into the deformed clubfoot position.
- The child walks abnormally, meaning the child may start walking more on the outside of the foot.

Actions to take

- If any of the recurrence signs are noticed, refer the child immediately back to the clubfoot clinic!
- Educate parents on the importance of wearing the Foot Abduction Brace.

Remember: correct first, then maintain!



Card 10

Body functions and Structures

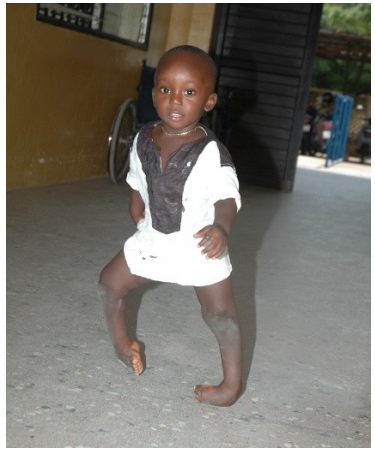
Treating older children

There are various forms of clubfoot that can be seen in older children:

Untreated clubfoot: this is a clubfoot that has had no treatment before 2 years of age. Once a child starts walking on an untreated clubfoot, the deformity becomes a lot worse.

Neglected clubfoot: this is a clubfoot in a child older than 2 years which was never treated. The foot is often presented with bony deformities because weight-bearing on the deformed foot makes it worse

Recurrent clubfoot: also, in older children with treated clubfoot, the clubfoot may recur which is often due to not using the brace at night





Specific problems

Older children with neglected or recurrent clubfoot can experience pain due to:

- pressure on the skin and secondary skin problems;
- weight bearing on abnormal joints in the foot;
- inability to wear regular shoes.

Treatment options

There are a few treatment options for older children with clubfoot:

- Ponseti treatment
- Surgical treatment
- A combination of Ponseti treatment and surgery. This is often the preferred approach.

Card 11

Body functions and Structures

Ponseti treatment for older children

The older child usually responds quite well to Ponseti casting . Ponseti casting is often used in older children with clubfoot as a preparation for surgery. It can achieve a degree of correction which makes surgery later easier or not necessary at all. Treatment should be undertaken in partnership with a skilled surgeon who can do the least invasive surgery needed to complete the correction.

Actions to take

Refer children with untreated, neglected or recurrent clubfoot to a clubfoot clinic.

Help the family to plan for treatment:

Plan what questions to discuss with the clinic staff.

Plan transport and accommodation during treatment.

Consider starting treatment at the beginning of the school holidays.

Note: be aware that the treatment period may be longer than for treatment in a baby. The child's family needs to be very committed and needs to plan for numerous trips to the hospital and different stays in the hospital. Following surgery, the child may also have time in a cast where they are not allowed to walk or need crutches.

Special shoes: some children may still have some degree of deformity and cannot fit easily in normal shoes. In this case, refer the parents to a good shoemaker who can make individually adapted shoes



Surgical treatment for older children

Usually (and what is recommended) , surgery is preceded by a period of applying Ponseti casts. An orthopedic surgeon will need to review the case and determine the best option for surgical intervention if it is necessary. The final decision about which type and the extent of the surgery will be taken after completion of the casting period.

After surgery, the child will need physiotherapy, cast changes, supervision, and home exercises. The surgeon and therapists will coordinate such post-operative treatment.

Actions to take

Refer children with untreated, neglected or recurrent clubfoot to a clubfoot clinic.

Help the family to plan for treatment:

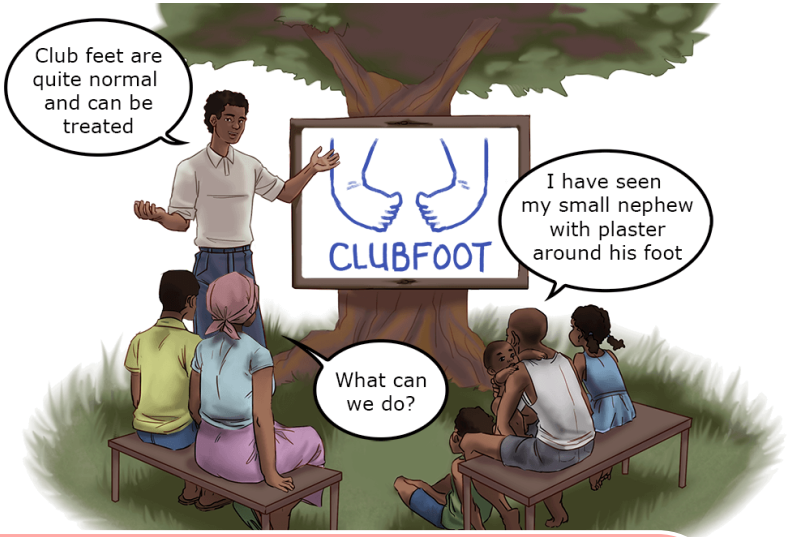
- Plan what questions to discuss with the clinic staff.
- Plan transport and accommodation during treatment.
- Consider starting treatment at the beginning of the school holidays.

Note: be aware that the treatment period may be longer than for treatment in a baby. The child's family needs to be very committed and needs to plan for numerous trips to the hospital and different stays in the hospital. Following surgery, the child may also have time in a cast where they are not allowed to walk or need crutches.

Special shoes: some children may still have some degree of deformity and cannot fit easily in normal shoes. In this case, refer the parents to a good shoemaker who can make individually adapted shoes.









Activities and Participation:

Information and Actions to take







Card 12

Activities and Participation





Prognosis about function

Children with clubfoot who receive treatment according to the Ponseti method are expected to have a normal-looking and good-functioning foot. They are also able to use normal shoes. A minor difference may still be noticed: the treated clubfoot is slightly smaller than the normal foot. The difference depends on the original severity of the clubfoot. These differences do not cause functional problems and often go unnoticed. Families and children with clubfoot should be reassured that most people will not be able to notice these differences.

If the child has received treatment appropriately and worn the Foot Abduction Brace according to the protocol, then most children should not have restrictions to their function. Children with secondary clubfoot may experience ongoing impairment due to other conditions they have.

Parent's responsibilities: care at home

Cast care: correction phase

While the child is being casted, it is important to keep the casts in good condition and make sure the feet do not move within the cast.

- **Advice for cast care at home**

Guide the caregiver of the child with the following advice:

- **Check circulation in the feet** every hour for the first 6 hours after application of the casts and then four times a day. This can be done by gently pressing on the nails of the toes and watch the return of blood flow.
    - The toes will turn pale and then quickly return to the original colour if the blood flow to the foot is good. The toes also should feel warm. If it is cold, put socks over the casts to keep the feet warm.
    - If the toes are dark and cold, the cast may be too tight. If this occurs, contact the local clinic immediately to remove the cast. If in doubt, remove the cast!





Note and mark the position of the tips of the toes in the cast:

- The toes should always be visible.
- If the toes seem to be slipping back inside the cast, advice to return to the clubfoot clinic as soon as possible.
- If the cast slips too much, it will fall off the leg completely or slide down the leg and not be effective. In this case, the cast should be removed, and a new cast should be applied.



Keep the cast clean and dry.

- Cover the cast to prevent cast from getting dirty during regular nappy changes and while eating/drinking.
- Keep the upper end of the cast out of the nappy to prevent urine/stool from getting inside the cast.



Card 13

Activities and Participation

Card 14

Activities and Participation

Brace care: maintenance phase

Ponseti treatment for clubfoot requires long-term commitment of parents to ensure its success. Non-adherence by caregivers is one of the key reasons for failure, especially during the maintenance phase of wearing the brace .



Advice for brace care at home

Keep in mind: consistent use of the brace will make for a compliant child. Intermittent use will make for a child who fights the brace. To prevent failure, specifically regarding the use of braces, advice the caregiver about the following:

Actions to take

Regularly check the correct fit of the brace. Refer to go back to the clubfoot clinic when noticing the following signs:

The foot has red pressure marks, bruises or blisters. This might be a sign of the brace getting too small for the child or may not be applied firmly enough



The foot slips out of the shoe, even when tightened it correctly. This might be a sign of the brace being too big.



