

# IOWA BRACE

HEALTHCARE PROFESSIONAL USER GUIDE



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This guide is intended for use by healthcare professionals whom are treating patients with clubfoot deformity.

To view video demonstrations of how to assemble a brace and how to put a brace onto a child, visit <http://www.clubfootsolutions.org/>

The following resources are available for parents and caregivers:

- Free Clubfoot Solutions app
- Clubfoot Solutions YouTube channel
- Clubfoot Solutions website

**We recommend that healthcare professionals read this manual before providing the Iowa Brace to a responsible parent or caregiver or before applying the brace to a patient.**

For more information, visit [www.clubfootsolutions.org](http://www.clubfootsolutions.org), or contact Clubfoot Solutions at 3214 Westminster Road, Bettendorf, IA 52722, USA, or by calling (+1) 563-232-1103.



## TABLE OF CONTENTS

Contraindications .....	4
Description of the Iowa Brace.....	4
Unilateral Left Clubfoot Example (Fig. 1.).....	4
Parts of the Iowa Brace .....	4
Shoes (Fig. 2.) .....	5
Platforms (Fig. 3.) .....	5
Plugs and Screws (Fig. 4.).....	5
Release Key (Fig. 5.).....	5
Iowa Flexbar .....	5
Assembling a Brace .....	6
Determine the Correct Angle for Each Shoe .....	6
Bilateral Corrected Clubfoot Example (Fig. 6.).....	6
Corrected Left Clubfoot Example (Fig. 7.).....	7
Platform & Shoe Assembly for a 60-Degree Angle .....	7
Platform & Shoe Assembly for a 30-Degree Angle .....	9
Attach the Iowa Flexbar to the Shoes .....	10
Unlock a Platform from the Bar .....	10
Release Key Example (Fig. 8.).....	10
Putting a Brace on a Child .....	11
Child's Heel Down And Back (Fig. 9.) .....	11
Tongue Outside Shoe AFO (Fig. 10.) .....	11
Removing the Brace.....	12
Unbuckling Strap (Fig. 11.) .....	12
Unlocking Bar From Platform (Fig. 12.) .....	12
Cleaning and Maintenance .....	12
Helping Parents and Caregivers Manage Brace Wear .....	13
Troubleshooting .....	13
Clubfoot Casting and Beyond .....	14
Clubfoot Solutions Iowa Brace Product Listing.....	20
Sizing Chart (U.S. Sizes).....	21

Iowa  
Brace

By Clubfoot Solutions

## Contraindications

**WARNING:** The IOWA Brace is designed and intended to be used with children whose clubfoot has been fully corrected with the Ponseti method. Do not use the brace with a child who has a partially corrected clubfoot or a relapsed clubfoot, as this may result in pain and injury to the child.

If any part of the IOWA Brace (shoe, straps, platform, plugs, screws, or the IOWA Flexbar) fails, malfunctions, or is damaged, do not use the damaged part. For information about the warranty, replacement, and return policy, visit <http://www.clubfootsolutions.org/> or contact Clubfoot Solutions.

If wearing the IOWA Brace results in skin irritation or blisters for the child or other adverse effects that cannot be corrected through proper use of the IOWA Brace (see also, "Troubleshooting", below), consult the child's doctor or the healthcare professional supervising the care of the child.

## Description of the IOWA Brace

The IOWA Brace is worn to maintain a clubfoot correction and to prevent recurrence (relapse) of clubfoot after the foot has been fully corrected using the Ponseti method. Children wear the brace on both feet even if they only have one clubfoot. The shoes are positioned to turn out 60-degrees for a corrected clubfoot, and 30-degrees for a normal foot.



Figure 1. IOWA Brace, unilateral left clubfoot

In this example of a left clubfoot, the platform for the left shoe is set at a 60-degree angle and the platform for the right shoe is set at a 30-degree angle.

## Parts of the IOWA Brace

The IOWA Brace consists of the following parts:

- One pair of clubfoot brace shoes (left and right)
- Two platforms (one for each shoe)
- Two plugs (one for each platform)
- Four screws (two for each platform)
- One IOWA Flexbar
- Two release keys



## Shoes

Each shoe has an AFO insert, a tongue, and straps with enhanced buckles. The open-toe design allows room for the foot to grow between changes in shoe size. The shoes come in fifteen sizes, U.S. children's size 000 to U.S. children's size 12 (See sizing chart on page 15).



