

Lower Extremity Orthopedic Surgery in Cerebral Palsy

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Indications

- Fixed contracture
- Joint dislocations
- Shoe wear problems
- Pain
- Perineal hygiene problems

What can Orthopedic Surgery Offer?

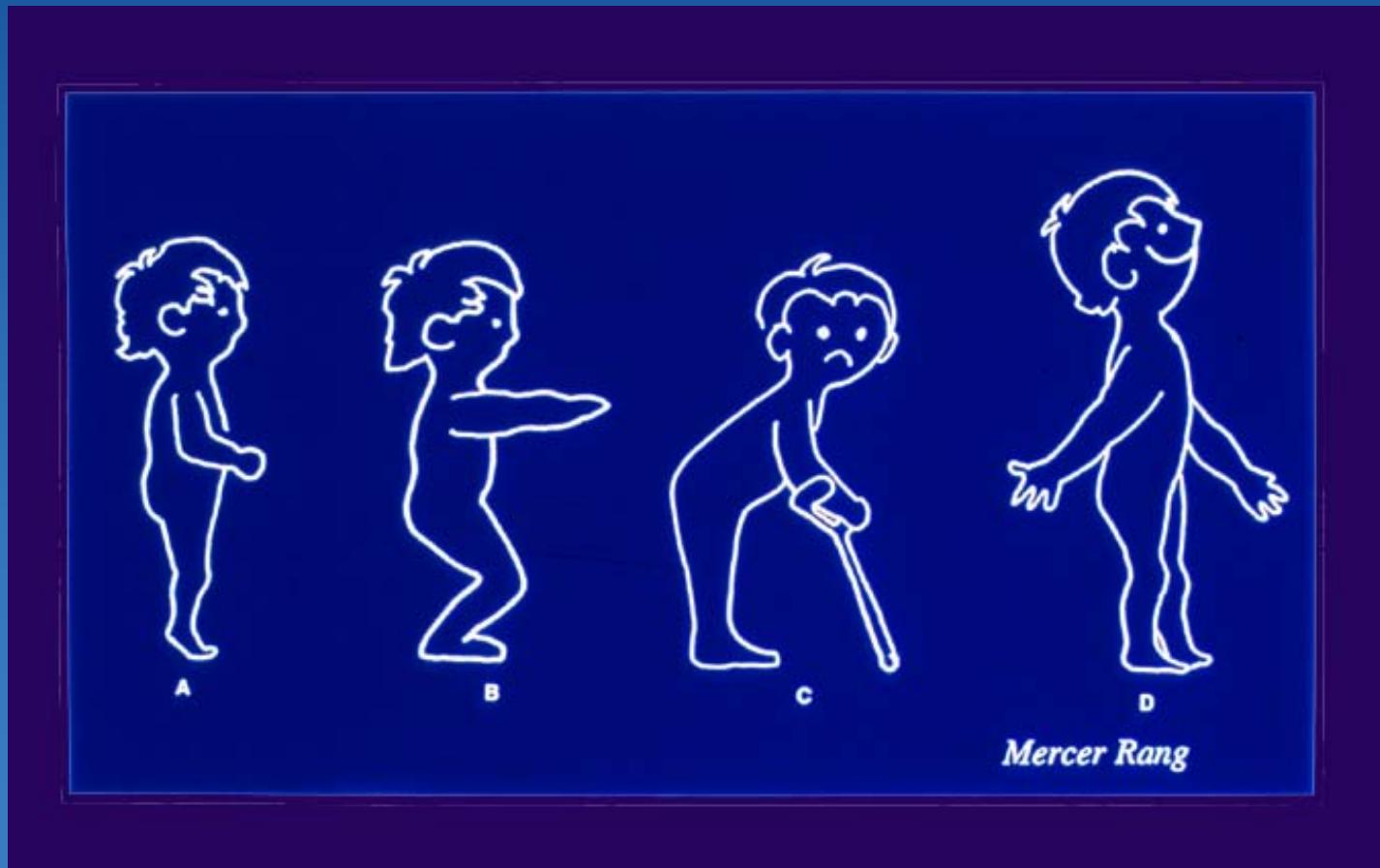
- Lengthen tendons
- Transfer tendons
- Relocate joints
- Rotate bones
- Fuse joints

