

Incidence, prevalence and challenges of managing CTEV in the Top End

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Congenital talipes equinovarus (CTEV) or clubfoot, is a largely idiopathic condition affecting 2.1:1000 Australian infants. The Ponseti method of treatment is the international gold standard for treating CTEV and is largely considered curative and cost-effective. It has been previously established that there is an increased incidence of CTEV in Indigenous populations in Australia, 3.5:1000 but there is no published data on incidence or prevalence of CTEV in the Northern Territory (NT), where 26% of the population identify as Indigenous.

We reviewed incidence and prevalence of CTEV in the Top End district of the NT from 2001 to 2006 birth cohorts. Initial data collection reveals a total 58 cases of CTEV across the Top End, with 49 identified as Indigenous. Incidence of CTEV in Indigenous population calculated at 6.15/1000 births whilst non-Indigenous incidence was 1.0/1000. Genders were represented with 60.8% of Indigenous patients being male, 39.2% Indigenous cases were female, 66.6% of non-Indigenous were male and 33.4% non-Indigenous were female.

The authors are currently undertaking further data collection of years 2006-2012 and will be investigating the challenges of delivering treatment to a population largely residing in remote and rural communities. Delivering Ponseti treatment to rural and remote population dictates long stays at urban treatment centres with long travel times and total days away from home. This increases burden of care on the family and community and is costly to health service providers. The tropical climate also plays a challenging roll with compliance with full plastering, with temperatures often greater than 30degrees in humid conditions.

The authors aim to present full data collected from 2001-2012 covering the interesting epidemiology of CTEV in the Northern Territory and explore the unique challenges of Ponseti treatment delivery to remote Australians in the Top End. Analysis of this data will help to guide practice changes in order to deliver gold standard evidence based early intervention to rural and remote infants with CTEV in the Top End.