Figure 2. Iova Brace shoes

## Platforms

The platforms can be used with either a left or right shoe. The platforms have two slots on the sides that allow you to set the angle of the shoes when the Iova Flexbar is inserted into the slot. The locking tab on the underside of the platforms prevents children from releasing the bar. Clubfoot Solutions provides a brace release key to unlock and release the Iova Flexbar from the platform. Platforms come in three sizes. The small platforms are for shoe sizes 000-3, and the medium platforms for sizes 4-9, and the large platforms for sizes 10-12.



Figure 3. Iova Brace platform

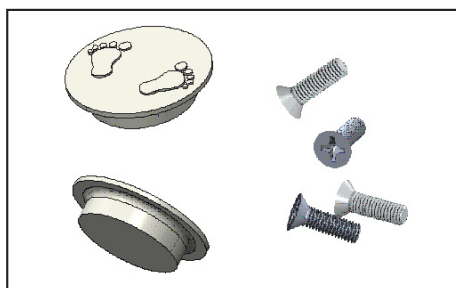


Figure 4. Plugs and screws



Figure 5. Release key

The plugs that come with the platforms are used after you set the angle to prevent the brace from being locked with the shoes at the wrong angle. The screws that come with the platforms are used to connect the platforms to the Iova Brace shoes. The brace release key makes it easier to unlock the platforms from the bar.

## Iova Flexbar

The Iova Flexbar has a built-in angle of 15 degrees of dorsiflexion on each end. When the child is wearing the brace, the ends of the Iova Flexbar point up, towards the knees. The Iova Flexbar comes in five lengths. Although the choice of bar length is at the discretion of the supervising healthcare provider, suggested bar lengths for different shoe sizes are as follows:

- Shoe sizes 000 through 1 : Size 1 bar; 8 inches
- Shoe sizes 2 through 5 : Size 2 bar; 10 inches
- Shoe sizes 6 through 8 : Size 3 bar; 12 inches
- Shoe size 9 and 10: Size 4 bar; 13 inches
- Shoe size 11 and 12: Size 5 bar; 15 inches

## Assembling a Brace

The following figure shows an expanded view of how the parts of the IOWA Brace fit together.



How the parts of the IOWA Brace fit together

To view video demonstrations of how to assemble a brace and how to put a brace onto a child, visit the Clubfoot Solutions website at <http://www.clubfootsolutions.org/>

## Determine the Correct Angle for Each Shoe

The brace can be worn by children with corrected bilateral clubfeet or unilateral clubfoot. If a child has bilateral clubfoot, set both shoes to point outward at a 60-degree angle when they are connected to the bar. For a child with one corrected clubfoot (unilateral) and one unaffected foot, set the angle for the corrected clubfoot to point outward at 60-degrees and set the angle for the unaffected foot to point outward at 30 degrees.

### Bilateral corrected clubfoot example



Figure 6. Both shoes are set at a 60-degree angle



### Corrected left clubfoot example

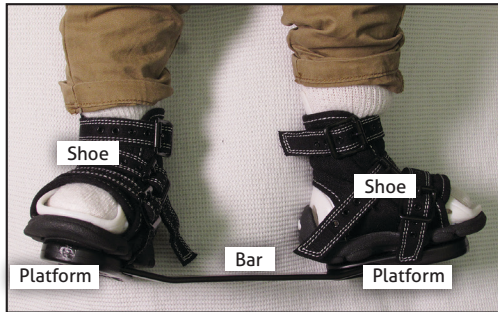


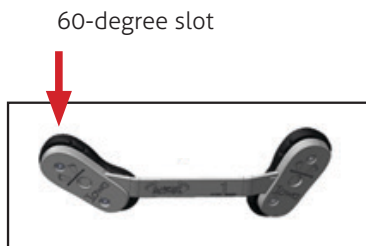
Figure 7. The left shoe set at a 60-degree angle and the right shoe is set at a 30-degree angle

## Platform and Shoe Assembly for a 60-Degree Angle

This is the correct angle for a corrected clubfoot. The platforms can be used with either a left or right shoe. Platforms have two slots on the sides that control the angle of the shoe when it is connected to the bar.

### To assemble a platform and shoe for a 60-degree angle:

1. Orient the shoe so that you are looking at the sole and the buckles are pointed medially.  
For a left shoe, the buckles are on your right and for a right shoe, the buckles are on your left.
2. Locate the 60-degree slot on the side of the platform.



