



Enable a child with clubfoot to
Walk for life

WE CAN CLIMB MOUNTAINS NOW

A Bangladesh success story

Parental consent has been taken for all published photographs

32,628
lives changed ... and
counting.

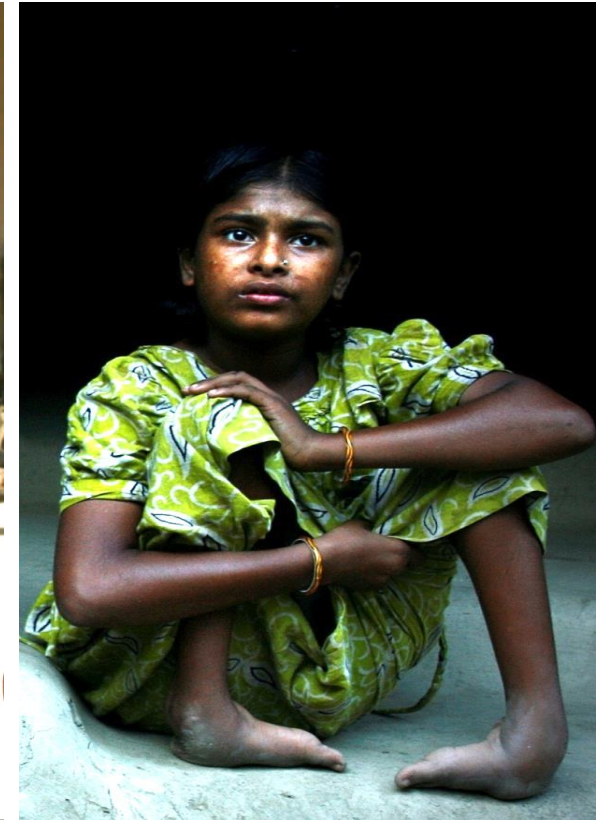
Correct!
More than fill the Mirpur
Cricket Ground.



The Problem

Every year in Bangladesh about 4000 children are born with clubfoot. Left untreated children live with the pain and stigma of untreated clubfoot. For a lifetime.

It is one of the most common birth defects and affects roughly one in thousand births. The condition affects boys twice as often as girls. About 50% of children with clubfoot have it in both feet : a condition known as bilateral clubfoot. The cause of clubfoot is unknown but it may be a combination of genetics and environment.



Its easy to talk about a problem: its harder to come up with a solution

The problem:

In Bangladesh Thousands of children a year suffering the pain and stigma of untreated clubfoot.

The solution:

Establish clinics throughout the country with multi disciplinary teams: then add in innovative thinking and entrepreneurial insights. Most of all a determination to succeed.

Risks were taken with the clinic and organization structure : but that is where innovation happens.

Walk for life is arguably the first sustainable clubfoot program in the developing world. Certainly, many thousands of children will continue to be free of this disability.

Clinical excellence with a life changing impact: focused on measurable outcomes. Together as a team we have achieved more than anyone dreamed possible.

Thank you for taking the time to read the story of Walk for Life in Bangladesh.

Colin Macfarlane AM
April 2023



Idris, my rickshaw peddler for 9 years, takes a rest.
Dhaka 2022.

The solution:

Ponseti clubfoot treatment

It is straight forward : succeeds 98 percent of the time and inexpensively changes a life.

1

Until the 1990's surgery was popular: however over time surgically corrected feet became painful, stiff, and arthritic. The surgery was complicated and expensive.

2

Meantime in Iowa USA. Prof. Ponseti, a pediatric orthopedic surgeon was evolving a non invasive technique to manipulate and cast the clubfoot.

3

For many years, the technique mostly stayed in Iowa : Prof Ponseti tried without much success to interest other surgeons.

then the internet came!

1

Clubfoot is an example how the Internet has changed medicine ,and how parents have been the driving force.

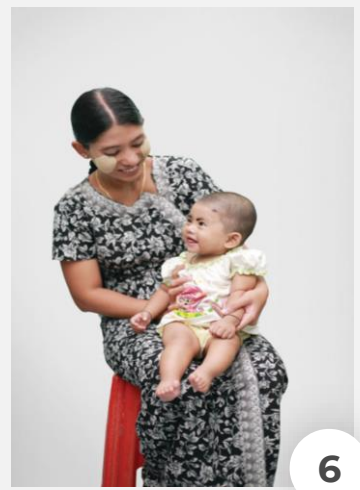
2

Groups of parents began learning about the Ponseti method online. Parents began following each other's advice — choosing to abandon doctors who insisted on surgery: often traveling long distances to find a Ponseti practitioner.

3

Today, the Ponseti method is the treatment of choice for clubfoot . When it is done correctly, 98 % of children born with clubfoot never need invasive surgery.

Ponseti in 6 weeks



This then is the Walk for Life Model

Clinics in 34 private and charitable hospitals.

- The clinics are financially independent from the hospitals.
- An orthopedic surgeon is responsible for overall clinical outcomes of each clinic.
- The former managers of the clinics now hold a WFL franchise to run their clinic. They employ their own physiotherapists and counselors.
- The clinics charge for correcting clubfeet. Walk for Life (Dhaka) pays the franchisee for parents who cannot afford treatment for their child. 75% patients pay and 25% receive free treatment. The free treatment also covers braces and follow up visits.
- There is now an independent brace making center and the individual franchisees buy the braces from the manufacturer.

All the clinics are financially viable.