Card 15

Activities and Participation

For the first 3 months, the brace should be worn full time and only come off during bathing time.







After these 3 months, the child only needs to wear the brace at nighttime until it reaches the age of 4 or 5. The clinic will guide when to stop using the brace





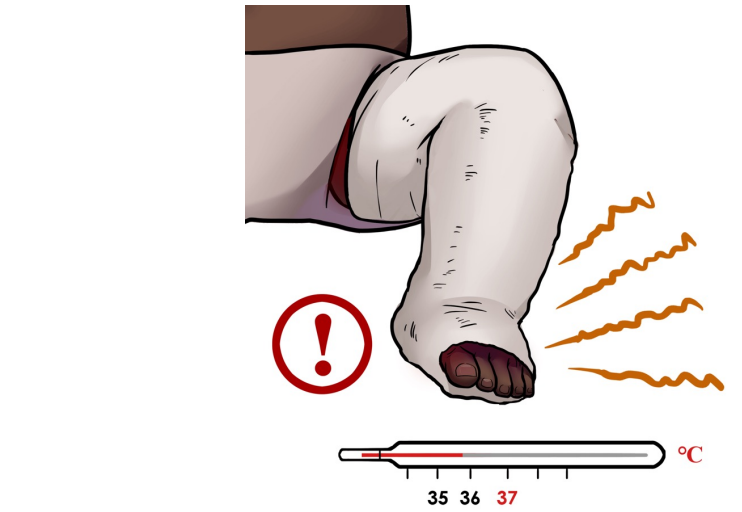
Card 16

Activities and Participation

When to see a doctor

1. The child should see a doctor when the following signs occur during care at home:
2. High fever.
3. Increased swelling above or below the cast.
4. Fluid or bad smell from inside the cast.
5. Toes are cool or cold.
6. Toes are not normal skin color.
7. You cannot see the toes; they have slipped back into the cast.
8. The cast is cracked or soft.
9. Swollen toes.
10. Cast is too tight around top of the leg.
11. The baby kicks the cast off.







Transport

Organising transport to the clubfoot clinic can be a challenge for the caregiver of children with clubfoot. Children with clubfoot can use private or public transport but, due to regular clinic visits, this can be costly for the caregiver.



Actions to take

- Help the caregiver to organise transport.
- Make a financial strategy the caregiver, for example:
  - Link-up families of children with clubfoot, so that they can support each other/share transport where possible.
  - Link-up with community groups if financial support is needed



Education and occupation

Children who are successfully treated with the Ponseti method are expected to have no difficulties in function and therefore should have equal opportunities for schooling and employment. However, older children with neglected clubfoot or recurrent clubfoot deformity could be restricted in their mobility and therefore may have reduced school attendance and limited job opportunities. In addition, because of the different appearance of the foot and difficulties in walking, children might experience bullying by their peers.



Actions to take

- Sensitise other children at school and in the community about the clubfoot condition. Do this in consultation with the caregiver, teachers and headmasters.
- Address barriers that limit physical access to work, e.g., find appropriate walking aids such as elbow crutches or adapt tasks to the abilities of the child.
- Educate employers about the condition to increase understanding and help to find appropriate job roles.

Card 17

Activities and Participation









Personal factors:

Information and

Actions to take









Card 18

Personal Factors

Peer counseling

Peer counselling consists of emotional and practical support provided by people in similar situations, such as other caregivers of persons with clubfoot. Peer counselling can be an asset to a caregiver that recently learned the child had a clubfoot. Still, the peer counsellor should be aware that everybody has his unique coping style; experiences and practices can't just be replicated without adaptation to the person and the context. Peers can answer questions on how to care for the child in daily life and share experiences, knowledge, and skills. Peer support can be directed at the individual caregiver in the form of family counselling, or as group counselling. Usually, these peers can be found in hospitals where the treatment for clubfoot is done.





Actions to take

- Be aware of what support is asked from and provided by traditional healers and that this does not do harm to the persons' body.
- Connect the caregivers to other caregivers or parent support groups. These groups can provide mental support. Other caregivers in a similar situation can be found most likely in the hospital.