Principles of Orthopedic Surgery

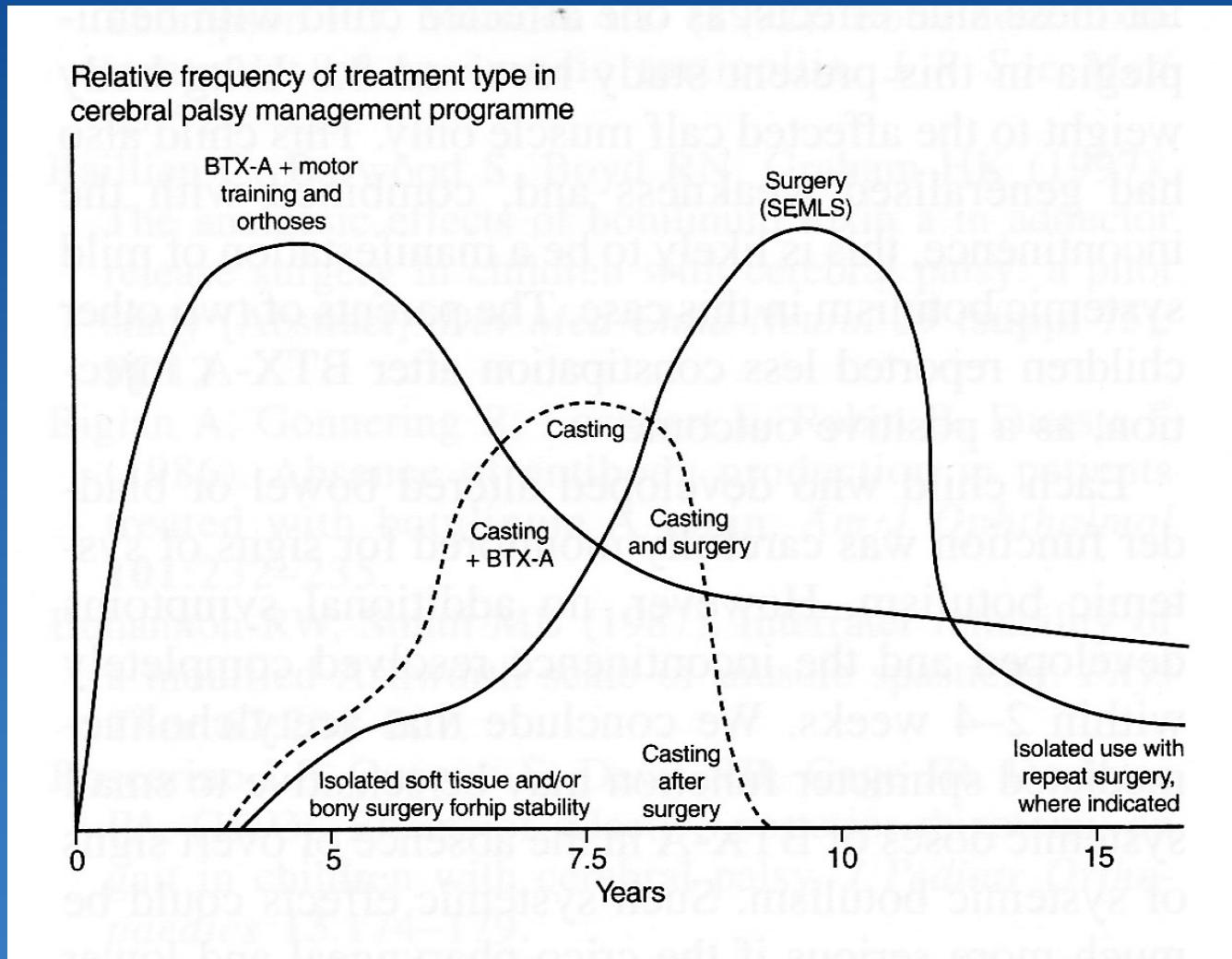
in Cerebral Palsy

- Single event, multilevel surgery
- Delay surgery as long as possible (> 6 years)
- Use spasticity management as adjunct to surgery