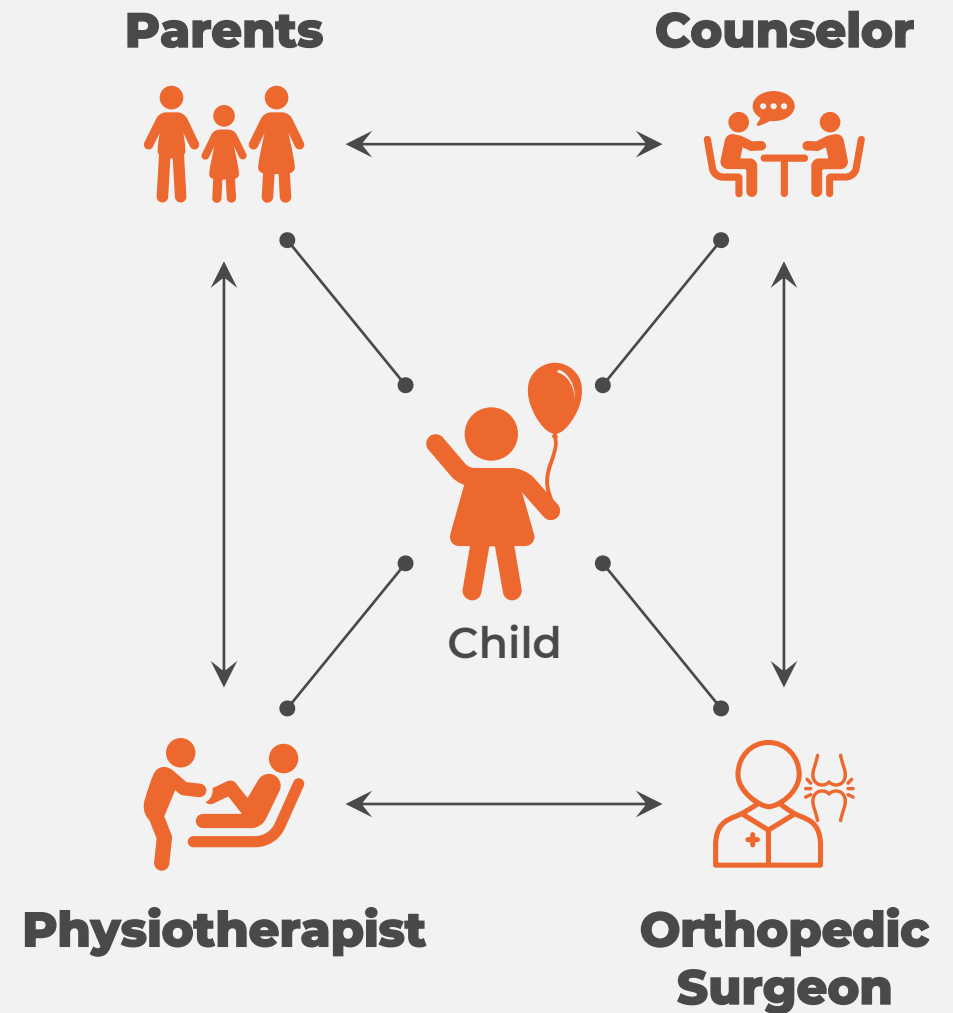
The role of WFL (Dhaka).

- Maintain clinical excellence
- Communication with the government
- Report to donors
- Co ordinate between clinics
- Regular meetings on best practice
- Establish “giving circles” in Bangladesh to support local clinics
- Publicity, advertising and promotional activities for the clinics.

Ours is a multi-disciplinary team approach

Successful management of clubfoot requires a multi-disciplinary approach, ideally in a dedicated clubfoot clinic.

- The orthopedic surgeon is available for review and consultation and performs the tenotomy.
- The physiotherapist manipulates and casts.
- The counselor builds trust with the parents and arranges follow up visits.
- The parents play a very large and essential role. It is the parents who fit the braces every night for 3-4 years.