Card 19

Personal Factors

Mental support

Many factors may affect the person with clubfoot and his/her family emotionally. They usually experience different stages of emotional distress, especially when the person or family does not understand the diagnose or is not referred to a hospital for treatment. This can result in feeling hopeless, depressed or sad.

As a child is born with clubfoot and usually treated in their early years of life, it is assumed that there are not many personal issues such as emotional distress. However, these kinds of issues can become (more) apparent when a child grows up. For example, when a child has untreated or neglected clubfoot, he or she may require support to overcome the barriers that hinder him/her from participating in daily life.

Actions to take

- Be sensitive to the stages of emotional distress and provide mental support and courage to hold on.
- Listen to their stories, encouraging them to seek assistance from family and friends and provide a positive sense of the future.
- Make sure the person as well as the caregivers have some form of social support (e.g. from caregiver(s), family members, friends/peers, community members or other).
- Pay attention to whether the person or caregiver(s) shows signs of emotional distress (e.g. exhaustion, worry, depression, anger)



Caregiver's role

The caregiver assisting the person with clubfoot plays a crucial role in improving and maintaining quality of life. Especially when clubfoot is untreated or neglected. The person then might require more physical and/or mental support from caregivers. At all times, it is important to include the wishes and needs of the person with clubfoot, but It is also important for the caregiver to be conscious of the following:

- The role of the hospital and the importance of treatment.
- The responsibility this entails in his/her life and where to find support.
- The impact of caregiving on the caregiver and preventing physical and mental overburden.

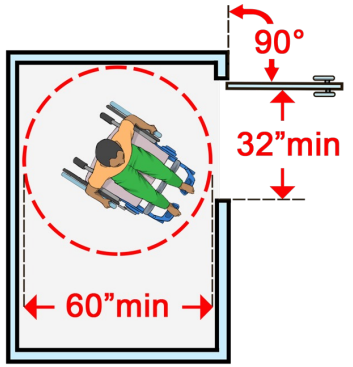
Actions to take

- Guide in referral to the hospital and care after treatment.
- Help to manage caregiver stress and/or fatigue.
- Help the caregiver find up-to-date information about clubfoot and upgrade his/her knowledge and skills in caring for their child.
- Answer their questions.
- Provide realistic information on (re)habilitation outcomes.
- Include them in your interventions by making decisions together. This will improve your collaboration together.



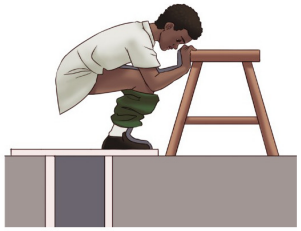








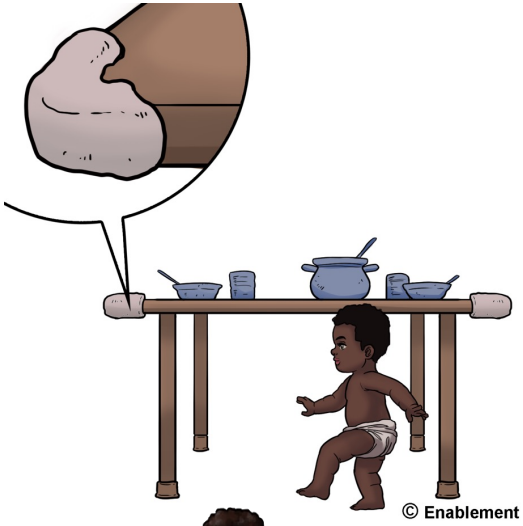






Environmental factors:

Information and
Actions to take









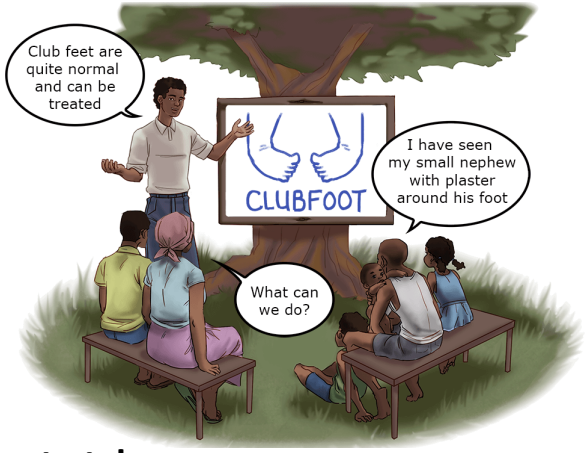
Card 20

Environmental Factors

Community attitudes

Around the world, there are different beliefs about what causes a child to be born with clubfoot, such as spiritual influences, spells or curses. Sometimes the mothers might be blamed for it. These ideas can cause the child with clubfoot to be excluded from the family and society. It is important to explain to the caregiver that children with clubfoot are a valuable part of the community and that their deformity is not caused by their actions.





Actions to take

- Spend time with the parents to help them understand the clubfoot condition and treatment process. Together with the clubfoot clinic:
  - explain what causes clubfoot;
  - emphasise it is not the fault of the mother;
  - discuss treatment options;
  - explain that when treatment is started early, the child will have normal feet.
- Together with the caregiver, talk with the local community about the clubfoot condition to increase understanding.
- Work with local NGOs, DPOs and religious leaders to influence possible negative attitudes on clubfoot.
- Alongside the family, educate school leaders and teachers to have positive attitudes towards a child with clubfoot

Attitudes

Within a family or the community, negative attitudes can exist towards clubfoot but also towards caregiver(s) for example if the person is not progressing. Even being blamed by fieldworkers for this lack of progress exists whom might think the child will develop well if the mother is doing more exercises.

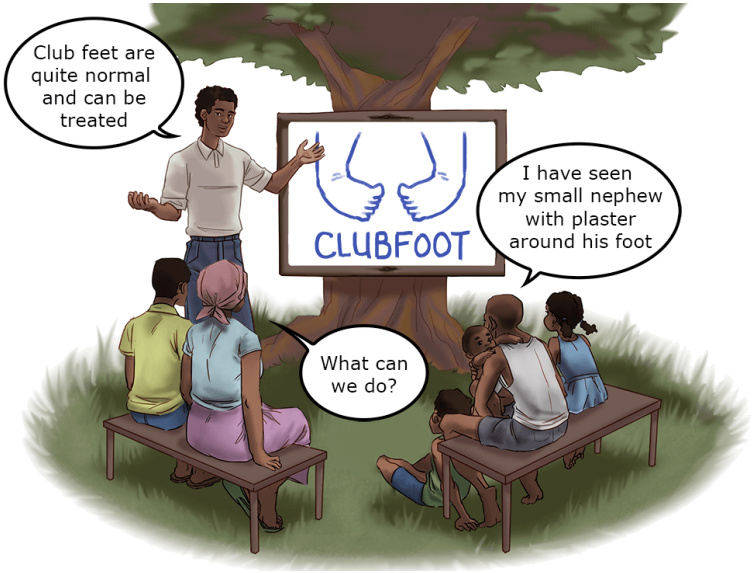
The mother is often blamed by family for having a child with a disability resulting in being abandoned, lack of support by family members or family not paying attention to the person with clubfoot. Sometimes caregivers and their child are refused in the bus, being treated as having a contagious condition.

Some beliefs can bring about positive results in including a person within the community. Others are harmful resulting in exclusion from the community. It can cause a person with CP difficulty finding a job but can also make them strong community, members speaking up for rights of everyone. Some persons and caregivers become strong, motivated fieldworkers, helping other people with disabilities and their family.



Actions to take

- You have to change your approach if you see no progress. Never blame the mother! Did you push too much? Did you not have the whole picture of the environment? Were your goals not SMART? Go over your ABCs
- Check whether there are social barriers preventing the person and/or caregiver(s) from accessing public places. For example out of fear to be stared at or not being accepted.
- Pay attention to the child's, caregiver(s), and community members' perceptions of disabilities. Talk with family and community members to create awareness.



Card 21

Environmental Factors

Card 22

Environmental Factors

Family counselling

It is important to help parents understand and accept the clubfoot condition and treatment process to overcome possible barriers to treatment.