The Diving Syndrome



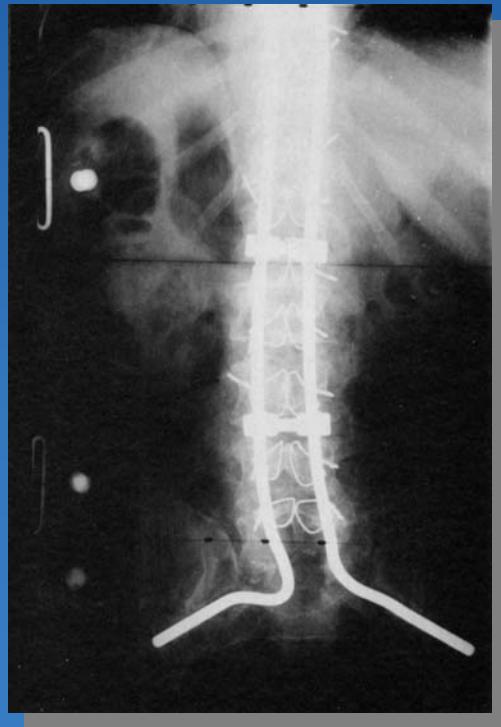
Timing of Surgery



- **Soft tissue contractures**
- **Bony abnormalities**
 - Morphology
 - Rotation

Spine Problems

- Scoliosis
- Spondylolisthesis

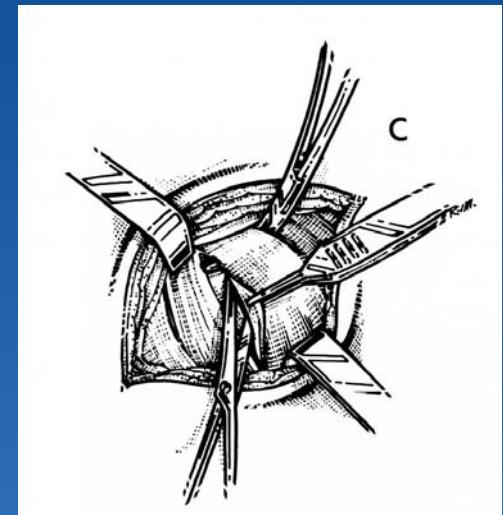
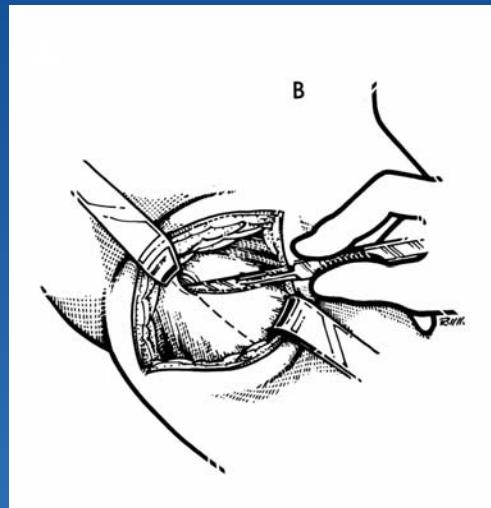
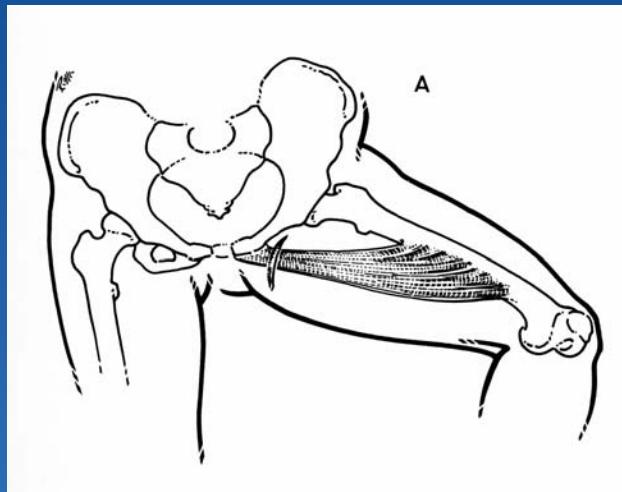