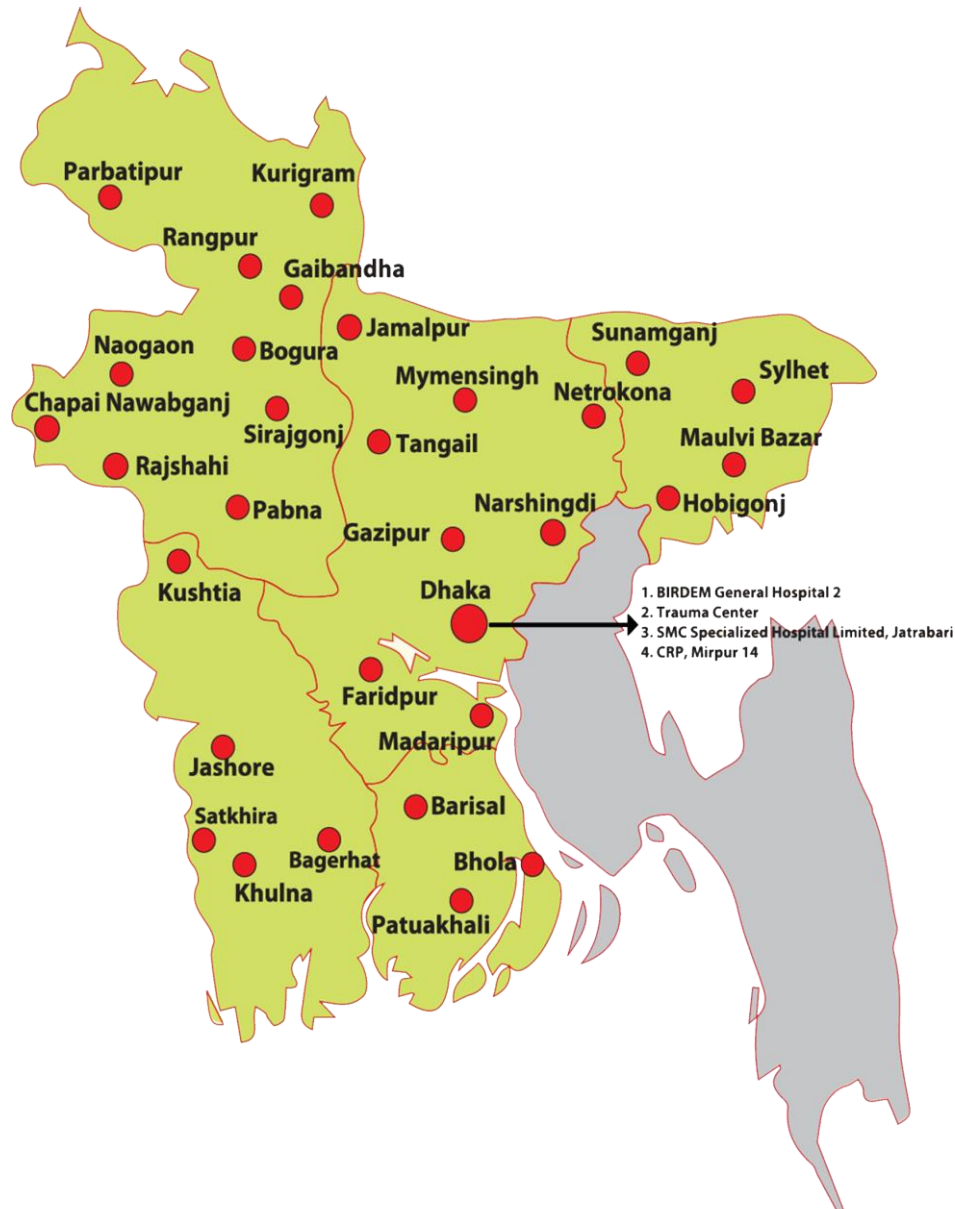
34 clinics established throughout the country

Each clinic overseen by an orthopedic surgeon . The clinics are staffed by full time physiotherapists and parent counselors.

Links established with government ,civil surgeons, and district commissioners.

Continuous publicity ensured communities, and health professionals knew that clubfoot could be cured.

Parents became “ambassadors” in their communities.



We worked in partnership with Zero Clubfeet in Chittagong division and still work closely together.

These clinics have now achieved over 1000 enrollments

1. Rajshahi
2. Mymensingh
3. Sylhet
4. Jashore
5. Khulna
6. Barisal
7. Sirajganj
8. Faridpur
9. Bogura
10. Jamalpur





The opening of Clinic at Sir Salimullah Medical College and Mitford Hospital on 21 December, 2015



Clinics renovated:
lively vibrant spaces for the children and their parents.





The opening of Walk For Life clinic at Institute of Child and Mother Health (ICMH), Jatrabari, in 22 September 2012.

The opening of Walk For Life clinic at Impact Masudul Haque Memorial Community Health Center, Chuadanga, on 25 September 2012.

