

Until recently, the most innovative nonsurgical treatment for clubfoot was developed in the 1950's. The treatment, developed by Dobbs's mentor at the University of Iowa, Ignacio Ponseti, MD, involves weekly casting and manipulation of the clubfoot starting soon after birth. Then, the children have traditionally worn a solid aluminum bar with shoes attached at night until about age 4 to maintain correction of the foot. The problem with that brace is that it restricts the child's movement and has the potential to cause skin blistering, which deterred many parents away from using the brace as prescribed. Using the brace less than prescribed can lead to recurrent clubfoot deformities, which may eventually require extensive surgery.

Intent on making the brace easier to tolerate for both patients and families, Dobbs designed a new dynamic brace to allow active movement, preserve muscle strength in the foot and ankle and be less restrictive to the child than the traditional version. The new brace, patented as the Dobbs Brace, has resulted in significantly improved compliance and fewer complications than the traditional brace.

In a recent study 95 percent of parents used the Dobbs Brace as prescribed, compared to 60 percent compliance with traditional bracing.



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The Original
DOBBS BAR



www.dobbsbrace.com

**A Revolution in
Clubfoot Treatment**

Setting Up The Dobbs Bar

- **Setting the bar width.** The Dobbs Bar should be set so that the width of the bar is equal to the shoulder width of the child. Measure the shoulder width of the child from the left outside shoulder to the right outside shoulder. Adjust the length of the Dobbs Bar so that the length of the bar is equal to your shoulder width measurement from mid-heel of the left footplate to mid-heel of the right foot plate. It is better to have the bar a little wider than shoulder width rather than too narrow. It is uncomfortable for the child if the bar length is too narrow.



- **Setting external rotation.** The clubfoot should be set at about 70 degrees of external rotation, which should match the degree of rotation of the foot in the last cast. If the foot was externally rotated only 50 degrees in the last cast the brace should also be at 50 degrees. A normal, non-affected foot should be fixed on the bar in about 40 degrees of external rotation. Loosen the black thumb nut and separate the serrated lock washers. Turn the foot plate until the arrow lines up with the desired degree and re-tighten the thumb nut.

Advice for Parents

- **Play with your child in the brace.** Babies might get fussy for the first few days after receiving a brace, and will require time to adjust. Playing with your child is the key to getting over the irritability quickly. Teach your child that he/she can kick and swing the legs with the brace on by gently moving your child's legs up and down together and independently until he/she gets used to the brace.



- **Make it routine.** Children do better if you develop a fixed routine for brace wear. During the three to four years of night/naptime wear, put the brace on anytime your child goes to the "sleeping spot." They will figure out that when it is "that time of day" they need to wear the brace. Your child is less likely to fuss if this is a constant routine.

- **Pad the bar.** Padding the metal bar will protect you and your furniture. Padded Bar covers are available in pediatric patterns from D-Bar Enterprises. See our website for more details.

- **Check your child's feet.** It is important to check your child's feet several times a day after initiating the bracing to ensure no blisters are developing on the heel. Never use lotion on any red spots on the skin (lotion will make the problem worse). Some redness is normal with use. Bright red spots or blisters, especially on the back of the heel, usually indicate that the heel is slipping. Ensure that the heel stays down in the shoe by securing the straps and/or buckles or by talking to your orthotist about placing a heel pad in the shoe.

- **Always wear cotton socks.** Your child should always wear cotton socks under his/her shoes, sandals or plastic AFO's. The sock should be a little higher than the top of the shoes, sandals or orthosis. Allow your child's toes some freedom.

Instructions for Use

The Dobbs Bar should be worn 23 hours a day for the first 3 months and then at nighttime and naps for 3 to 4 years.

Bracing is critical in maintaining the correction of clubfeet. If the brace is not worn as prescribed, there is a near 100 percent recurrence rate.

Recommended footwear for the DCB Original Dobbs bar:

- Markell Tarso Clubfoot AFO's or
- Custom-made AFO's

