



A



B

FIGURE 29-36. **A:** When the foot is abducted, the heel varus corrects as the calcaneus externally rotates under the talus. **B, C:** (From the private collection of Vincent S. Mosca, MD.) The focus of deformity correction quickly shifts from cavus to the forefoot adductus and hindfoot varus. The forefoot is gently abducted, and the hindfoot is everted around the talus through the subtalar complex, while maintaining supination of the forefoot. The talus is secured against rotation in the ankle mortise by applying counterpressure with the thumb of the other hand against the dorsolateral aspect of the head of the talus (not the calcaneus or cuboid). The forefoot must *never* be pronated. When the foot is abducted against the fulcrum pressure point on the lateral aspect of the head of the talus, the forefoot abducts on the hindfoot and the calcaneus everts (externally rotates, dorsiflexes, and pronates) under the talus. The calcaneus cannot evert unless it can freely rotate posteriorly. This requires that it not be touched or restrained posteriorly. Instead, the posterior pressure and stabilization point is the medial malleolus, which is held firmly by fingers of the hand that is used to stabilize the head of the talus. Gentle continuous pressure for a few seconds is used and repeated several more times when the baby is relaxed until the ligaments are felt to be relaxed, such that minimal pressure needs to be applied to maintain the corrected position. The correction obtained by manipulation is maintained by immobilizing the foot in a thinly padded well-molded toe to groin cast.



C

FIGURE 29-36. *(Continued)*