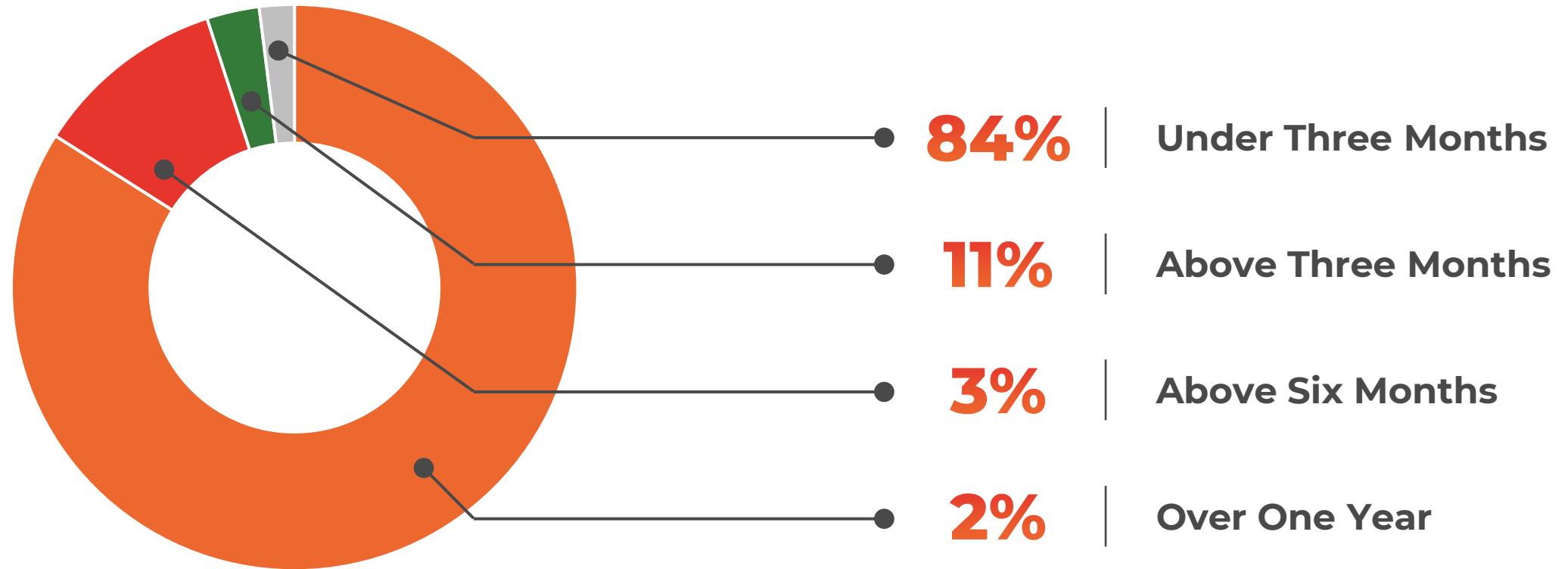


The Bholā clinic

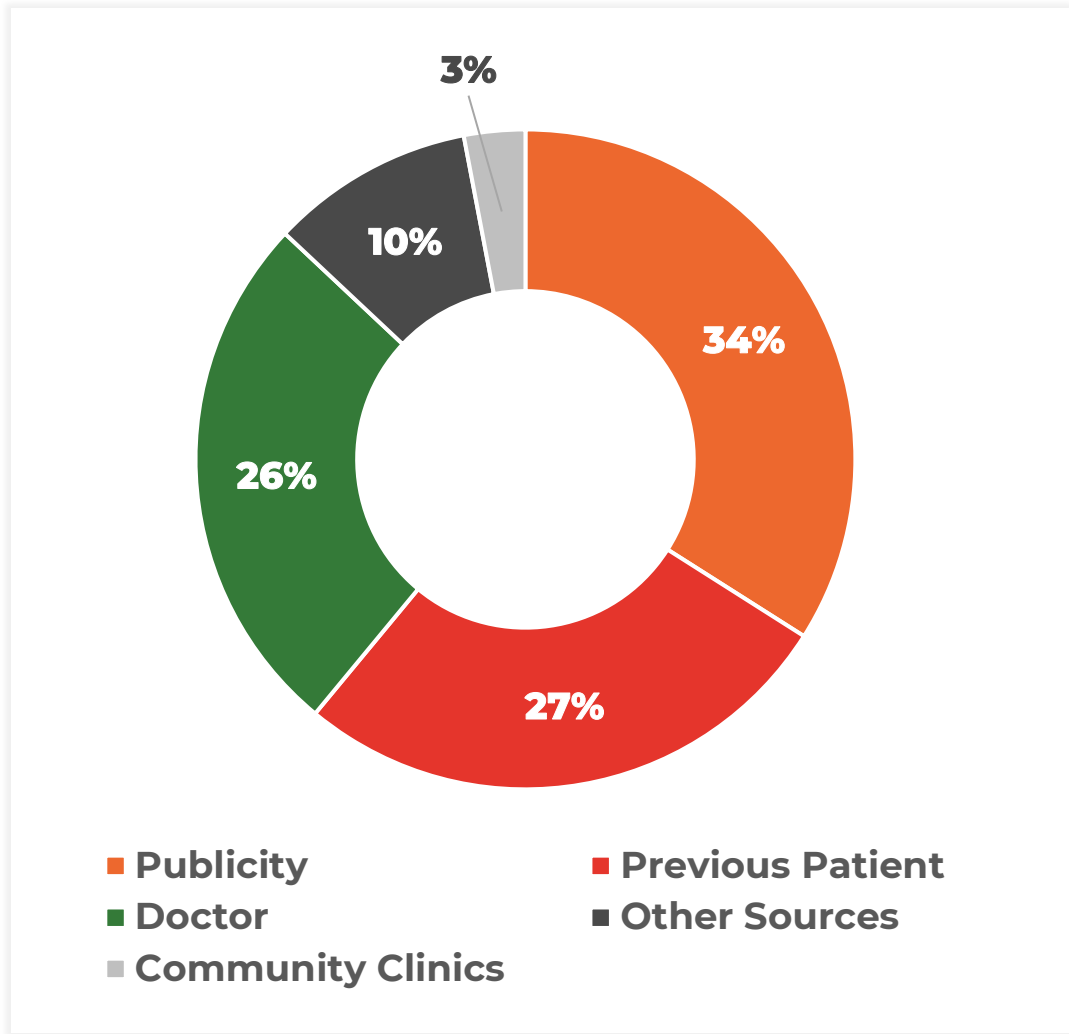
The largest char in Bangladesh. 80% population fishing. Possible to connect with Barisal by speedboat, or Dhaka by sea plane.



84% children enroll before 3 months of age



Effective publicity



The reality of neglected clubfeet

If a family member is born with clubfeet there is a higher probability of their children being born with this disability.

Tragically we see many parents with neglected clubfeet.

Anecdotal reports from health professionals is that they now see virtually no neglected clubfeet in children under 12.

That is the legacy of Ponseti Clubfoot treatment in Bangladesh.



The brace is critical for success

- The foot abduction brace is used after the clubfoot has been completely corrected by manipulation, serial casting, and possibly a heel cord tenotomy.
- The foot abduction brace is the only successful method of preventing a relapse.
- In the first three months it should be worn 23 hours in a day and then for the next 4 years at night and nap time.
- 150 000 braces have now been manufactured in Jessore. They have been exported to five countries. Our brace is rightly called the Steenbeek Foot Abduction Brace. Michiel Steenbeek has designed a simple, very effective brace at a fraction of the cost in the west. He regularly monitors our brace, and we are indebted to him for this.



