

CLUBFOOT A COMPREHENSIVE APPROACH PAST PRESENT AN Complete Guide

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Clubfoot, medically known as congenital talipes equinovarus, is a complex deformity affecting the foot and ankle. It is characterized by a foot that appears rotated internally at the ankle, with the entire foot pointing downward and inward. This condition can significantly impact a child's mobility and quality of life if left untreated. Over the years, the understanding and management of clubfoot have evolved remarkably, leading to more effective, less invasive treatment options. In this comprehensive article, we will explore the history, current approaches, and future directions in managing clubfoot, providing a detailed overview from past to present and beyond.

Understanding Clubfoot: An Overview

What is Clubfoot?

- A congenital deformity present at birth.
- Involves a combination of four deformities:
 - Cavus (high arch)
 - Adduction (inward turning of the forefoot)
 - Varus (inward turning of the heel)
 - Equinus (downward pointing of the foot)
- Usually affects one foot, but can occur bilaterally.

Prevalence and Impact

- Occurs in approximately 1 in 1,000 live births.
- More common in males than females.
- Can lead to lifelong disability if untreated, affecting walking, balance, and overall mobility.

The Historical Perspective on Clubfoot Treatment

Early Treatments and Beliefs

- Historically, treatments were largely ineffective and often harmful.
- Methods included:
 - Bandaging and splinting
 - Use of restrictive footwear
 - Surgical interventions with high complication rates

Evolution of Treatment Approaches

- 19th and early 20th centuries saw the rise of surgical correction as the primary method.
- Surgical techniques involved extensive release of soft tissues, often leading to stiffness and recurrence.
- Recognized limitations prompted the search for less invasive options.

Modern Approaches to Clubfoot Management

The Ponseti Method: A Game-Changer

- Developed by Dr. Ignacio Ponseti in the 1950s.
- Emphasizes gentle manipulation and serial casting.
- Key features:
 - Weekly gentle stretching and casting to gradually correct deformity.
 - Use of an Achilles tenotomy (cutting of the Achilles tendon) in many cases to address equinus.
 - Post-cast bracing to prevent relapse.

Step-by-Step of the Ponseti Method

- Initial Assessment: Confirm diagnosis and severity.
- Manipulation and Casting:
 - Gentle stretching of the foot.
 - Applying a cast to hold the correction.
 - Repeat weekly for 5-8 weeks.
- Achilles Tenotomy:

- Minor surgical procedure performed under local anesthesia.
- Followed by casting for 3 weeks.
- Bracing Protocol:
 - After cast removal, the child wears a foot abduction brace.
 - Typically worn full-time for 3 months, then during naps and night-time for up to 4 years.

Advantages of the Ponseti Method

- High success rate (>95%) when performed correctly.
- Minimally invasive.
- Reduced need for extensive surgery.
- Lower recurrence rates compared to older methods.

Other Non-Surgical and Surgical Options

- French Functional Method:
 - Focuses on daily stretching, strengthening, and taping.
 - Less commonly used but effective in some cases.
- Surgical Correction:
 - Reserved for cases unresponsive to serial casting.
 - Procedures include soft tissue releases, osteotomies, and tendon transfers.
 - Risks include stiffness, overcorrection, and recurrence.

Current Challenges and Considerations

Relapse and Recurrence

- Common in the first few years post-treatment.
- Factors influencing relapse:
 - Inconsistent bracing.
 - Severe initial deformity.
 - Genetic predispositions.

Compliance and Parental Education

- Success heavily depends on adherence to bracing protocols.
- Ongoing parental education is critical to prevent relapse.

Access to Care

- Variability in availability of trained practitioners.
- Need for global outreach to underserved regions.

Innovative Advances and Future Directions

Technological Innovations

- Use of 3D imaging and printing for customized braces.
- Telemedicine for remote monitoring and guidance.

Genetic and Biological Research

- Investigating genetic factors contributing to clubfoot.
- Potential for targeted therapies in the future.

Enhanced Rehabilitation Protocols

- Incorporating physical therapy to improve functional outcomes.
- Development of new orthotic devices.

Holistic and Multidisciplinary Approach

Role of the Multidisciplinary Team

- Orthopedic surgeons
- Pediatricians
- Physiotherapists
- Orthotists
- Genetic counselors

Family-Centered Care

- Providing education and psychological support.
- Empowering families to participate actively in treatment.