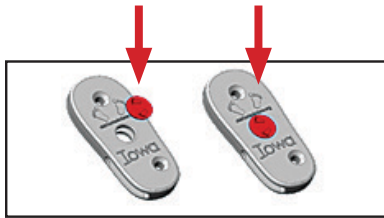


The 60-degree slot is closer to the heel area of the platform. The 30-degree slot is located on the opposite side of the platform.

3. Align the platform with the sole of the shoe so that the 60-degree slot is also medial (next to the shoe buckles).

In this position, the toes of the Clubfoot Solution logo are near the toe of the shoe.

4. Insert a plug into the center hole of the platform.



The plug prevents the bar from being locked if the IOWA Flexbar is inserted into the wrong slot. The plugs should be between the shoe and the platform.

5. Use the two provided screws to secure the platform to the shoe.



- Be careful not to overtighten the shoes.
- Small platforms have two screw holes in the heel area. Use the screw hole that aligns when the platform is straight on the bottom of the shoe.
- If one screw is longer than the other, use the shorter screw to attach the toe section.

## Platform and Shoe Assembly for a 30-Degree Angle

This is the correct angle for an unaffected foot when a child has unilateral corrected clubfoot. The platforms can be used with either a left or right shoe. Platforms have two slots on the sides that control the angle of the shoe when it is connected to the bar.

### To assemble a platform and shoe for a 30-degree angle:

1. Orient the shoe so that you are looking at the sole and the buckles are pointed medially.  
For a left shoe, the buckles are on your right and for a right shoe, the buckles are on your left.
2. Locate the 30-degree slot on the side of the platform.

The 60-degree slot is closer to the heel area of the platform. The 30-degree slot is located on the opposite side of the platform.

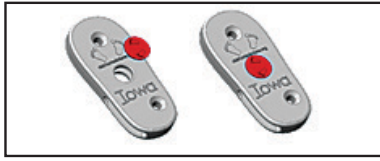


3. Align the platform with the sole of the shoe so that the 30-degree slot is also medial (next to the shoe buckles).  
In this position, the toes of the Clubfoot Solution logo are near the toe of the shoe.
4. Use the two provided screws to secure the platform to the shoe



- Be careful not to overtighten the shoes.
- Small platforms have two screw holes in the heel area. Use the screw hole that aligns when the platform is straight on the bottom of the shoe.
- If one screw is longer than the other, use the shorter screw to attach the toe section.

5. Insert a plug into the center hole of the platform.



The plug prevents the bar from being locked if the Iowa Flexbar is inserted into the wrong slot.

## Attach the Iowa Flexbar to the Shoes

The shoes must be worn together with the bar to maintain the clubfoot correction.

### To attach the Iowa Flexbar to the shoes:

1. Orient the bar so that the ends are angled upward like a smile.
2. Insert the ends of the bar into the slots on the medial (buckle) side of each platform.
3. Check to make sure that the buckles are facing medially and that the brace is set up with 60-degrees of abduction for one or both clubfeet and 30-degrees of abduction if there is an unaffected foot.
4. Make sure that the bar is inserted to provide 15° of dorsiflexion.



## Unlock a Platform from the Bar

The enhanced locking tab is designed to prevent the child from disengaging the bar from the platform. A release key is available to help with disengaging the bar from the platform.

### To unlock the shoe and platform from the bar:

1. Press down on the flat part of the locking tab.



Figure 8. Release key example

2. Pull the bar out of the platform slot to disengage the bar.



## Putting a Brace on a Child

You can decide which order to put the shoes onto the child. If the child does not fuss when the shoe is applied, put the shoe onto the most troublesome foot first. If the child tends to kick a lot when putting on the shoes, put the shoe on the easier foot first, since the child will be more likely to kick into the second shoe.

### To put a brace onto a child:

1. Put socks on the child's feet and make sure that the socks are smooth and wrinkle-free. Use cotton socks that cover the foot everywhere the shoe touches the child's foot and leg. The child's skin may be sensitive after the last cast is removed and/or there may be some initial swelling, which should only last for a day or two.