2009 : so many children with clubfoot

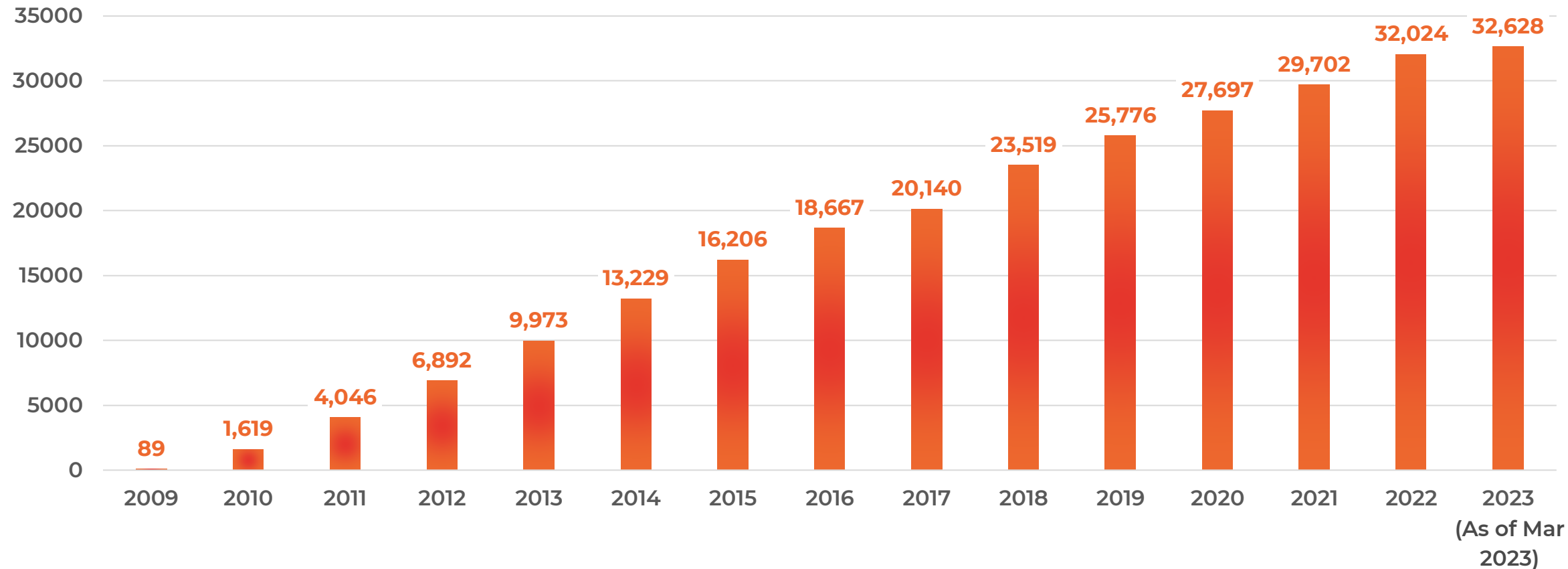


Walk for life is launched !

Walk for Life was inaugurated by the Minister for Health and Family Welfare, Professor Dr. AFM Ruhul Haque in November 2009.

Professor Haque, a renowned orthopedic surgeon in Bangladesh, has been a friend, and extremely supportive, of the program for the past 14 years.

Enrollments Walk for Life clinics each year since 2009





**Together as a team, in just 13 years,
we have achieved more that
anyone dreamed possible**



Professor Dr. Md. Abdul Gani Mollah

Past President, Bangladesh Orthopedic Society and Director of NITOR

“

“Every time I walk into an operating theatre and see no clubfoot surgery on the list I give thanks to Walk for Life.

A very, very, significant amount of valuable operating time has been saved.

This is an excellent outcome.”

The support of senior orthopedic surgeons



Professor Dr. Khondker Abdul Awal Rizvi and Professor Dr. M. Amjad Hossain, past presidents of the Bangladesh Orthopedic Society encourage and provide guidance to Walk For Life.

Encouragement from the President of Bangladesh

Bangladesh has achieved remarkable progress in health over the past 30 years and is one of six countries that are on track to achieve the MDG for reducing child mortality. It was a privilege to meet with the President of Bangladesh, Mohammad Abdul Hamid at Bangabhaban to discuss Walk for Life : he was keenly interested and wished the program well.



The single most effective program



“Simply stated the Walk for Life Clubfoot program in Bangladesh is the single most effective program I have seen anywhere in the world. I am proud to be part of this program.”

...

Prof Frederick R. Dietz, MD

Professor, Pediatric Orthopedic Surgery
University of IOWA USA

Fred Dietz died August, 2018. He contributed much to Walk For Life programs in Bangladesh and Myanmar. Whether to surgeon, physiotherapists, assistant, brace maker or parent he gave his time, empathy and wisdom equally to all.

Fred worked for 32 years alongside Professor Ponseti in Iowa.

Not forgetting the back room movers and shakers !



International Women's Day 2019

With franchised clinics we have been able to reduce our overhead.

Md. Shariful Islam Khan, Hero Clement Gomes, Md. Mamun Hossen Chowdhury, Sharif Ul Islam, Md. Ahiduzzaman and Md. Moinuddin Khaled Chowdhury now keep the wheels turning.



**In February
2022**

walk for life

**enrolled the
30 000th
child**



Sohel and Rabbi : lives transformed



A small investment and a lifetime of dividends



Lamiya



**Hasib ...
the
opportunity
to realize his
potential**

Mahbuba .. access to the treatment she needs to thrive



The Treatment Cost?