Global Perspective and Public Health Initiatives

Addressing Disparities in Treatment

- Implementing community-based screening programs.
- Training local healthcare providers in Ponseti method.
- Establishing outreach clinics in low-resource settings.

Success Stories and Case Studies

- Numerous successful national programs in countries like India, Nigeria, and Brazil.
- These programs have demonstrated the feasibility of scalable, cost-effective treatment models.

Conclusion: The Path Forward in Clubfoot Management

The journey of managing clubfoot from past to present highlights significant advancements, especially with the advent of the Ponseti method, which has dramatically improved outcomes worldwide. Continued research, technological integration, and global health initiatives are essential to further reduce the burden of this condition. Emphasizing early detection, family education, and multidisciplinary care will ensure children with clubfoot can lead active, healthy lives. As future innovations emerge, the goal remains clear: to provide accessible, effective, and sustainable treatment options for all children affected by this congenital deformity.

Clubfoot: A Comprehensive Approach Past, Present, and Future

Introduction

Clubfoot, medically known as congenital talipes equinovarus, is one of the most common congenital musculoskeletal deformities affecting infants worldwide. Characterized by a complex deformity involving the foot and ankle, it presents as a rigid or semi-rigid turning of the foot inward and downward, which can significantly impair mobility if left untreated. Over the decades, the understanding, management, and prognosis of clubfoot have evolved remarkably, reflecting advances in medical science, surgical techniques, and non-operative therapies. This comprehensive review explores the historical perspectives, current management strategies, and future directions for addressing this challenging condition.

Historical Perspective on Clubfoot Management

Early Recognitions and Treatments

- Ancient civilizations: Evidence suggests that ancient Egyptian and Greek civilizations recognized clubfoot. Treatments during these periods were largely rudimentary, often based on manipulative techniques and rudimentary splinting.
- 19th-century approaches:
 - Surgical interventions: Early surgical procedures involved extensive soft tissue releases, osteotomies, and tendon lengthenings. These were often associated with high complication rates and poor long-term outcomes.
 - Serial casting: The concept of correcting deformity through serial manipulation and casting emerged, but its application was limited due to the rigidity of the deformity and lack of understanding of foot biomechanics.

Emergence of Non-Operative Techniques

- Ponseti Method Development:
 - In the mid-20th century, Dr. Ignacio Ponseti revolutionized clubfoot treatment with his conservative approach emphasizing gentle manipulation and serial casting. His technique demonstrated superior outcomes with fewer complications compared to surgical methods.
 - Initial skepticism and subsequent acceptance:
 - Despite initial resistance, accumulating evidence over decades led to the widespread acceptance of Ponseti's technique as the gold standard, especially in resource-limited settings.

Present-Day Management of Clubfoot

Overview of Treatment Principles

Modern management centers on early intervention, minimally invasive techniques, and long-term follow-up to achieve functional, pain-free, and plantigrade feet with minimal deformity recurrence.

Non-Operative Approaches

- The Ponseti Method
- Core principles:

- Gentle, precise manipulation of the foot to stretch contracted tissues.
- Serial casting to progressively correct deformity.
- Percutaneous Achilles tenotomy when necessary.
- Use of abduction bracing to prevent relapse.

- Procedure:
 - Initial assessment and gentle manipulation.
 - Application of long-leg casts changed weekly.
 - After correction of cavus and adduction, Achilles tenotomy (cutting of the Achilles tendon) is performed under local anesthesia if dorsiflexion remains limited.
 - Post-tenotomy, casting continues for several weeks.
 - Transition to bracing: typically, a foot abduction brace worn full-time initially, then during sleep for several years.

- Efficacy and Outcomes:
 - High correction rates (>90%) with minimal surgical intervention.
 - Reduced need for extensive surgeries.
 - Low recurrence when compliance with bracing is maintained.

- Other Non-Operative Modalities
 - Manipulation and casting without Ponseti technique:
 - Less effective, higher recurrence rates.
 - Use of orthotic devices:
 - Post-correction orthoses help maintain correction.
 - Physical therapy:
 - Aids in muscle strengthening and maintaining foot position.

