C-Profilect ADM Case History

Non-Ambulatory ADM resolves bad sores and treatment issues for 3 year old with Unilateral Talipes



Patient details

Initials: LJ Age: 3.5 years Gender: Male

Background

LJ was born with Right Talipes Equinovarus. After following the Ponseti Method of serial casting and a tenotomy at 2 months old, he was immediately placed in the traditional boots and bar for 23 hours a day wear.

Unfortunately, LJ did not cope well with the boots and bar and got a very bad sore on his unaffected foot. This caused him to stop treatment and using the boots and bar for six weeks until his foot had healed.

When returning back to using the boots and bar, LJ had the same issue again. Other options were then looked at, but LJ's foot was far too wide for many of the other boots and bars available.

His mother says, "We began to worry as we thought there were no other options. The doctor then told us about the ADM and it really was our only hope."

So it was agreed by the hospital to use a Non-Ambulatory ADM. At this time, he was four months old and one of the smallest children to use the ADM at the time.

Experience

LJ has now been using the ADM for over 2 years. Since using the Non-Ambulatory ADM his affected right foot looks well corrected and has maintained correct positioning. LJ has started walking, and now only uses the Non-Ambulatory ADM at sleep and nap times.

His mother explains, "LJ has now been using the ADM for 2 years and LJ has got on very well in the ADM."

Conclusions

In the parent's opinion, LJ is walking well, and the indications are that the brace is maintaining the affected foot in the correct position as well as limiting the bad sores that stop treatment.

His mother says, "LJ is currently doing perfect as his doctor says. We do get the odd sores but it is now manageable in the ADM. He has great dorsiflexion and rotation as well as good natural position. LJ's doctor is very happy and pleased with his progression in the ADM. A big thumbs up from us!"

About the ADM

The ADM was launched in March 2014 and is a wholly new type of Ankle Foot Orthosis that includes two sprung-loaded mechanisms aligned to the sub-talar and tibio-talar joints. The ADM was originally developed as night-brace to abduct and dorsiflex the feet of clubfoot patients. When attached to daytime shoes the ADM can improve the gait, mobility and balance of those suffering from a range of conditions.

The ADM is developed and manufactured in by C-Pro Direct Ltd in the UK. C-Pro Direct welcomes enquiries from practitioners treating children with condition similar to those of LJ. The ADM is Patented in many jurisdictions worldwide. For Europe EP Patent No EP2637612 and Registered Community Design No 002238881-0001 apply.