\$US 250 to \$350

- Depending whether unilateral or bilateral foot, and the number of casts required.
- This includes 4 years of follow up visits and new braces.
- Includes all clinic cost, but not Dhaka administration.



জাতীয় ক্লাবফুট ব্যবস্থাপনা কৌশল



হসপিটাল সার্ভিসেস ম্যানেজমেন্ট, স্বাস্থ্য অধিদপ্তর
স্বাস্থ্য সেবাবিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
জুন ২০১৯

করবেন। অবহিতকরণ কর্মশালা অন্যান্য প্রশিক্ষণ কর্মসূচীর সাথে সমন্বিত ভাবে বা উপজেলা স্বাস্থ্য কমপ্লেক্সে মাসিক সময় সভার মাধ্যমেও পরিচালনা করা যেতে পারে। এ উদ্দেশ্যে নিটোরের কারিগরী পরামর্শ ও দিকনির্দেশনায় একটি সমন্বিত প্যাকেজ প্রস্তুত করা যেতে পারে।

৬.২.৩ স্তর-৩ : চিকিৎসা সেবা প্রধান

জাতীয় ক্লাবফুট চিকিৎসা গাইডলাইন: বাংলাদেশ পনসেটি পকেট বুক (BPP) স্বাস্থ্য অধিদপ্তর এর পরিচালক হাসপাতাল ও ক্লিনিক সমূহ- এর নেতৃত্বে একটি জাতীয় ক্লাবফুট চিকিৎসা গাইডলাইন প্রণয়ন করতে হবে। এই গাইডলাইনটিকে বাংলাদেশ পনসেটি পকেট বুক (BPP) নামে অভিহিত করা যেতে পারে। এই গাইডলাইনটি বাংলাদেশে ক্লাবফুট রোগের চিকিৎসায় পনসেটি পদ্ধতি ব্যবহারের বিষয়ে রেফারেন্স হিসাবে বিবেচিত হবে। এতে ক্লাবফুট রোগ সম্পর্কিত সকল তথ্য যেমনঃ রোগ সনাক্তকরণ, শ্রেণীবিন্যাস ও চিকিৎসা পদ্ধতি অন্তর্ভুক্ত থাকবে। নিটোর এবং অর্থোপেডিক সার্জারির খ্যাতিমান জাতীয় ও আন্তর্জাতিক বিশেষজ্ঞগণদের কারিগরী সহায়তা ও পরামর্শে চিকিৎসা গাইডলাইনটি প্রস্তুত করতে হবে। [বি: দ্র: BPP শীঘ্রই প্রকাশিত হবে]

পনসেটি প্রশিক্ষণ কেন্দ্র (PTCs) এবং পনসেটি ক্লাবফুট ক্লিনিক সমূহ (PCCs)

দেশের সকল সরকারি মেডিকেল কলেজ হাসপাতাল এবং জেলা হাসপাতাল সমূহে পনসেটি পদ্ধতিতে ক্লাবফুট সেবা সহজলভ্য করার জন্য পনসেটি ক্লিনিক/প্রশিক্ষণ কেন্দ্রসমূহের (PTC & PCC) একটি কিছুত নেটওয়ার্ক গঠন করা প্রয়োজন। যার ফলে প্রাপ্য সম্পদের কার্যকর ব্যবহার নিশ্চিত করা সম্ভব। আদর্শ হিসাবে বছরে প্রতি ৫০টি নতুন রোগীর জন্য একটি করে PTC/PCC থাকতে হবে। এই PTC/PCC গুলো উক্ত হাসপাতালে সেবাগ্রহনকারী জনগোষ্ঠীর পরিমাণ এবং সেবা গ্রহণের হার এর উপর ভিত্তি করে সপ্তাহে এক বা দুই দিন তাদের কার্যক্রম পরিচালনা করবে। সকল PTC/PCC সমূহকে জাতীয় পর্যায়ে অনুমোদিত চিকিৎসা সেবা গাইডলাইন অনুসরণ করতে হবে। প্রতিটি PTC'র জন্য একজন জাতীয় পনসেটি মাস্টার প্রশিক্ষণ এবং প্রতিটি PCC'র জন্য একজন পনসেটি ক্লিনিক ম্যানেজার/দলনেতা দায়িত্বে নিয়োজিত থাকবেন।

একজন জাতীয় পনসেটি মাস্টার প্রশিক্ষক (অথবা জেলা হাসপাতালের পনসেটি ক্লিনিক দলনেতা), অর্থোপেডিক নার্স, ফিজিওথেরাপিস্ট, প্যারামেডিক এবং সহায়ক জনবল সমন্বিত একটি দল PTC/PCC'র সকল চিকিৎসা সেবা প্রদান করবে। এর মধ্যে রয়েছে রোগীর অভিভাবক ও নিকট আত্মীয়দের পরামর্শ প্রদান। প্রত্যেক মেডিকেল কলেজ হাসপাতাল ও জেলা হাসপাতালে নিয়োজিত পরিসংখ্যানবিদ সেবা গ্রহীতার নিবন্ধন, ইন্টারনেট ভিত্তিক উপাত্ত সংরক্ষণ এবং নগদ অর্থের রশিদ ইত্যাদি রক্ষণাবেক্ষণের দায়িত্বে থাকবেন।

PTC এবং PCC'র জন্য জাতীয় পনসেটি প্রশিক্ষণ ও রেফারাল কেন্দ্র :