Surgical Interventions

While the Ponseti method has minimized the need for surgery, some cases require operative management, especially in:

- Neglected or untreated cases.
- Relapses due to poor bracing compliance.
- Rigid deformities uncorrectable with casting.

Common surgical procedures include:

- Posterior Medial Release (PMR)
- Soft tissue release of contracted tendons, joint capsules, and ligaments.
- Usually performed in infants or young children.
- Tenotomy
- Achilles tendon lengthening or rupture for dorsiflexion correction.
- Osteotomies
- Cutting and realignment of bones for rigid deformities.
- Tendon transfers and joint fusions
- In severe or recurrent cases.

Goals of surgery:

- Achieve a plantigrade, functional foot.
- Minimize stiffness, pain, and recurrence.

Limitations and complications:

- Overcorrection or undercorrection.
- Stiffness, scarring, and growth disturbances.
- Need for multiple surgeries in some cases.

Long-Term Outcomes and Challenges

Functional and Cosmetic Results

Most children treated appropriately with the Ponseti method or surgery achieve:

- Good gait and function.
- Normal or near-normal foot appearance.
- Minimal pain or disability in adolescence and adulthood.

Recurrence and Relapse

- Factors influencing relapse:
 - Poor compliance with bracing.
 - Severe initial deformity.
 - Associated neuromuscular or syndromic conditions.
- Management of relapse:
 - Often involves repeat casting, minor surgical procedures, or both.

Psychosocial and Quality of Life Considerations

- Early treatment correlates with better social integration.
- Confidence in mobility and self-esteem improve with functional correction.

Advances and Future Directions in Clubfoot Management

Innovations in Treatment

- Minimally invasive techniques
- Percutaneous procedures reducing surgical morbidity.
- 3D imaging and printing

- Custom splints and surgical planning.
- Biological therapies
- Investigating tissue engineering to correct deformities.

Genetic and Etiological Research

- Increasing understanding of genetic factors contributing to congenital clubfoot.
- Potential for prenatal diagnosis and early intervention.

Global Health Initiatives

- Expanding access:
 - Training healthcare providers in the Ponseti method.
 - Developing low-cost treatment kits.
- Addressing disparities:
 - Outreach programs in low-resource settings.

Multidisciplinary Approach and Patient-Centered Care

Effective management involves:

- Orthopedic surgeons.
- Pediatricians.
- Physiotherapists.
- Orthotists.
- Genetic counselors (in syndromic cases).

Patient education is critical:

- Emphasizing early treatment.
- Ensuring adherence to bracing protocols.
- Monitoring for relapse.

Conclusion

The management of clubfoot has undergone a transformative journey from crude surgical interventions to sophisticated, minimally invasive, and highly effective conservative techniques. The advent and refinement of the Ponseti method have markedly improved outcomes, reducing the need for extensive surgeries and associated complications. Nonetheless, challenges remain, particularly in ensuring long-term compliance and addressing cases of relapse. Future innovations, including biological therapies and advanced imaging, hold promise for further enhancing treatment efficacy and patient quality of life.

Early diagnosis, prompt initiation of treatment, and a multidisciplinary approach are critical to optimizing functional outcomes. As research continues to uncover the genetic and developmental underpinnings of clubfoot, there is hope for even more targeted and personalized therapies. Overall, the evolution of clubfoot management exemplifies how evidence-based, patient-centered care can dramatically improve life trajectories for affected children worldwide.

QuestionAnswer What is the historical approach to treating clubfoot, and how has it evolved over time? Historically, clubfoot was treated with invasive methods like surgical correction and lengthy immobilization. Over time, approaches shifted towards less invasive, more effective methods such as the Ponseti method, which emphasizes gentle manipulation and casting, reducing the need for surgery and improving long-term outcomes. What are the key components of a comprehensive approach to clubfoot treatment today? A modern comprehensive approach includes early diagnosis, gentle manipulation and serial casting (Ponseti method), followed by proper bracing to maintain correction, and in some cases, surgical intervention for resistant cases, combined with physical therapy and family education. How has the understanding of the etiology of clubfoot influenced treatment strategies? Advances in understanding that clubfoot has multifactorial causes, including genetic and environmental factors, have led to personalized treatment plans and early intervention, which improve correction rates and reduce the need for invasive procedures. What are the current challenges in managing clubfoot across different regions? Challenges include limited access to specialized treatment centers, lack of trained healthcare providers in conservative methods like the Ponseti technique, cultural beliefs, and delayed diagnosis, especially in low-resource settings, impacting effective management. How does a comprehensive approach to clubfoot treatment improve long-term outcomes? By combining early intervention, gentle correction techniques, proper bracing, and family education, a comprehensive approach reduces relapse rates, improves foot function, and enhances quality of life for affected individuals. What future developments are expected in the management of clubfoot? Emerging research focuses on genetic insights, improved minimally invasive techniques, advanced imaging for precise diagnosis, and enhanced family-centered care models, all aiming to further improve success rates and accessibility of treatment.