Hip Adduction Deformity

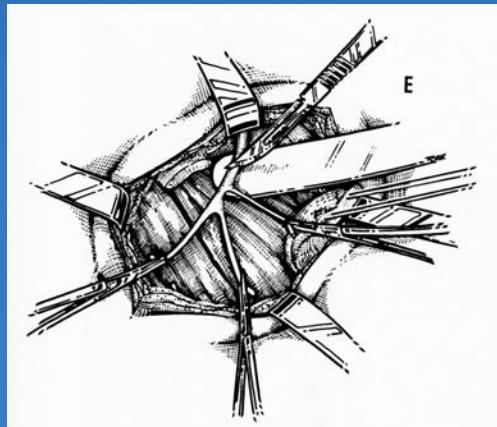


- Open vs percutaneous lengthening of adductors
- ? Obturator neurectomy

Adductor Lengthening



Obturator Neurectomy

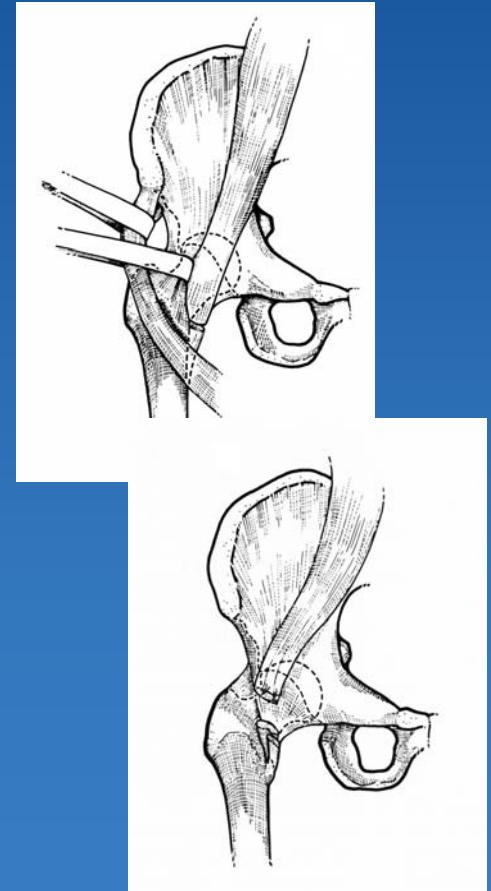
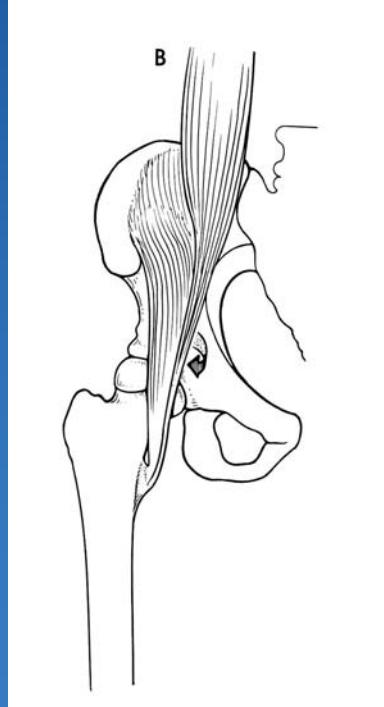
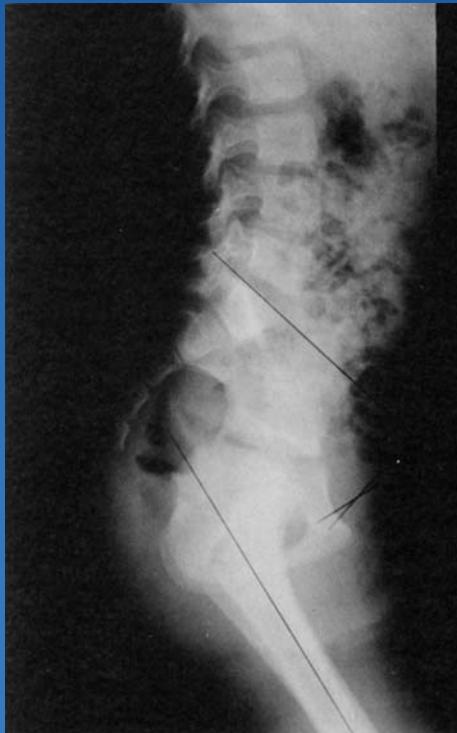