Clubfoot Solutions endorses PeditRx seamless socks. For ordering please visit: <https://clubfootsolutions.org/product/pediatrx-clubfoot-afo-socks/>

2. If the seams of the sock are pressing on the child's toes, pull out the toe of the sock slightly.
3. Put a shoe onto the child's foot.
4. Bend the child's knee and push down slightly on the child's thigh to make sure the heel is seated.
5. Press gently on the top of the foot (where the leg meets the foot) with your thumb to make sure that the heel is visible through the viewing hole in the heel of the shoe.



Figure 9. Child's heel down and back

Note: The heel of the shoe is cupped (oversized) to prevent the heel from sliding. The child's heel should be down and back as far as possible in the shoe.

6. Fold the tongue across the foot, making sure that it is flat and smooth. Make sure that the side edge of the tongue is outside of the shoe AFO insert and not against the child's skin.

Note: If the tongue of the Iowa Brace is too large and does not lay flat over the top of the child's foot and causes folds when being buckled, it should be trimmed to size. The Iowa Brace tongue is designed to be trimmed along the second stitch line. This will help ensure the tongue will lay flat on the top of the child's foot when trimmed to size. See photo of trimmed tongue. It is important to avoid having fold's in the tongue to help prevent skin irritations on the top of the feet.



7. Tighten the middle strap snugly. Then tighten the other two straps. You can mark the holes on the straps that you use to be sure you are consistently securing the shoe each time.



Figure 10. Tongue outside shoe AFO

Note: Make sure the padded tongue is outside the shoe AFO insert

8. Check that the child's heel is still down in the shoe by looking through the holes in the rear of the shoe.

Gently pull up and down on the lower leg. If the toes move backwards and forwards, the heel is not down, so you must retighten the strap. Do not cut off circulation. Run your finger under the baby's toes to ensure that they are straight and are not bent under. As the child grows, do not be concerned if the front of the foot is not completely contained in the shoe as long as the remainder of the shoe still fits well. New shoes are needed when the child's toes completely curl over the front edge of the shoe.

9. Insert the Iow Flexbar into the slots on the platform, making sure that the ends of the bar are pointing upwards toward the child's knees.

## Removing the Brace

The buckle of the Iow Brace is designed to prevent the child from taking off the shoes. The locking tab on the platform is designed to prevent the child from disengaging the bar from the platform

### To remove the brace:

1. To unbuckle the shoe, lift up on the buckle and then pull the strap to remove the prong from the buckle (Figure 11).
2. To unlock the Iow Flexbar from the platform, press down on the flat part of the locking tab and pull the bar to disengage (Figure 12).

*Each Iow Brace provides two release keys to make it easier for caregivers to remove the child's brace for free time. Additional release keys can be purchased on the Clubfoot Solutions website - [www.ClubfootSolutions.org](http://www.ClubfootSolutions.org)*



Figure 11.



Figure 12.

## Cleaning and Maintenance

All parts of the Iow Brace are submersible and easily cleaned using soap and water. If shoes get wet, allow them to dry thoroughly before a child wears them. Avoid chemical agents and chlorinated solutions since these may damage the fabric of the shoes.

Each shoe is attached to a plastic platform using two metal screws. Inspect the screws to make sure that the platforms are securely fastened to the shoes. Tighten the screws if they become loose. Caution should be taken to not overtighten the screws.

## Helping Parents and Caregivers Manage Brace Wear

Each Iowa Brace provides two release keys to make it easier for caregivers to remove the child's brace for free time. Additional release keys can be purchased on the Clubfoot Solutions website - [www.ClubfootSolutions.org](http://www.ClubfootSolutions.org)

To reinforce the importance of brace wear compliance and to support parents and caregivers, Clubfoot Solutions provides the following resources:

- Free Clubfoot Solutions app
- Clubfoot Solutions YouTube channel
- Clubfoot Solutions web page

For information about these resources, visit <http://www.clubfootsolutions.org/>.

## Troubleshooting

Examine the child's skin for redness or blisters. Redness that goes away in about twenty minutes is normal. Redness that persists for longer than twenty minutes or a blister may be caused by the following:

- The straps are too loose (the most common cause).
- The child has outgrown the shoes.
- The straps are too tight.
- The fabric of the shoes or socks is not smooth against the skin.
- The tongue of the shoe is not tucked behind the insert.

If redness does not go away within twenty minutes, or if a blister develops, it is important to determine the cause of the problem. Note that the Iowa Brace is designed to maintain alignment of a fully corrected clubfoot. If the foot has not been corrected or has relapsed, then wearing the brace is contraindicated.