Related keywords: clubfoot, congenital deformity, talipes equinovarus, Ponseti method, treatment,

diagnosis, correction, orthopedic surgery, foot deformity, pediatric orthopedics

paragraph about present simple and present progressive

Paragraph about present simple and present progressive

The present simple and present progressive (also known as present continuous) are two fundamental verb tenses in English that help us describe actions and states happening in the present moment or habitual routines. The present simple is used to talk about general facts, routines, and permanent situations, while the present progressive emphasizes actions that are currently ongoing or temporary. Understanding the differences between these two tenses is essential for effective communication, as they allow speakers to convey whether an action is habitual, a fact, or happening at the moment of speaking. Mastering the correct usage of present simple and present progressive enhances clarity and precision in both written and spoken English.

Understanding the Present Simple Tense

Forming the Present Simple

The present simple tense is formed using the base form of the verb for most subjects. For third-person singular subjects (he, she, it), an -s or -es is added to the base verb. Examples include:

- I work every day.
- She reads books.
- They play football.
- The cat sleeps on the sofa.

Uses of Present Simple

The present simple is versatile and commonly used in the following contexts:

- **Habitual actions:** To describe routines or habits, e.g., "I wake up at 7 am."
- **General truths or facts:** To state facts that are always true, e.g., "Water boils at 100°C."
- **Scheduled events in the near future:** For timetabled plans, e.g., "The train leaves at 6 pm."
- **Stative verbs:** To describe states rather than actions, e.g., "She knows the answer."

Common Signals and Keywords for Present Simple

Keywords that often accompany the present simple include:

- Always
- Usually
- Sometimes
- Never
- Every day/week/month

Understanding the Present Progressive Tense

Forming the Present Progressive

The present progressive tense is formed with the present tense of the verb "to be" (am, is, are) plus the base verb with an -ing ending. Examples include:

- I am working right now.
- She is reading a book.
- They are playing outside.
- The dog is barking loudly.

Uses of Present Progressive

The present progressive is used in various situations:

- **Actions happening at the moment of speaking:** "She is talking on the phone."
- **Temporary actions:** "I am staying with a friend this week."
- **Changing or developing situations:** "The weather is getting colder."
- **Planned future arrangements:** "We are meeting tomorrow."

Common Signals and Keywords for Present Progressive

Keywords that indicate present progressive include:

- Now
- At the moment

- Currently
- Today
- These days

Key Differences Between Present Simple and Present Progressive

Usage Comparison

While both tenses relate to the present, their usage differs significantly:

- **Present Simple:** Describes routines, facts, and regular actions. Example: "He works in a bank."
- **Present Progressive:** Describes actions happening right now or temporary activities. Example: "He is working on a project."

Time Markers and Signal Words

Understanding common time markers helps in choosing the correct tense:

- **Present Simple:** always, often, never, usually, every day, once a week
- **Present Progressive:** now, at the moment, currently, right now, today, these days

Common Mistakes

Many learners confuse these tenses; some frequent errors include:

- Using present simple for actions happening now (e.g., "She reads right now" instead of "She is reading right now").
- Using present progressive for habitual actions (e.g., "I am going to school every day" instead of "I go to school every day").

Practical Tips for Using Present Simple and Present Progressive Correctly

Tips for Present Simple

- Remember to add -s or -es for third-person singular subjects.
- Use the base form of the verb for all subjects except third-person singular.

- Combine with adverbs of frequency to describe habits accurately.
- Use for facts, routines, and scheduled events.

Tips for Present Progressive

- Always include the correct form of "to be" (am, is, are) before the verb with -ing.
- Use for actions occurring at the moment of speaking.
- Utilize for temporary actions or ongoing changes.
- Be cautious with stative verbs, which are generally not used in the progressive form (e.g., know, like, believe).