Canale and Beaty
*Operative Pediatric
Orthopedics*

Hip Flexion Deformity

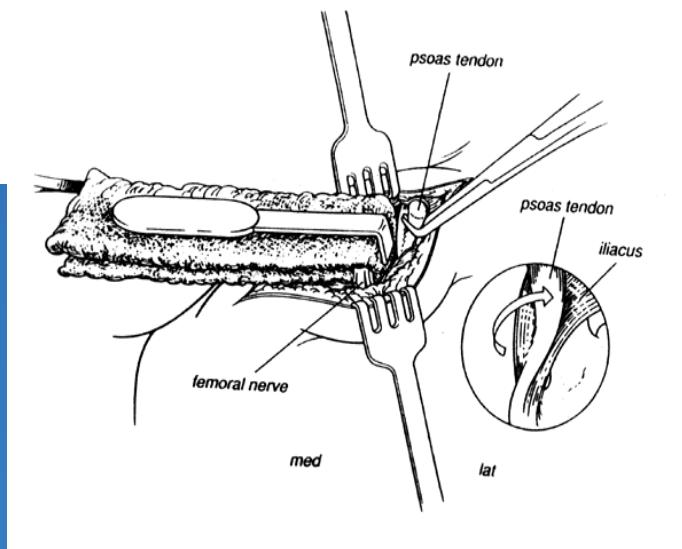
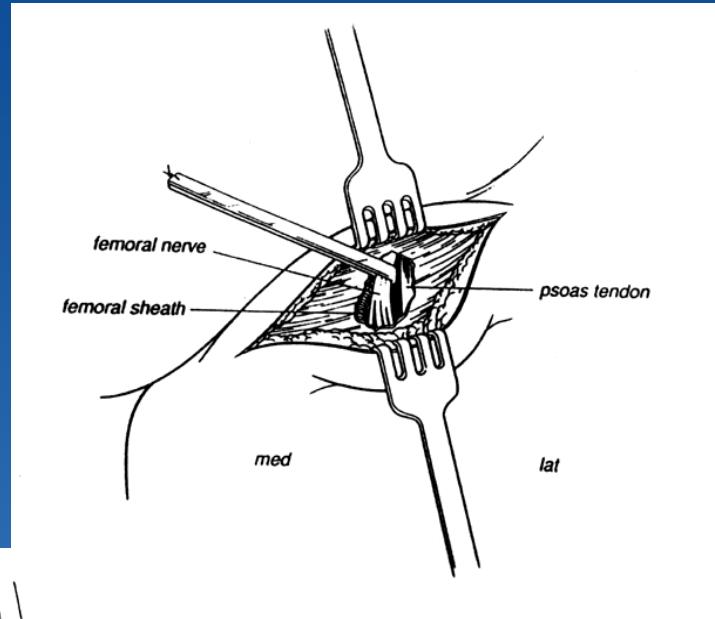
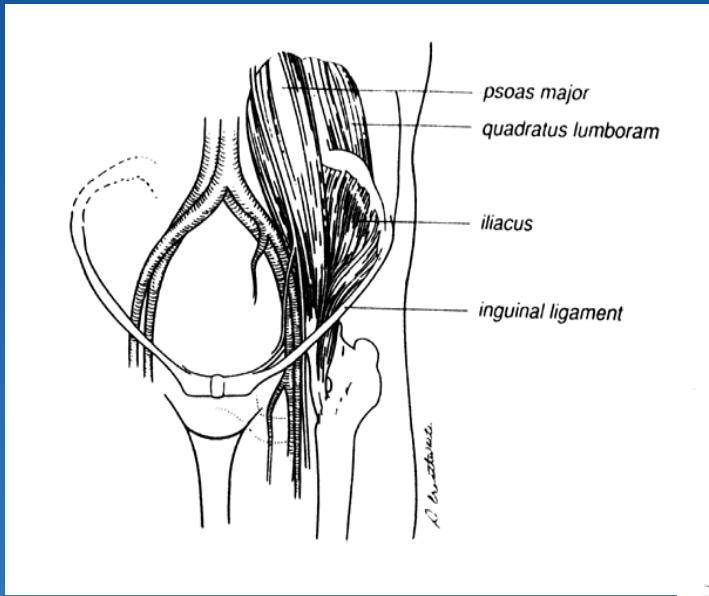
- Usually caused by contracture of the iliopsoas muscle
- Sartorius, rectus femoris and tensor fascia femoris muscle can also contribute