নিটোরকে একটি সেন্টার অব এক্সেলেন্স হিসাবে প্রতিষ্ঠা করতে প্রশিক্ষকদের প্রশিক্ষণের জন্য জাতীয় PTC'র ভূমিকা পালন করবে। PTC এবং PCC'র রেফারাল কেন্দ্র হিসাবে কাজ করবে। বাংলাদেশের সকল মেডিকেল কলেজ হাসপাতালে প্রশিক্ষণ অনুষ্ঠান

ব্রেস এবং অন্য সরঞ্জামাদি সরবরাহ

একটি নিয়মিতসরবরাহ ব্যবস্থাপনার মাধ্যমে বাংলাদেশের সকল যথাযথ সরবরাহ যেমনঃ প্রাস্টার অব প্যারিস, পায়ের পাতারসঠিক এনেসথেটিক, সার্জিক্যাল ব্রেড, এন্টিবায়োটিক, বেদনানাশক প্রা

Ponseti National Guidelines

The government endorsed the multi-disciplinary team approach in the National Clubfoot Guidelines.

A national Ponseti Master Trainer (or leader of the district Ponseti Clinic), orthopedic nurse, physiotherapists, paramedic and clinic assistant will work together as a team in the Ponseti Training Centers (PTCs) and Ponseti Clubfoot Clinics (PCCs).

“Initially we came to teach... now we come to evaluate and often learn”

Dr. Simon Barker,
Consultant, Orthopedic Surgeon, UK



“After my 5 visits I can clearly say the WFL model works.”

Denise Watson, Chelsea and Westminster Hospital



“I have been deeply impressed with the high level of professionalism”

Kate Lock, Senior Manager, NHS UK



“Walk For Life is a remarkable achievement. I have now visited 6 times to assist in the research program”

Dr. Angela Evans, PhD, Senior Lecturer, La Trobe University, Australia



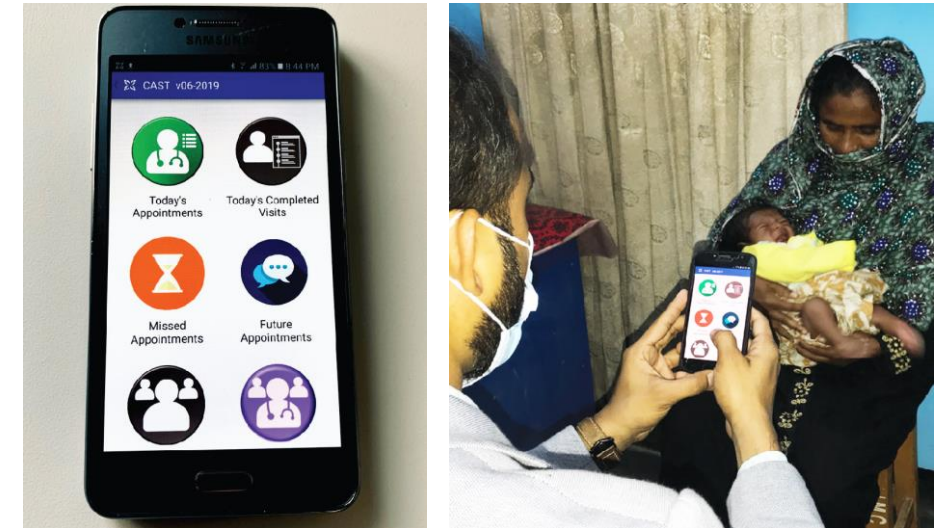
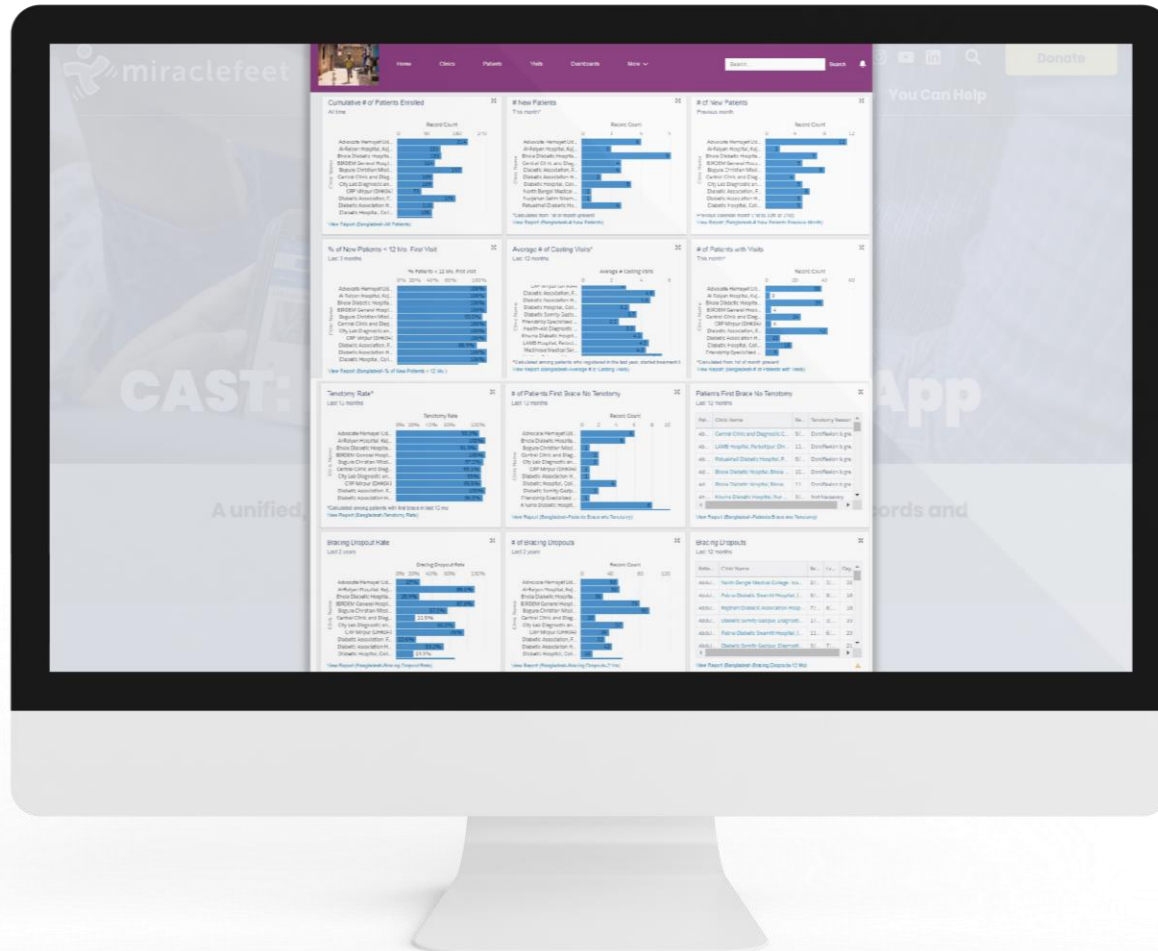
“The standard of treatment is as good as I have seen anywhere”