Examples Comparing the Two Tenses

Here are some examples illustrating the differences:

- **Present Simple:** "She works in a hospital."
- **Present Progressive:** "She is working in the hospital today."
- **Present Simple:** "They play football every weekend."
- **Present Progressive:** "They are playing football right now."
- **Present Simple:** "The sun rises in the east."
- **Present Progressive:** "The sun is rising now."

Conclusion

Mastering the use of present simple and present progressive is essential for effective communication in English. The present simple helps describe routines, facts, and states, while the present progressive emphasizes ongoing or temporary actions happening at or around the moment of speaking. Paying attention to signal words, context, and sentence structure will help learners select the appropriate tense. Regular practice, along with understanding the key differences and rules, can significantly improve fluency and accuracy. Whether you're describing your daily habits or what's happening right now, understanding these two tenses will make your English clearer and more natural.

Paragraph about Present Simple and Present Progressive

Understanding the nuances of English verb tenses is essential for clear and effective communication. Among these, the present simple and present progressive tenses are foundational, shaping how we describe habitual actions, ongoing events, facts, and routines. Mastering their usage not only enhances grammatical accuracy but also allows speakers and writers to convey their

messages with precision and clarity. This article delves into the distinctions, rules, and practical applications of the present simple and present progressive tenses, providing a comprehensive guide for learners, educators, and language enthusiasts alike.

The Present Simple Tense: Foundations and Usage

What Is the Present Simple Tense?

The present simple tense, often regarded as the most basic tense in English, is used to describe actions, states, or truths that are habitual, general, or permanent. It reflects routines, facts, and timeless truths that remain consistent over time.

Form:

- For most verbs, the present simple is formed by using the base form of the verb for subjects like I, you, we, they.
- For third-person singular (he, she, it), an -s or -es is added.
- Example: He works at a bank.

Core Uses of the Present Simple

- Habitual Actions:

Describes routines or repeated behaviors.

- Example: She wakes up early every morning.
- Usage tips: Words like always, often, usually, rarely, never often accompany habitual actions.

- Factual Statements and Universal Truths:

Presents facts that are always true or scientific truths.

- Example: The sun rises in the east.
- Usage tips: These statements are timeless and do not change over time.

- Schedules and Timetables:

Used for events scheduled in the future, especially public transport or official programs.

- Example: The train departs at 6 pm.

- Instructions and Directions:

Commonly used in manuals, recipes, or directions.

- Example: Turn left at the traffic light.

- With State Verbs:

Describes feelings, possession, or mental states, which typically do not appear in continuous forms.

- Examples: know, want, like, own, believe

- Example: She loves chocolate.

Grammar Rules and Common Pitfalls

- Subject-verb agreement:

For third-person singular, add -s or -es.

- Example: He plays football.

- Exception: Verbs ending in -y after a consonant change to -ies (study ? studies).

- Negative form:

Use do not / does not + base verb.

- Example: They do not like spicy food.

- Question formation:

Use Do / Does + subject + base verb.

- Example: Does she work here?

Common mistakes:

- Using -s with I/you/we/they.
- Forgetting to add -s in third person singular.

The Present Progressive Tense: What It Is and When to Use It

Defining the Present Progressive Tense

The present progressive (also called present continuous) tense is used to describe actions that are happening at the moment of speaking or around the current period. It emphasizes ongoing activity or temporary situations.

Form:

- The structure is am/is/are + present participle (verb ending in -ing).
- Examples: I am reading, She is cooking, They are playing.

Principal Uses of the Present Progressive

- Actions Occurring at the Moment of Speech:

Describes what is happening right now.

- Example: She is typing an email.
- Tip: Use the phrase right now to emphasize immediacy.

- Temporary Situations:

Refers to actions or states that are temporary but not necessarily happening right now.

- Example: He is staying with a friend this week.

- Changing or Developing Situations:

Highlights processes or developments.

- Example: The climate is getting warmer.

- Planned Future Activities:

Indicates arrangements or plans in the near future.

- Example: We are meeting him tomorrow.

Grammar Rules and Common Pitfalls

- Forming the Present Progressive:

Use am, is, or are + verb ending in -ing.

- Example: They are watching a movie.