Treatment of Hip Flexion Contractures

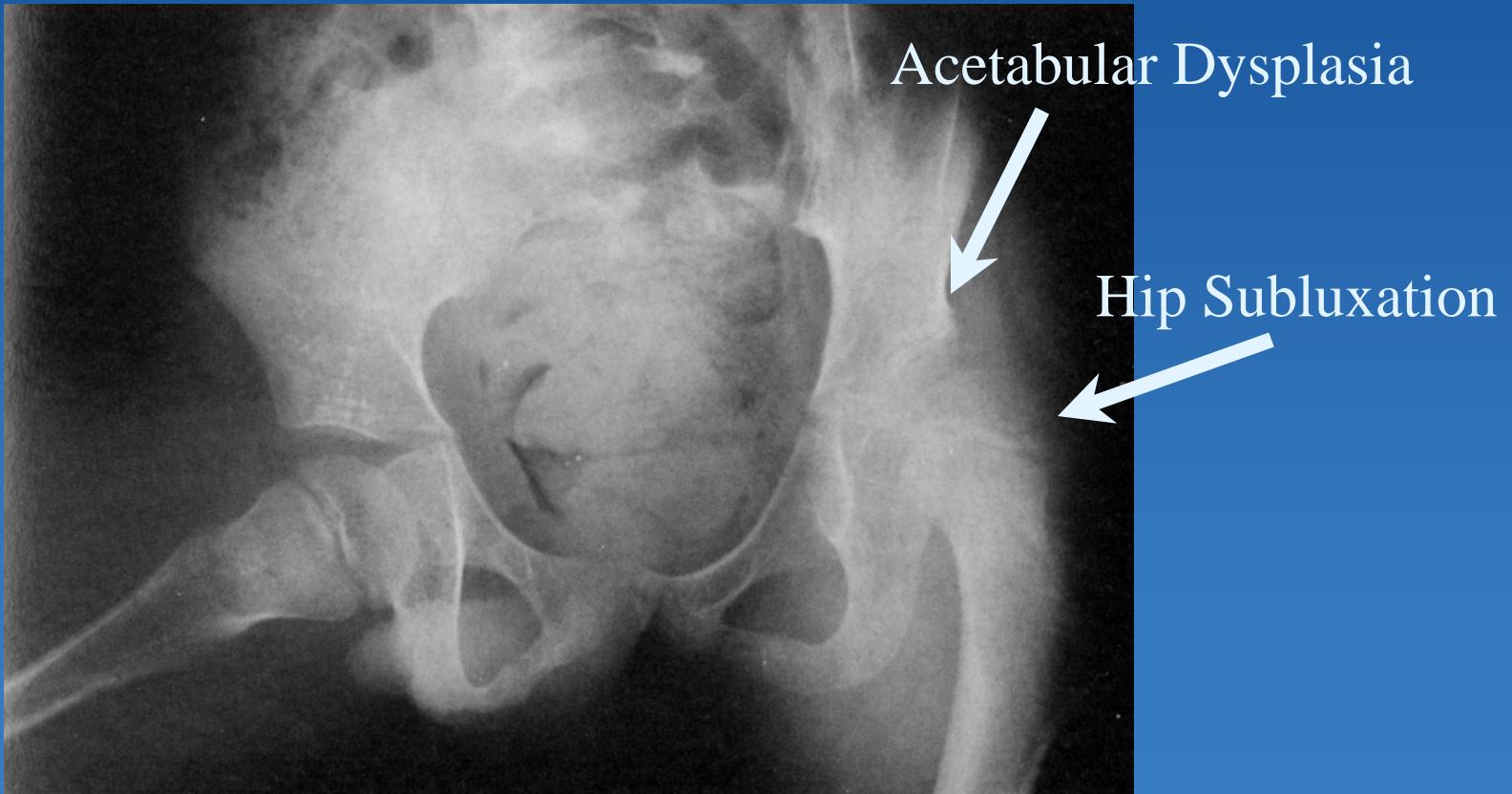


Canale and Beaty *Operative Pediatric Orthopedics* 1991

Psoas lengthening at the Pelvic Brim



Hip Subluxation & Dislocation



Hip Subluxation & Dislocation

Indications for Treatment:

- Hip subluxation in any condition
- Pain
- Loss of sitting ability

Proximal Femoral Varus Derotational Osteotomies

Indications for surgery:

