

## *US Mum calls for change as her daughter maintains good development and correction in the Non-Ambulatory ADM*



### Patient details

**Initials:** AIF  
**Age:** 11 months  
**Gender:** Female

### Background

AIF was born with Idiopathic Left Clubfoot with no other health issues or syndromes.

She was casted at 3 weeks old on an accelerated cast program of 5 casts in total with a tenotomy. She was then in the boots and bar for 2 weeks.

After her mum heard of the ADM, she researched it and discussed with doctors the alternatives to the boots and bar.

Her mum says: "We didn't have any issues with the BNB, she didn't seem to mind, no issues with blisters or pressure sores, no slipping. We simply opted for a single leg bracing option because of my extensive research into everything deciding ultimately that this was the best choice for our daughter."

"We have been consistently advised NOT to use the ADM for lack of medical research studies proving its efficacy. Despite this, I chose the ADM for several reasons. From my vast knowledge and experience in human physiology and biomechanics (I am a masters prepared RN, have been a nurse for 11 years, worked mostly in paediatrics and acute orthopaedic rehabilitation) I see major negative implications for the development of the knee and hip joints as well as negative consequences for gait and muscle development by using a fixed brace that affixes the feet together. Additionally, a fixed brace does not allow dynamic movement and therefore greatly increases the potential for muscle atrophy which has been proven to increase the incidence of relapse. I believe a unilateral brace is preferable to one that affixes the feet together."

### Experience

AIF has now been using the ADM for 8 months.

Her mother says: "We have had a very positive experience so far. Her flexibility in both abduction and dorsiflexion remain unchanged from our own personal physical examination. We plan to get active range of motion degree measurements

next month to continue to monitor this. She has never shown discomfort from the brace and does not complain when we put it on. Her motor development is progressing as expected with appropriate milestones, her paediatrician examined her a couple weeks ago and concurs that her development is right on track.

"There are essentially 3 clinicians overseeing her care. Our paediatrician is very happy with her progress and supportive of our choice to use an "alternative" bracing option based on my extensive research. We also travelled to another doctor for her casting but due to obvious financial implications we have been doing follow up bracing appointments with our local orthopaedic doctor. The doctor that casted her was not supportive of using the ADM and stated that the studies just aren't there to justify their use. He said "I believe there is a place in clubfoot treatment for the ADM however, I don't believe that is with kids this young." He thinks that the most proven and effective way to maintain correction is to utilise the standard Ponseti recommendation of boots and bars.

"Our local orthopaedic doctor is also not an advocate of the ADM in any way. He does not recommend it. He does not believe that it works and in fact stated that "it would have to be around for 40 more years for me to even consider looking at it" stating that the Ponseti method of boots and bars has been around for 50+ years. It is important to note, however, that when I asked him how her foot looked he said "her foot looks great" and then continued to tell me how much he disapproves of the ADM brace."

### Conclusions

In the parents and the doctors opinions, AIF is continuing to do well in the Non-Ambulatory ADM.

Her mother says, "I want it to be known that there are many of us out there that support this newer method of bracing and treatment despite the push back of the medical community. A doctor and I discussed at one of our casting appointments the history of Ponseti to which he even said himself "it was a parent led movement that brought the Ponseti method to the public. The medical community wanted nothing to do with it but the parents demanded it and they had no choice but to listen". Well guess what, there is a NEW parent community, and we are demanding changes to this archaic treatment. We are demanding progress."