- Spelling Rules for -ing Verbs:

- Double the final consonant for one-syllable verbs ending in a consonant + vowel + consonant (run ? running).

- Drop the silent -e before adding -ing (write ? writing).

- For verbs ending in -ie, change to -y (lie ? lying).

- Negative Form:

Use am not, is not / isn't, are not / aren't + verb-ing.

- Example: You are not listening.

- Question Form:

Use Am / Is / Are + subject + verb-ing?

- Example: Are they coming?

Common mistakes:

- Using the present simple for actions happening now instead of present progressive.
- Forgetting the -ing ending or misspelling verbs.

Comparing Present Simple and Present Progressive: Key Differences

Aspect	Present Simple	Present Progressive
Use	Habitual actions, facts, routines	Actions happening right now, temporary situations
Time Frame	General, ongoing over time	Specific moment or recent activities
Form	Base verb / base + -s	am/is/are + verb-ing
Examples	She works at a hospital.	She is working at the hospital today.

When to Use Which?

- Use the present simple to describe routines, truths, and scheduled events.
- Use the present progressive to emphasize ongoing actions or temporary states.

Overlap and Confusion

Sometimes, both tenses can be correct but convey different meanings:

- I work from home. (habitual)
- I am working from home today. (temporary, happening now)

Understanding these distinctions is crucial for clarity in both speech and writing.

Practical Tips for Learners

- Identify the Context:

Determine whether you're describing a routine, a fact, or an ongoing action.

- Use Signal Words:
 - Present Simple: always, often, usually, never, every day
 - Present Progressive: now, right now, at the moment, currently, today

- Practice Verb Forms:

Regularly practice conjugating verbs in both tenses, paying attention to spelling rules.

- Listen and Read Actively:

Pay attention to how native speakers and writers use these tenses in various contexts.

- Create Sentences:

Practice forming sentences for different scenarios to reinforce understanding.

Common Errors and How to Avoid Them

- Confusing the Tenses:

Remember, habitual actions use the present simple, while ongoing actions use the present progressive.

- Incorrect Subject-Verb Agreement:

Ensure third-person singular verbs end with -s or -es in present simple.

- Misspelling -ing Verbs:

Follow spelling rules carefully to avoid errors.

- Overusing Present Progressive:

Don't use present progressive for permanent facts or routines.

Conclusion

Mastering the use of the present simple and present progressive is fundamental for effective communication in English. While they may seem similar, their differences lie in the nuances of time and aspect they convey. The present simple provides a sense of stability, routines, and facts, whereas the present progressive emphasizes immediacy and temporary actions. By understanding their rules, common usages, and distinctions, learners can significantly improve their grammatical accuracy and clarity of expression. Regular practice, active listening, and keen attention to context will help solidify their understanding, enabling more natural and precise use of these essential tenses in everyday conversation and writing.

QuestionAnswer What is the main difference between present simple and present progressive tense? The present simple tense describes habitual actions, general truths, or facts, while the present progressive tense describes actions happening right now or temporary situations. How do you form the present simple tense? The present simple tense is formed using the base form of the verb for most subjects, adding 's' or 'es' for third person singular (he, she, it). Can you give an example of a sentence in present simple? Sure, for example: 'She reads books every evening.' How do you form the present progressive tense? The present progressive tense is formed using the verb 'to be' in the present (am, is, are) plus the base verb with '-ing' ending, e.g., 'I am studying.' Can you give an example of a sentence in present progressive? Yes, for example: 'They are playing football right now.' When do we use the present simple tense? We use the present simple tense to talk

about routines, facts, general truths, and habits. When is the present progressive tense used? The present progressive tense is used to describe actions happening at the moment of speaking or temporary situations. Are there any common keywords associated with present simple? Yes, common keywords include 'always,' 'never,' 'sometimes,' 'every day,' 'often,' and 'usually.' What are some common keywords for present progressive? Keywords for present progressive include 'now,' 'at the moment,' 'currently,' 'right now,' and 'today.' How can understanding present simple and present progressive improve my English skills? Understanding these tenses helps you accurately describe routines, facts, and current actions, making your communication clearer and more precise in everyday conversations.

Related keywords: present tense, verb forms, habitual actions, ongoing actions, time expressions, grammar rules, sentence structure, daily routines, action verbs, English tenses

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