↑‘d valgus
↑‘d femoral anteversion

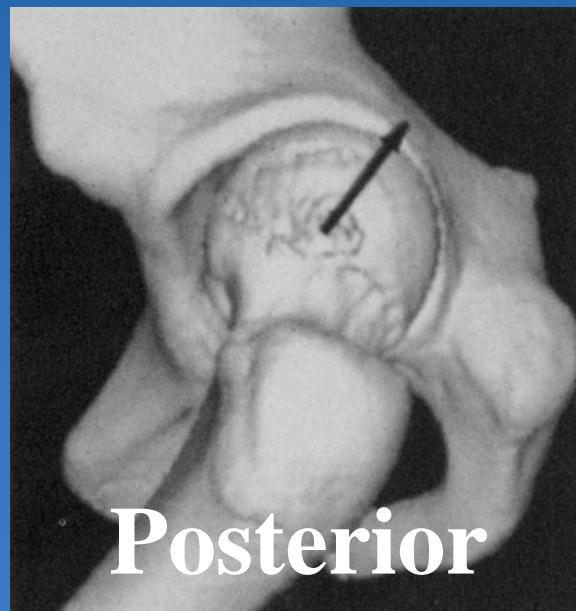


Acetabular Dysplasia

- Usually posterior dysplasia



Anterior



Posterior



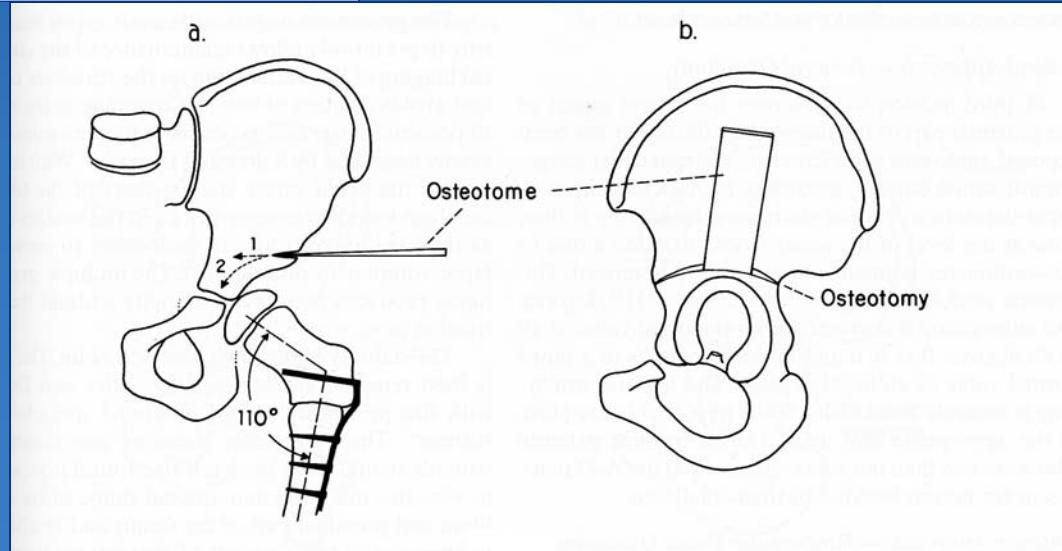
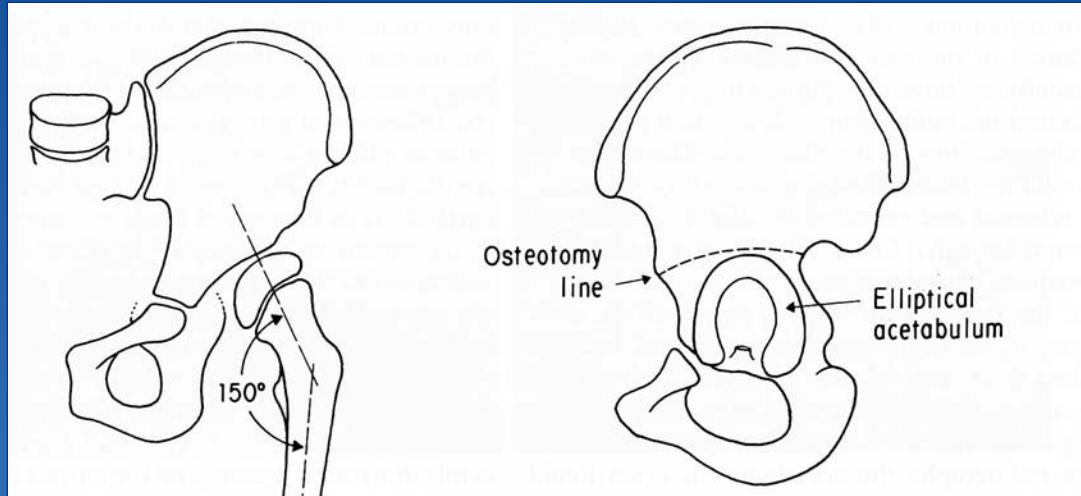
Mid-superior

