

## **Ponseti treatment at RNOH**

The RNOH offers comprehensive assessment and treatment for children with Congenital Talipes Equino Varus (CTEV) foot position, also known as Club Foot deformity. The Ponseti method of correction is the primary treatment of choice, and follows Professor Ponseti's treatment protocol. The service at the RNOH has been well established over 10 years under the management of Ms Sally Tennant, Consultant Orthopaedic Surgeon. The team has expanded to include an Extended Scope Physiotherapist specialised in CTEV management and skilled plaster technicians. We are now a busy service receiving referrals for two to three new babies every month.

Ante-natal counselling is offered following diagnosis at the 20 week gestation foetal anomaly scan, and treatment is usually started two to three weeks following delivery. Above knee plaster casts are applied on a weekly basis to manipulate and correct the foot position. Usually four to six weeks of casting are required prior to an Achilles tendon tenotomy operation which is performed in clinic under local anaesthetic. Following this, three further weeks of casting are needed and then a Foot Abduction Brace is fitted. This is worn for three months for 23 hours a day and then at night times and nap times for five years.

We expect the Ponseti method to result in normal levels of function and ability for children.

### **The Ponseti Team:**

Ms Sally Tennant, Consultant Orthopaedic Surgeon

Ms Christine Douglas, Extended Scope Paediatric Physiotherapist

### **Key contacts**

Penny Trustram, secretary to Ms Sally Tennant: tel. 020 3947 0046

Christine Douglas

Further reading:

[www.steps-charity.org.uk](http://www.steps-charity.org.uk)

### **Online referral form:**

Please fax referrals to the Catterall Unit at RNOH on: fax. 020 8954 4566 by using the printable [referral form](#) or use the online form below.

## Referral to Ponseti Service for Treatment of Congenital Talipes Equino Varus (CTEV) or Club Foot Deformity

**These forms are only for tertiary referrals from other hospitals. We will not accept referrals from GPs using the online referral form below.**

**If you are a GP referring to the RNOH please use the [NHS e-referral system](#), e-RS.**

**Please confirm that you are a Hospital doctor: \***

**I am a Hospital doctor**

### Patient information:

**Surname: \***

**First name: \***

**Gender: \***

**Date of birth: \***

**Address: \***

**Postcode: \***

**Daytime telephone number: \***

**Home telephone / mobile: \***

**NHS number: \***

**First language: \***

**Interpreter required: \***

No

Yes

## Referral

**Name of hospital doctor: \***

**Referring doctor: \***

**Tel. contact including bleep number: \***

**E-mail contact: \***

## Clinical Information

**Diagnosis: \***

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**Gestation: \***

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**Delivery type: \***

**Breech or Cephalic: \***

**Birth weight: \***

**Any clinical concerns: \***

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**Any social concerns: \***

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