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Dr. Dobbs set out to increase patient compliance by making a foot abduction brace that is easier to wear, allows the child to kick and crawl, and still maintains abduction.

Parents of clubfoot children everywhere are praising his new brace, patented as the "Dobbs Bar."

C-Pro Direct Ltd, 7a Enterprise Way Ltd, Eenbridge, Kent TN8 6HF

C-Pro Direct Ireland Ltd, 57 Amiens Street, Dublin, Ireland, D01YY11

Bevope™ Mitchell Spring Assist Bar

www.c-prodirect.com

A Revolution in Clubfoot Treatment

The New Mitchell Spring-Assisted

Bar

- Quick release mechanism allows Ponseti® AFO's to slide on and off for diapering, carseats, and high chairs.
- The spring assist provides a dynamic stretch on the calf,

allowing patients to build calf muscle strength while moving and playing in the brace. This helps mitigate the calf atrophy commonly seen in clubfoot patients.

- A spring reset brings the child's feet back to neutral in a resting position. The spring maintains an active dorsiflexion stretch while still allowing the child to play and crawl in the brace.
- Clear easy dial degree settings with a simple turn of a screw.



- Lets children kick and move their legs independently while maintaining abduction.
- Independent motion makes it harder to pull out of AFO's and reduces irritation.

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

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 midheel of the right foot plate.

Dobbs Bars come in two sizes, **small** and **regular**. The

small bar adjusts from 6 to 9 inches (15.25 cm to 22.86 cm). The regular bar adjusts from 9 to 14 inches (22.86 cm to 35.56 cm). Due to the difference in spring tension between a small and regular size bar, we recommend chilidren less than 12 months of age be in a small size bar with the lighter spring tension. Children older than 12 months should use the regular size bar with the heavier spring tension. WARNING: A regular size bar should not be placed on a child under the age of 12 months. The spring tension in a regular size bar is much heavier than in a small bar and could overpower the child's feet causing pressure on the skin.

Using a Phillips screwdriver, loosen the flat

head screw(s) on the center clamp and slide the width of the bars open until they match the shoulder width of the child. Once the width is correct, retighten the Phillips head screw(s) to lock the bars firmly in place.

• Setting external rotation. Loosen the Phillips head screw in the center of the black swivel arm and rotate the green piece outward until the pointer on the black swivel arm lines up with the correct degree setting on the green piece. Retighten the screw in order to lock in the desired angle of external rotation.



The clubfoot should be set at about 60-70 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 60 degrees in the last cast the brace should also be at 60 degrees. A normal, non-affected foot should be fixed on the bar in about 30-40 degrees of external rotation.

• Attaching the AFO's. Once the angle of external rotation is set by your physician, therapist or orthotist, simply slide the black

piece labeled "PUSH" into the recessed channel on the bottom of the AFO. The piece labeled "PUSH" will pop up and lock the AFO in place. To take the AFO off, press firmly on the part labeled "PUSH" while pulling backwards on the bar until it slides free of the channel.

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.

Warning: Never use Loctite or other superglue based thread lock on the screws in the Dobbs Bar. The superglue/ Loctite will react with the polycarbonate plastic and cause the plastic to weaken and break.

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 consistent 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 Europe. See our website for more details: **www.c-prodirect.com**.

• 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.