# Clubfoot Casting and Beyond

If your baby has been born with one or both feet that curl or turn inwards you hopefully you will be under the care of an experienced doctor and care team. Our bodies have both plastic and elastic qualities. Holding the foot with a cast or brace targets the plasticity in our system, to bring about change. They gradually encourage each foot affected into a normal position by holding the foot and lower leg in a continued stretch.



When your baby is born their feet are immature with 22 partially developed bones, taking 15 years to fully mature. There is more space and soft tissue present than bone (see image), compared to the fully developed adult foot. The lack of structure is what makes it possible for a foot to curve inwards, the amount of soft tissues and the fact that it is still growing makes it possible to treat clubfoot successfully with the Ponseti Method and Iowa Brace.



While you are adapting to life with your baby and juggling the challenges of having one or both legs in casts or brace, here are a few ideas and things you can do safely at home to start and support the process of change...

## Massage

Massage provides important touch to the body - both for stimulation and relaxation. Touch conveys love, build trust and enhances the bond between you and your baby. Massaging your baby's legs daily before casting, when the cast is being changed or at bath-time when they are out of their brace helps support the change!



## Movement

We were born to move, in fact movement started well before your baby was born. With clubfoot movement of your baby's knees and ankles will be completely restricted during casting and bracing will limit any ankle movement.



It is important that you keep your baby moving to encourage natural development of what movement they can do - the floor is their best friend and they will slowly work out how to move despite cast and brace. They don't know any different so allow time for their brain to work things out.

## Getting started

- Massage skin to skin is best, use organic/cold-pressed plant oil if you like. For upper body massage use pressure that makes a slight dent when you push in, be gentle and slow.
- Movements need to be rhythmical and slow. Or follow your baby's lead.
- Grab moments when your baby is awake, eyes bright and they are happy, tend to all their other needs first. If they start fussing or crying stop as it may be enough stimulation, or they may need something else

## Massage - Legs & Feet

Follow this routine daily before casting, when casts are being changed (when possible) and at bath-time when they are wearing the brace. Times you repeat a stroke are given as a guide.

- Hold their legs in your hands, bounce them up and down. See if they will let go and give you the weight of their legs (this can be down during casting too).
- Take one leg and sweep your hand from their hip to toes (x5). Repeat on other leg.



- Place the fingertips of your right hand gently into their right groin and slowly stroke towards their inside ankle, stretching their leg straight, if possible, continue under their foot to the toes (x5). Repeat on left leg with your left hand.

- Use your thumbs or fingertips to stroke the soles of their feet from their toes to heels.
- Then, using thumbs or fingertips massage in small circles the top of their foot from toes to ankle.



- Continue these small circles up the front of their leg (x2). Repeat on other leg.
- Repeat the small circles up the side of their leg from ankle to hip (x2). Repeat on other leg.

Turn your baby over on to their tummy. Either flat on the floor, on a cushion or put them over your legs.

- Starting at their bottom, slowly stroke down their legs to the heel on the back of their legs, again straightening the legs as much as you can without force (x5). Repeat on right.

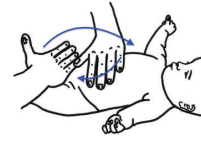


If your baby is in a cast or brace head down to the toes. This is the furthest part of the body from their brain and needs stimulation to help build nerve pathways. Gently touch, squeeze and massage each toe. Introduce counting and rhymes - have some fun.

## Massage - Tummy & Upper Body

**Tummy** - this routine is also great for colic & digestion, repeat several times a day if your baby is showing signs. Ensure your baby's umbilical has healed before doing any strokes

- Place your hand across baby's tummy and hold. Massage is a great time to make eye contact and connect with your baby.
- With your hand across their tummy, scoop downwards towards their legs, then place your other hand on their tummy and scoop down. Repeat 5x.



- Place both hands on your baby's tummy with thumbs facing towards their head. Sweep outwards with your thumbs just under their ribs. Repeat lower down towards their legs. Repeat 3x.
- Gently lift their legs towards their chest, try and bring their knees gently together without forcing them, hold for a count of 30. Count out loud or sing to them. If they are in casts, move on to the next move.
- Hold their legs, gently bounce them up and down, encouraging them to let go and relax.



### Upper body, back and arms



- Place your hands on their tummy again, sweep up and out over their shoulders and back to their tummy. Repeat 5x.
- Repeat above stroke, this time sweep out and down their arms to finger tips.
- Massage each hand and all their fingers. Introduce counting and use rhymes.