Dr. Steve Mannion, UK Surgeon



“CAST from MiracleFeet”

An app to measure results.



- We are able to judge the quality of treatment of each clinic and practitioner.
- Create and export reports as needed without wasting time.
- Individual patients can be easily tracked.

GLOBAL CLUBFOOT INITIATIVE



2030 *RUNFREE*

The Global Clubfoot Initiative was founded in London 2009. This initiative brings together and strengthens the work of organizations around the world involved in the prevention of disability caused by untreated clubfoot.

Walk for Life is a founding member. Mamun Chowdhury has been a Trustee since 2018.

Ending Clubfoot Disability: A Global Strategy



Walk for Life is an active participant in on line teaching and discussions

Join us on 25 February 2020 at 10:00 UK time.



Dr Angela Evans and Mamun Chowdhury will share fascinating insights from their research into drop out in Bangladesh, helping us answer some of the questions that every clinician has wondered:

- What made them drop out?
- Why did they not come back?
- Was their foot ok?



This will be an interactive presentation, with plenty of time for questions at the end.

Sign up for the GCI Webinar series for login details and previous recordings.

Webinars suitable for medical professionals, all views are presenters' own.

Research

Maybe Bangladesh has published more papers than any other country, focused on just one program!

1. The Bangladesh Clubfoot Project: the first 5,000 feet.

Journal of Pediatric Orthopedics

2. The Bangla clubfoot tool: a repeatability study.

Journal of Foot and Ankle Research

3. The Bangladesh Clubfoot Project: Audit of 2-Year Outcomes of Ponseti Treatment in 400 Children.

Journal of Pediatric Orthopedics

4. Walk for life—the National Clubfoot Project of Bangladesh: the four-year outcomes of 150 congenital clubfoot cases following Ponseti method.

Journal of Foot and Ankle Research

5. Application of ‘Fast Cast’ and ‘Needle Tenotomy’ protocols with the Ponseti method to improve clubfoot management in Bangladesh.

Journal of Foot and Ankle Research

6. Outcome of Clubfoot Correction at ‘Walk for Life’ Clinic of Mymensingh Medical College Hospital: A Four Year Review

Bangladesh Medical Research Council Bulletin

7. Factors Affecting Parents to ‘Drop-Out’ from Ponseti Method and Children’s Clubfoot Relapse

Orthopedic Research Online Journal

8. Successful Treatment of Neglected Clubfeet in 10 Cases Using Ponseti Method, with Outcomes after 8 Years

Orthopedic Research Online Journal

9. A Community Audit of 300 “Drop-Out” Instances in Children Undergoing Ponseti Clubfoot Care in Bangladesh—What Do the Parents Say?

International Journal of Environmental Research and Public Health



The team: Dr Angela Evans AM Major General Md. Fashiur Rahman (Rtd.) and Mamun Hossen.

most significant paediatric etched children are disabled [good quality of life [1,3,4] over NPS residing in low-ment, CTEV foot posture is [1,2,5–7]. s and well-cited feature of The Ponseti method is uni- ingential talipes equinovarus thod are indeed good, how- visits, which places much implications [10,16,17]. The al clubfoot correction with solves percutaneous Achilles ance of correction with foot or three months, followed by 8–23].



3rd June is World Clubfoot Day

In Bangladesh children, parents, and doctors hold rallies and programs at every clinic. Strong media publicity.



Thank you Australia

**Australian
Aid** 



Direct Aid Program (DAP)
Australian High Commission
Dhaka, Bangladesh.

Since 2009 Australian High Commissioners have encouraged “Walk for Life” and assisted in negotiations with the Government of Bangladesh.

Dr. Justin Lee,
Mr. Greg Wilcock,
Ms Julia Niblett
Mr. Jeremy Bruer.
And the staff at The Australian High Commission Dhaka.



Our partners



Walk For Life - UK

Bernie and David Lock

The Russ family



Overseas trainers, evaluators, friends.

- Dr. Simon Barker
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 - Dr. Naomi Davis
 - Prof Frederick R. Dietz
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 - Dr. Shafique Pirani
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Walk for Life now proudly a 100% Bangladesh led initiative



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