

# The Foot Abduction Brace for Clubfoot

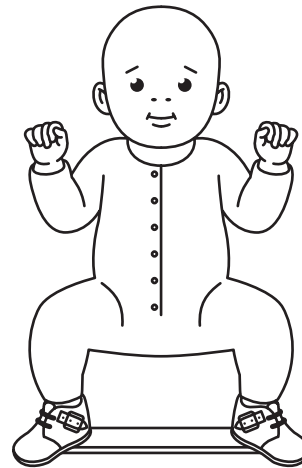
The clubfoot deformity has a tendency to return to its original position (relapse) even after correction. To prevent relapse, the clubfoot must be held in an overcorrected position with bracing. Bracing is used only after the foot has been fully corrected.

The Dennis-Brown boot and bar brace, (also known as the Markell brace), is most commonly used (**Figure 1**). It consists of two straight-border, high-top, open-toe shoes that are attached to an aluminum bar. The distance between the heels of the shoes is equal to the width of the baby's shoulders.

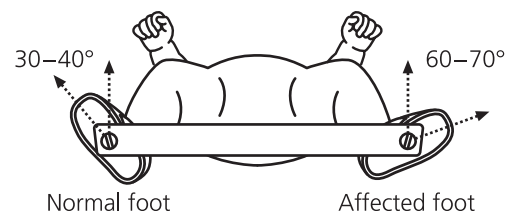
If both feet are affected, the shoes are set at 60–70 degrees on each side. If only one foot is affected, this shoe is outwardly rotated 60–70 degrees, and 30–40 degrees on the normal side (**Figure 2**).

After the last plaster cast is removed, the brace should be worn for 23 hours a day for 3 months. It should then be worn during naps and at night-time until the child is 4 years old (minimum 12 hours/day). The brace is 90% effective in preventing a relapse when used correctly.

Most babies settle within a few days of wearing the brace as they become accustomed to the brace and a different way of moving. The use of the brace will not delay a baby's development in sitting, crawling or walking.



**Figure 1.** Foot abduction brace.



**Figure 2.** Foot positioning using foot abduction brace.