

Boots And Bar Basics

Read this handout to learn how to care for your child with the boots and bar orthotic. Though your child's clubfoot has been corrected, it can come back. The boots and bar work well to prevent this from happening. The highest risk of deformity is within the first five years of life.

Our clinic offers the Mitchell Ponseti Boots and Bars or the Dobbs Bars. The difference is that the Dobbs bar lets your child kick their feet on their own.

Fitting

Your child will be fitted for the boot and bar in clinic by a doctor or orthotist. Bring a pair of long socks to this visit. Even if your child has clubfoot on only one side, they will need to wear boots on both feet as both boots connect to the bar.

Your doctor or orthotist will decide the position of the shoes on the bar during the fitting. The shoes should be set up with the buckles on the inside of the foot. You won't need to turn your child over to tighten the straps.

During the first week:

- Expect your child to be fussy. This is not because the orthosis is painful but because it is new and their skin is sensitive.
- Remove the boots and bar with each diaper change to check the skin.

Only remove the boot when your child is calm. If you remove the boot when your child fusses, they will learn that crying gets the boot taken off.

How to Put on the Boots and Bar

1. **Apply comfortable socks.** Socks can cover the whole foot since the shoe touches the baby's foot and leg.
2. **Place the foot into the boot:** Bend their knee to get foot in the correct position. Then, flex the ankle up past 90 degrees. Place the foot into the boot making sure the heel is firmly down and back in the boot.
3. **Tighten the middle strap first.** When tightened, the strap keeps the foot down and back in the boot. The middle strap is most important. The strap helps keep the heel down and prevents slippage. A leather strap will stretch. Adjust and retighten the strap as needed as time goes on to hold the foot down and back in the boot.
4. **Check that their heel is down** in the boot by gently pulling up and down on the lower leg. If the toes move back and forth, the heel is not down. Retighten the strap. Use the small hole at the heel to check whether the heel is down in the boot.
5. **Lace or tighten the other straps** snugly. Straps shouldn't be too tight that you cut off blood flow.

If your child keeps slipping out of the boot, let your doctor know.

Tighten the screws on the bar and boots and brackets connecting the bars on occasion. Be careful not to overtighten the bolts on the plastic brackets as the brackets may crack. Tighten until snug. Use the Allen wrench to adjust the bar width to ensure that the boots sit at shoulder width apart from one another when attached to the bar.

Boot Wearing Schedule

- **For the first 3 months:** Your child will typically wear the boots and bar for 23 hours a day. Remove them for bathing or changing clothes.
- **After 3 months** (or once your child starts trying to stand): many will slowly switch to wearing the bar and boots only during naps and at night. Your doctor will talk to you more about this.

Skin Care

Look for any signs of sores each time the boot is off. Signs include:

- Redness that doesn't turn white when touched
- Blister(s)
- Skin breakdown

Some mild skin redness that fades with boot removal can be normal with use. Bright red spots or blisters, especially on the back of the heel, should be discussed with your doctor.

Playtime

Play with your child in the orthosis. This will help them adjust to it quickly. Make it a routine.

Padding the Bar

Padding the bar will prevent the bar from harming your child, you or your furniture. An infant car seat shoulder strap pad works well when the child is small. Use foam pipe insulation or a bicycle handlebar pad when the child is larger.

When to Call

Contact your child's doctor or orthotist if you notice

- Bright red spots or blisters
- Your child's toes hang over the edge of the boot (they may need a larger boot)

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 1/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF# 8474