

## Treating Clubfoot by Mili Method

### Chiraz Al Jobrani\*

Consulting Specialist, Senior Physiotherapist, Head of Department; Head Physiotherapist/Al Noor Center for Blind, Qatar

\***Corresponding Author:** Consulting Specialist, Senior Physiotherapist, Head of Department; Head Physiotherapist/Al Noor Center for Blind, Qatar

**Received:** March 01, 2021

**Published:** October 22, 2021

© All rights are reserved by **Chiraz Al Jobrani.**

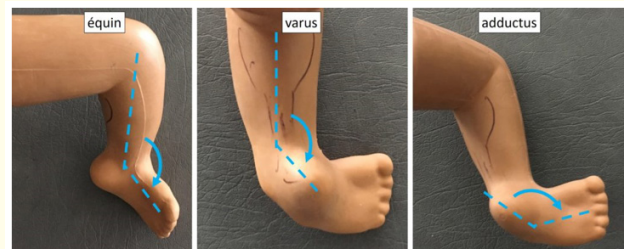


**Figure**

The Clubfoot is a congenital triple deformity of the baby's foot, usually detected at birth with 1 to 4 /1000 occurrence, it is the most common birth defects. It can be bilateral or unilateral, mild or severe. This triple deformity known as clubfoot occurs in 3 planes of the space:

1. On the first plane, the frontal plane, Varus of the hind foot, which is the major deformity.

2. On the second plane, the transversal plane, medial rotation of the calcaneo-pedal block which is an adduction of the forefoot.
3. On the third plane, the sagittal plane, the ankle equine which is a plantar flexion of the foot with Achilles tendon shortness.



**Figure 1:** The 3 components of clubfoot.

The treatment of clubfoot is exclusively physiotherapeutical at the first stage during the first month of the baby's age. There are not many ways to treat it, actually we count only 3 techniques:

1. Ponsetti method.
2. French method.
3. Mili method.

Mili method for clubfoot, is the most recent technique in the field. Since 2008, Mili method has demonstrated its effectiveness day after day. In fact, rehabilitation starts from the first week after



**Figure 2:** Cast by Ponsetti method.



**Figure 3:** Passive manipulations by French method.



**Figure 4:** Tape application by Mili method.

birth and continues for 6 months in an average of 2 sessions per week for the first 3 months and 1 session a week for the second 3 months (depends on the degree of severity of the case).

This method has reversed the principle of treatment of distal congenital malformations. With this method, the treatment techniques go from passive isometric to active dynamic. This allow the physical therapist to treat these deformities without pain and damage of the skeleton.

Mili method uses hypoallergenic tapes to correct the deviations and goes beyond the foot and ankle for better action (knee). As the tape is flexible, this allows the baby to move well and gives him a certain degree of freedom in motion. the baby then actively corrects the position of his foot by controlling the pain threshold and without hurting himself.

This method highly respects the morphogenesis of foot bones, that explains why Mili starts his correction by the beginning of the foot morphogenesis.

The first 2 methods (Ponsetti and French) start the rehabilitation by the 3<sup>rd</sup> week after birth, they both concentrate on treating the major deformity (Varus) while the equine is left behind for an eventual surgery later in 50% of the cases (Achilles Tenotomy).

Mili method has 5 major innovations:

1. Dynamic and active: Self-control of pain threshold.
2. Active traction of the calcaneus.
3. Continuous functional self-education.
4. Simultaneous correction of the 3 components of the clubfoot.
5. Description of the foot morphogenesis.



**Figure 5:** Mr. Mili Fraj with one of his patients.

Here is a comparison table 1 between the 3 methods.

<b>Ponsetti</b>	<b>French</b>	<b>Mili</b>
From the 3 <sup>rd</sup> week	From the 3 <sup>rd</sup> week	From the 1 <sup>st</sup> week
1 to 3 years	1 to 2 years	6 months to 1 year
Casts and splints	Manual and splints	Tapes only
passive	passive	active
isometric	Isometric/dynamic	dynamic
pain	pain	No pain
surgery	surgery	No surgery
No respect of morphogenesis	No respect of morphogenesis	Respect morphogenesis

**Table 1**

Mili method is a revolutionary technique for the treating of clubfoot, it deserves to be known worldwide.

**Volume 4 Issue 11 November 2021**

**© All rights are reserved by Chiraz Al Jobrani.**