Roll your baby over - you can massage their back either on their tummy or lying over your lap.

- Using your finger tips make small circles either side of their spine.
- Massage their bottom in a similar way.
- To finish, stroke all the way from the top of their head to their toes, squeeze the toes. Repeat 5x.



You can play music, sing or chat when you massage your baby. Follow their cues, they will let you know when they have had enough, or are not in the mood!

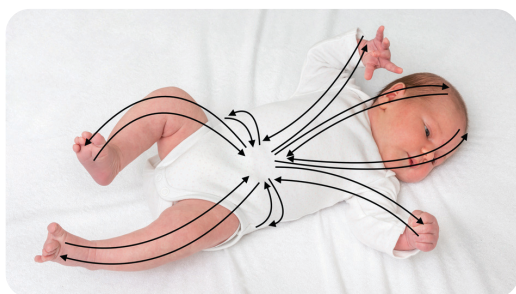
## Massage Integration

This activity bring awareness to your baby of their extremities - head, arms, legs and tail, in relation to their centre or core. Some call it 'navel radiation' or you can think of it like a starfish.



During most of this routine you will keep one hand on your baby's tummy, you can alternate hands as you need. Describe the connections in the body to your baby and your hands move - suggestions given. Each move starts and finishes at the tummy (their centre) and can be done over clothes, casts and braces. Your baby can be lying on the floor or your lap.

- *"Your tummy is connected to your head"* Start at their tummy and stroke both of your hands up their chest. Continue with your fingertips over their cheeks either side of their face to the top of their head, gently squeeze their head. *"Your head is connected to your tummy"* Return behind their ears over their chest back to their tummy.
- Keeping one hand now on their tummy, stroke out and down their right arm. *"Your tummy is connected to your right arm"* Gently squeeze their hand and fingers, return to their tummy. *"Your arm and hand is connected to your tummy"* Repeat on left arm.



- Keeping one hand on their tummy, stroke out and down their right leg (over the cast/brace), gently squeeze their toes, return to their tummy. Repeat on left. *"Your tummy is connected to your left/right leg and foot - and your foot and leg is connected to your tummy"*
- Wrap both hands around their waist, your fingers meeting under their bottom, then sweep back to tummy. *"Your tummy is connected to your back and you back is connected to your front"*

Now connect arms and legs, same sides and opposites

- With one staying on their tummy, stroke out the right arm then down to the right foot, then back to their tummy. Repeat on the left. *"Your right/left arm is connected to your right/left leg and foot, and both are connected to your tummy"*
- Keep one hand on their tummy and stroke to the right hand and then down to the left foot. Then to the left hand and right foot. *"Your right hand is connected to your left foot...etc"*

Do this once a day, especially when cast and in a brace. You can do an abbreviated version on just the legs every time you change their nappy.

## Movement

Carrying, holding and rocking your baby as they grow continues to develop their vestibular system (relating to balance and spatial awareness). As they develop head control options for movement increase.

Movements you can do include (once head control established):

- Jiggling or bouncing them on your knees
- Spinning around with them (don't fall over!)
- Swinging them in your arms
- Lifting them up and down above your head



## Floor-time - Active and Passive

Floor time is an important part of your baby's everyday life. Whilst it may become tempting once they gain head control to have them sitting, propped up try and avoid this. Of course car seats and push chairs/buggies can be used for transporting your baby, and carrying them, wearing them and sitting them on your lap is absolutely fine.

The first 2 years are crucial for them to develop and master foundational movements. Physical development precedes cognitive learning (reading/writing) which makes sense but is often overlooked.

The floor provides the perfect environment for your baby to develop all the physical capabilities they will need to be able to walk - and more important for your clubfoot baby. The more time your baby has preparing to walk the better, they will soon catch up if you give them these early opportunities.

### Active floor time



Place your baby on the floor (in a safe place) for increasingly longer periods during the day - on their back **and** their tummy (even when they are in casts/brace). Observe their movements as they discover what they can do.

- Put objects either side, or in front of them to look at and try to reach.
- Use a play mat with different textures for tummy-time or a mobile above them.
- When turning them from back to front and vice versa, gently help them roll over.