Actions to take

- Together with the clubfoot clinic, discuss the whole management plan with the child's caregivers at the start of treatment to plan transport and required funds.
- Together with the caregiver, talk with the local community if funding is not sufficiently available from within the family. Churches, clubs, and NGOs could be approached.
- Involve fathers in the treatment by encouraging them to attend the clubfoot clinic with the mothers. It has been found that fathers who feel involved and understand are more likely to support their mothers in following the treatment plan.



Financial accessibility

The entire course of treatment can cost as little as US$150, which, when compared with many treatments for similar conditions, is extremely cost-effective. Therefore, many Ministries of Health, NGOs, and others see the value of providing Ponseti treatment as an early intervention to avoid preventable disabilities.

Actions to take

- Make an inventory of nearby clubfoot clinics, e.g. by reviewing the Global Clubfoot Initiative (GCI) website: if the right information cannot be found, contact the GCI using the contact form on their website.
- If a clubfoot clinic is non-existent or out of reach, lobby for establishing such a clinic at the local government. Do this in collaboration with local NGOs, Disabled People Organisations (DPOs) , and clubfoot doctors.
- Together with the caregiver and clubfoot clinic, discuss the whole treatment plan and related costs. If this is beyond the financial capacity of the family, encourage them to explore possibilities for financial support from the local community (e.g. churches, Rotary clubs/Lions or DPOs), or international organisations (INGOs).

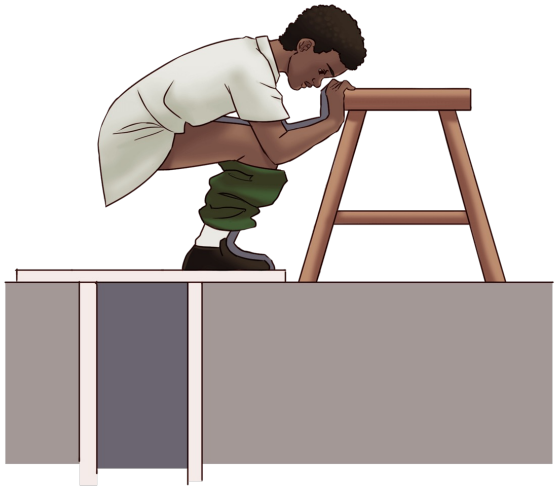


Card 23

Environmental Factors







Toilet adaptations

Some children with unsuccessfully or incompletely treated clubfoot have troubles with toileting as they may experience difficulties with squatting. Simple, low-cost adaptations of the toilet may offer a proper solution.

Actions to take

- Together with the caregiver and the child with clubfoot, look for possibilities to adapt the toilet at home and/or at school. Toileting can be supported with the following adaptations:
- Installation of grab bars or handles next to the toilet. Also, a chair can provide support.
- Making of a simple toilet seat. Use whatever materials are available to make it easier for the child to toilet independently.



For the development of the Clubfoot chapter of the RehApp, we particularly want to express our gratitude for the valuable contributions of Rosalind Owen (Global Clubfoot Initiative) and Aisling Russell (Mercy Ships), Michiel Steenbeek (CBM), Antonella Battiato and Rosati Francesco (FDCG), as well as Andrew Myers and Scott Reichenbach (Hope Walks). Photo credits go to Hope Walks as well. The resources used for writing the Clubfoot chapter can be found on the website which will be launched soon.

This was made possible with the support of:

Liliane Fonds
open de wereld voor een kind met een handicap

Enablement

AIFO

caritas Germany

plan:g
Partnership for Global Health

american leprosy missions

Fondazione Don Carlo Gnocchi Onlus

C.D.S²
Illustration . Concept Art . Comics

DAHW
Deutsche Lepra- und Tuberkulosehilfe e.V.

Stichting INTERPLAST HOLLAND

CBR Effata

humanity &inclusion

IFSBH

Karunafoundation
Saving children from disability, one by one

KENTALIS Koninklijke Kentalis

LIGHT FOR THE WORLD

Norges Handikapforbund

NLR

PLAN INTERNATIONAL

Sightsavers

VRHL

Card

Colophon