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Dr Ponseti with Lynne Chadburn.

Scholarship Trip to America May 2007

I was awarded the scholarship through the Sheffield Children's Hospital Charity. The charity provides yearly funding to allow health care professionals working in the trust to attend conferences, seminars or educational visits either here in the UK or abroad. The visits must be potentially beneficial to paediatrics.

On May 12th 2007 I jetted off to America. I would be spending my first week in Iowa working with Dr Ponseti and his team to observe and learn more about the management of Clubfoot (Talipes Equino Varus).

This is the most common lower limb deformity seen at birth. Ponseti's regime of treatment is already an integral part of our clinical practice at the Children's. The ethos of Ponseti's treatment has not changed it is still based on the understanding that the clubfoot is essentially a normal foot and that the surrounding soft tissues can be gradually and gently stretched to slowly correct the deformity. This is achieved by serial castings using plaster of paris over a period of 6-8 weeks in an otherwise normal infant. The casts should be changed at intervals of 4-7 days. The majority of children require a percutaneous tenotomy and all children are expected to wear boots and bars to maintain the position of the foot for up to 4yrs of age

Dr Ponseti sees children from all over America often for a second opinion when 'treatment' has been started (not necessarily his regime) but the deformity has not been fully corrected. He firmly believes that the a typical clubfoot is rarely seen at birth but is more commonly created through poor technique and lack of understanding of the subtalar and midtarsal joints by the health care professional or as a result of the casts persistently falling off in the very early stages of treatment. He describes the presentation of an a typical clubfoot has having the following:

- A short chunky foot
- Strong plantar flexors
- A deep plantar crease
- A deep posterior heel crease
- An hyper extended great toe
- A long fibrous achilles tendon
- A short gastro soleus muscle

DR PONSETI

During my visit Dr Ponseti reinforced the fundamental basics of his technique and allowed me to have some 'hands on' practice under his supervision. He showed me other ways of dealing with a difficult foot, and these will be further explained in my presentation at Castaways Conference 2008. He also gave me some tips on different ways of applying the cast to prevent it from falling off eg: how to use an anterior placed slab over the knee to enable 120 degree flexion to be maintained. I have already implemented some of the techniques to further enhance the excellent and personal service that we offer to our Talipes children and their carers.

My second week took me further south to Miami. I visited the children's hospital there to look at their management of children's fractures especially the casting techniques which they use.

I also visited Jackson Memorial hospital. This hospital treated adults and children. The children's hospital was situated adjacent to the adult facility. It covers a very large demographic area and over 50% of the population are Hispanic.

Augusto Sarmiento & myself.

I specifically went to meet Augusto Sarmiento who developed the concept of functional cast bracing (sarmiento cast).

This cast is used as the end treatment for tibial fractures and although it is still a popular choice here it is used less frequently in Miami where surgery is more common. Augusto Sarmiento is now in his seventies and attends clinic

Dr Ponseti manipulating the foot.

regularly in an advisory capacity.

I was made an honorary member of the American Association of Orthopaedic Professionals after meeting Chas Barocas and his associate Kyle Nagy. Chas founded the association in 1999 it is Florida based and it provides education and training for technicians not dissimilar to Castaways and the AOT. There is no equivalent to the British Casting Certificate qualification in America and the technicians I met found it equally as difficult to have their skills and experience recognised as can be the case in the UK. The Cast Technician's role is completely separate to that of a Nurse in America and they found it quite difficult to understand that I could combine both roles.

My trip to Miami highlighted the differences between the delivery of healthcare in the UK and the USA and the many inequalities that exist in America. There is a wealth of difference between those that have nothing to those that can buy anything.

The nurses and technicians work is based on a medical model. The reason for this I believe is because the final and overall responsibility for the client's care rests with the doctor and this to some extent restricts the advance of clinical practice for nurses and technicians.

My trip was an amazing experience and everyone I met was very friendly and welcoming. Although my expectations of their standards and advancement in their casting practice was not reached I came home with a better understanding of their situation and the difficulties they experience.

Miami Children's Hospital.

I would like to express my sincere thanks to the Sheffield Children's Hospital Charity for giving me the opportunity to travel abroad to Sheffield Childrens Hospital for giving me the study leave to go, Mr James Fernandes for his support and help in organising my trip and finally to the members of Castaways UK steering group for their support.

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(Conference details are on pages 33-34)