### Passive floor movements (you move them)

Place your baby on the floor and do the following movements - gently and without force

- Cross their arms both ways (right over left and vice versa).
- Touch left arm to right leg/cast and vice versa.
- Reach their arms above their head, or out like a starfish.
- Gently scissor kick their legs up and down.
- Holding their legs gently push and pull so that you see their body move and head nodding.

# Bracing and Beyond

Congratulations on making it through the casting phase of treatment. You've still got a way to go so hang in there - your baby will be crawling, walking and running before you know it. Continue to follow the instructions and guidelines from your doctor and care team. While the IOWA Brace is doing its magic you can help by providing your infant with a stimulating environment, one that allows freedom of movement and exploration.

With the new challenge of having your baby in a brace, here are a few ideas and things you can do safely at home to continue supporting the process of change....



## Massage

- Continue to massage their upper body, massage legs and feet when out of their brace.
- Use the integration 'starfish' technique to reinforce the connection of their feet to the rest of their body.

## Movement

Movement of your baby's ankle will continue to be restricted while in the brace. Help your baby move by providing plenty of safe space for them, remember the floor is their friend and they will slowly work out how to move despite the brace.

- Getting out and about in nature provides more stimulation, mix up their experience with carrying them, using a push chair or buggy and putting them on the ground to explore.
- Remember limit the amount of sitting. If they can't get into a sitting position by themselves they're not really ready to be sitting. Sitting is a result of movement, not a place to be put.
- Continue with the passive movements if your baby enjoys them, or just play with them.



## Finding Their Feet

Be patient - your baby has all they need inside to develop. With space, love and encouragement they will find their feet.

As your infant 'finds their feet' and transitions out of their brace continue to encourage floor time for the final development of rolling, crawling, climbing, standing through to walking. This can be achieved with activities such as:

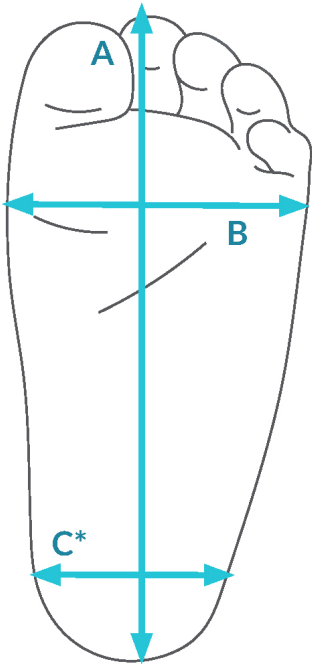
- Commando courses under and over pillows, chairs etc
- Crawling chasing games - indoors and outdoors
- Lying down to look at books on their tummy
- Rolling down grassy slopes



## CLUBFOOT SOLUTIONS IOWA BRACE PRODUCT LISTING

PART NUMBER	PRODUCT NAME	DESCRIPTION	EXTENDED DESCRIPTION	UNIT OF MEASURE
CFS-000	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 000	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-00	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 00	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-0	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 0	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-1	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 1	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-2	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 2	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-3	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 3	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-4	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 4	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-5	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 5	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-6	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 6	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-7	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 7	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-8	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 8	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-9	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 9	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-10	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 10	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-11	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 11	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-12	Iowa Brace	Semi-Rigid Clubfoot AFO, Size 12	Incl. shoes, bar, platform, plugs, screws, key	Pair
CFS-1-B	Iowa Brace	Abduction Splint - Dennis Brown Bar	8 in. bar	Each
CFS-2-B	Iowa Brace	Abduction Splint - Dennis Brown Bar	10 in. bar	Each
CFS-3-B	Iowa Brace	Abduction Splint - Dennis Brown Bar	12 in. bar	Each
CFS-4-B	Iowa Brace	Abduction Splint - Dennis Brown Bar	13 in. bar	Each
CFS-5-B	Iowa Brace	Abduction Splint - Dennis Brown Bar	15 in. bar	Each
CFS-PLAT SM	Iowa Brace	Quick Disconnect Mechanism - Small Sizes 000-3	Reversible Platform - 60 and 30 degrees	Each
CFS-PLAT MD	Iowa Brace	Quick Disconnect Mechanism - Medium Sizes 4-9	Reversible Platform - 60 and 30 degrees	Each
CFS-PLAT LG	Iowa Brace	Quick Disconnect Mechanism - Large Sizes 10-12	Reversible Platform - 60 and 30 degrees	Each
CFS-PLUG	Iowa Brace	Stop Plug for Reversible Platform	Sold 2 / package	Each
CFS-SCR-1	Iowa Brace	Platform Screw 13mm, Front	Sold 2 / package	Each
CFS-SCR-2	Iowa Brace	Platform Screw 17mm, Back	Sold 2 / package	Each
CFS-KEY	Iowa Brace	Release Key	Sold 2 / package	Each

# Sizing Chart



## LENGTH AND WIDTH MEASUREMENT LOCATIONS

Ensure heel is fully encompassed into the heel pocket – size most dependent on heel measurement.

