



Tripp and Heather Harrison's son has a brighter future because of Dr. Derek Kelly and the Ponseti method for club feet.

## **After searching far and wide, young parents find world-class care nearby for baby Garner**

**H**ow far will parents go to find the best medical care for their child? Heather and Tripp Harrison of Oxford, Mississippi, had a simple answer to that question: As far as it takes.

After considering programs in distant cities to get the optimum treatment for their baby Garner's club foot, the Harrisons decided on an option closer to home: the club foot clinic at Le Bonheur Children's Medical Center in Memphis, where Campbell Clinic pediatric surgeon Dr. Derek Kelly is the primary physician.

## “From the beginning, Dr. Kelly was just phenomenal. He and the staff always made us feel like Garner was the only patient they would see that day.”

— HEATHER HARRISON

“Even as we prepared to begin treatment at Le Bonheur, in the back of our minds we still considered that we might go elsewhere if we weren't pleased with the medical care that we received there,” said Tripp Harrison. “All we cared about was what's best for our baby.”

The Harrison's choice, and Garner's progress, is a success story. Credit goes to the skilled and knowledgeable medical team, two well-informed and dedicated parents, and a little boy his mother lovingly calls “a real trooper.”

### WILLING TO SACRIFICE

Within days after Garner was born in an Oxford hospital in July 2009 and doctors confirmed he had a club foot, Tripp and Heather were searching the Internet and making contacts to discuss treatment options.

They seriously considered clinics in Iowa and Louisiana. The couple deliberated about which parent might temporarily relocate to the city where Garner would receive treatment.

The Harrisons were impressed with what they read about the Ponseti treatment. Pioneered decades ago at an Iowa clinic, the Ponseti program has recently gained attention because of a 35-year follow-up study showing that feet treated with the method are strong, flexible, and pain-free.

“The fact that Le Bonheur used the Ponseti method was one reason we decided to see Dr. Kelly,” Heather said. “But we were still nervous. It's a huge decision for parents.”

### AFTER SURGERY, IMPROVEMENT

The Harrisons first visited the Le Bonheur clinic when Garner was two weeks old. Dr. Kelly explained that the Ponseti treatment method calls for five to eight weeks of manipulations to the affected foot or feet, followed by casting, then possible TendoAchilles Tenotomy (TAT) surgery.

“From the beginning, Dr. Kelly was just phenomenal,” said Heather. “He exhibits a deep passion for treating his patients. Dr. Kelly and the staff have always made us feel like Garner was the only patient they would see that day.”

Dr. Kelly said, “The success of the Le Bonheur Clubfoot Clinic comes from the multi-disciplinary approach of physical therapists, nurse educators, nurse coordinators, childlife specialists, orthotists, and doctors working side by side to get the best possible outcome and experience for patients and their families.”

Dr. Kelly performed TAT surgery

weeks, then eight hours a day for several years. If the bracing is discontinued, relapse can occur.

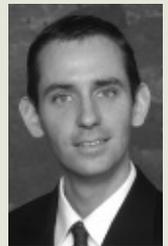
“We were worried Garner would dislike the brace, but he has adapted really well,” Heather said. “He's learned to move around well in the brace, so his legs are really strong. So strong, in fact, that he has even begun to try to crawl, as well as pull up, at an early six months of age.”

### AHEAD: A NORMAL CHILDHOOD

The Harrisons remember the first days after Garner's birth as joyful, yet stressful. Tripp said, “We were

“We are completely confident in the knowledge and skills of Dr. Kelly and his team. They have given Garner the opportunity to be a normal kid.”

— HEATHER HARRISON



Dr. Derek Kelly

on Garner at three months of age. “When they took Garner's last cast off, the sound of the saw made him cry,” Tripp said. “That was really upsetting. Initially, we couldn't see the big change we expected. But in a few weeks, we could definitely see the improvement. Garner's foot was in a very good position.”

Garner was typical in that his clubfoot was idiopathic, the most common type, and moderate in severity. “But Garner was unique,” Dr. Kelly said, “due to the level of knowledge his parents brought to his care and his ease of adaptability to the treatment. He was definitely one of my most enjoyable patients.”

Following surgery, a patient wears a brace 23 hours a day for about six

worried about our baby's future. We wondered, will he be able to run and play? Will he have an equal chance to do all that other children do?”

Garner has an excellent prognosis, Dr. Kelly said, and should walk through childhood and life on an equal footing with his peers.

“We are completely confident in the knowledge and skills of Dr. Kelly and his team,” Heather said. “They have given Garner the opportunity to be a normal kid.”