AFO Size	Foot Length (mm)	Foot Width (mm)	Heel Width (mm)
000	88 mm	45 mm	30 mm
00	92 mm	47 mm	35 mm
0	97 mm	50 mm	37 mm
1	102 mm	52 mm	40 mm
2	112 mm	53 mm	42 mm
3	122 mm	55 mm	45 mm
4	133 mm	58 mm	47 mm
5	143 mm	60 mm	49 mm
6	153 mm	62 mm	50 mm
7	163 mm	64 mm	52 mm
8	173 mm	66 mm	54 mm
9	183 mm	67 mm	56 mm
10	198 mm	68 mm	58 mm
11	208 mm	70 mm	60 mm
12	218 mm	72 mm	62 mm

When sizing, we recommend leaving 5 mm to 10 mm room for growth; i.e. a foot length of 90 mm would be size 0. The sizing above is the exact dimensions of the Iowa AFO. Bar sizing for the Iowa Flex bar and D-Bar EZ Click bar should be to outer edge of the patient shoulders.

## D-Bar EZ Click Bar 15° Angle

Bar Size (SDCBMD)	Min Width	Max Width
Small	15.0 cm / 6 in	23.0 cm / 9 in
Regular	23.0 cm / 9 in	35.5 cm / 14 in

## Iowa Flex Bar

Width (in.)	Angle
Size 1 – 8in.	15°
Size 2 – 10in.	15°
Size 3 – 12 in.	15°
Size 4 – 13 in.	15°
Size 5 – 15 in.	15°

For more information, email: [info@clubfootsolutions.org](mailto:info@clubfootsolutions.org)





# CLUBFOOT SOLUTIONS



*A quality affordable brace for every child.*

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## KEY SERVICES

For a child born with clubfoot, the world can feel painfully out of reach. Their tiny feet twist into positions that make standing difficult and walking nearly impossible. What should be a carefree childhood is too often marked by shame, fear, and isolation—especially in places where the condition is misunderstood or feared.

But there is hope. More than sixty years ago, **Dr. Ignacio Ponseti** of the University of Iowa Health Care changed the future for these children. His gentle, noninvasive method has given millions the chance to walk, run, play, and live without pain. Today, the **Ponseti Method** is the global gold standard for treating clubfoot, a condition that affects **200,000 newborns every year**.

**Clubfoot Solutions** carries this legacy forward by providing the Iowa Brace—a comfortable, durable, and proven brace that completes the Ponseti Method. For children in the developing world, this brace is often the difference between a lifetime of disability and a lifetime of possibility.

## HOW TO HELP

Every child deserves the chance to walk. Yet for many families around the world, the cost of treatment is far beyond reach. That's why Clubfoot Solutions is committed to ensuring that **ability to pay never determines a child's future**.

"Since 2015, through sales, fundraising and grants, we've distributed more than **150,000 Iowa Braces** to children in over **100 countries**," says **Todd Becker, Managing Director of Clubfoot Solutions**. "Our goal is to double that number by 2030. The same team that brought the world the Ponseti Method also created the Iowa Brace—and with donor support, we can deliver this life-changing device to every child who needs it."

**ONE HUNDRED PERCENT** of your gift—whether \$25, \$50, \$100, \$250, \$500, \$1,000 or more—goes directly toward manufacturing and delivering the Iowa Brace to children around the world.

A small act of generosity can give a child the chance to stand tall, take their first steps, and step into a future filled with hope.





## Every Child Deserves a Chance

Nearly 80% of children with congenital clubfoot birth defect are born in developing countries.



These families and Ponseti Method trained health providers lack the funds to pay for an effective clubfoot brace. The bracing phase of the Ponseti method is the critical component of treatment that prevents the recurrence of clubfoot in children. With your help, we can provide these children with the Iowa Brace and give each child a chance to live a productive life – free of pain and shame.





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Revision: March 27,2026



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