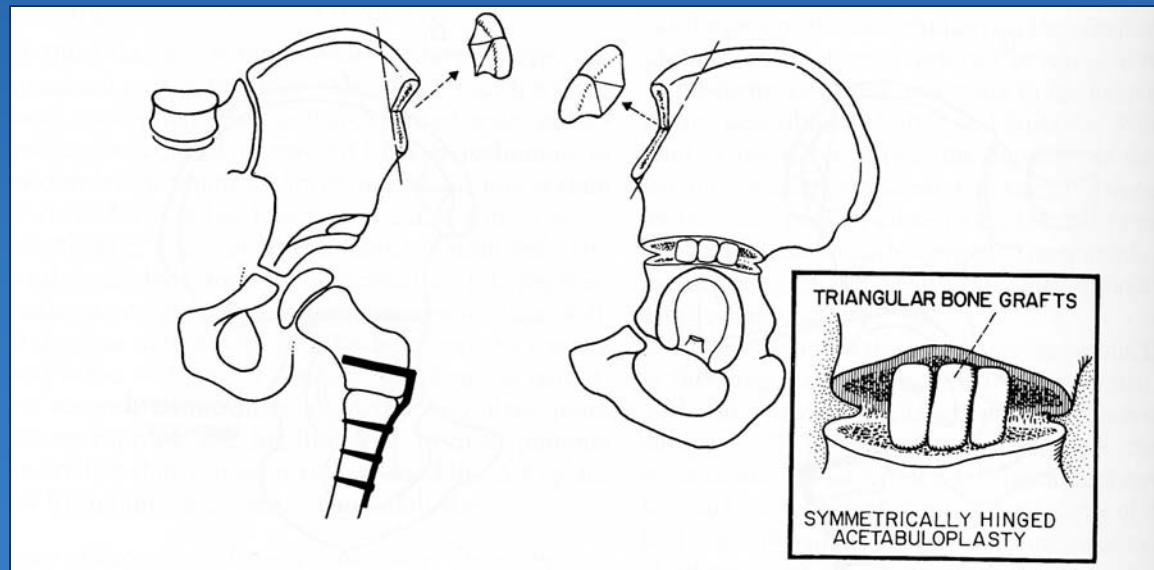
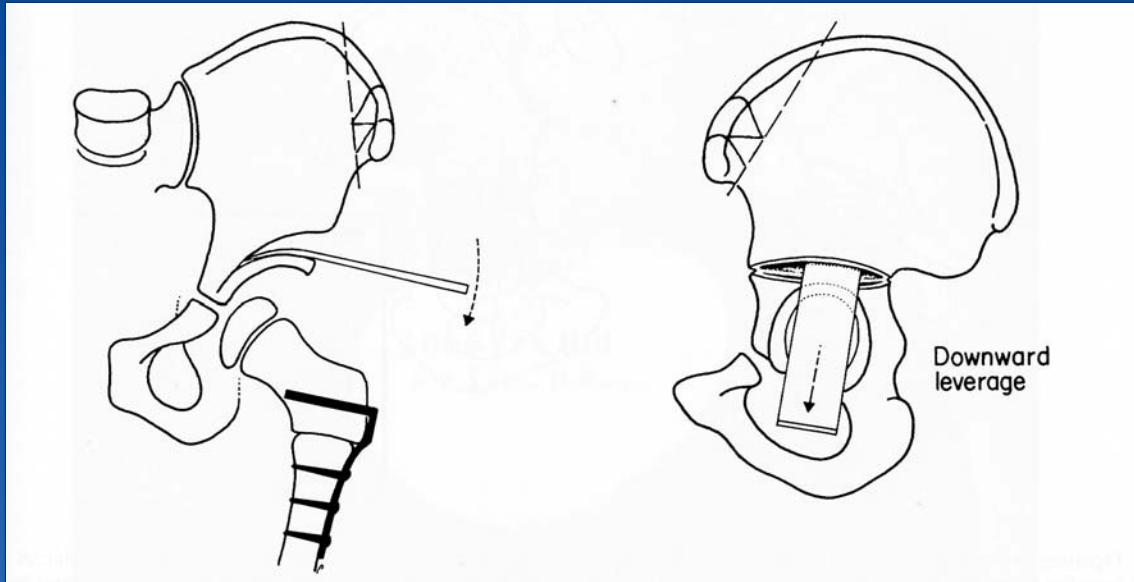
Treatment of Acetabular Dysplasia

Periacetabular Osteotomy, Open Reduction and VDRO



San Diego Approach to Hip Dislocation







Salvage Procedure for Hip Dysplasia

- Interposition arthroplasty



Problems at the Knee

- Crouch gait
- Jump gait
- Stiff knee gait
- Recurvatum gait

Crouch Gait

- Increased hip flexion
- Increased knee flexion
- Increased ankle dorsiflexion
(calcaneous)
- Usually iatrogenic

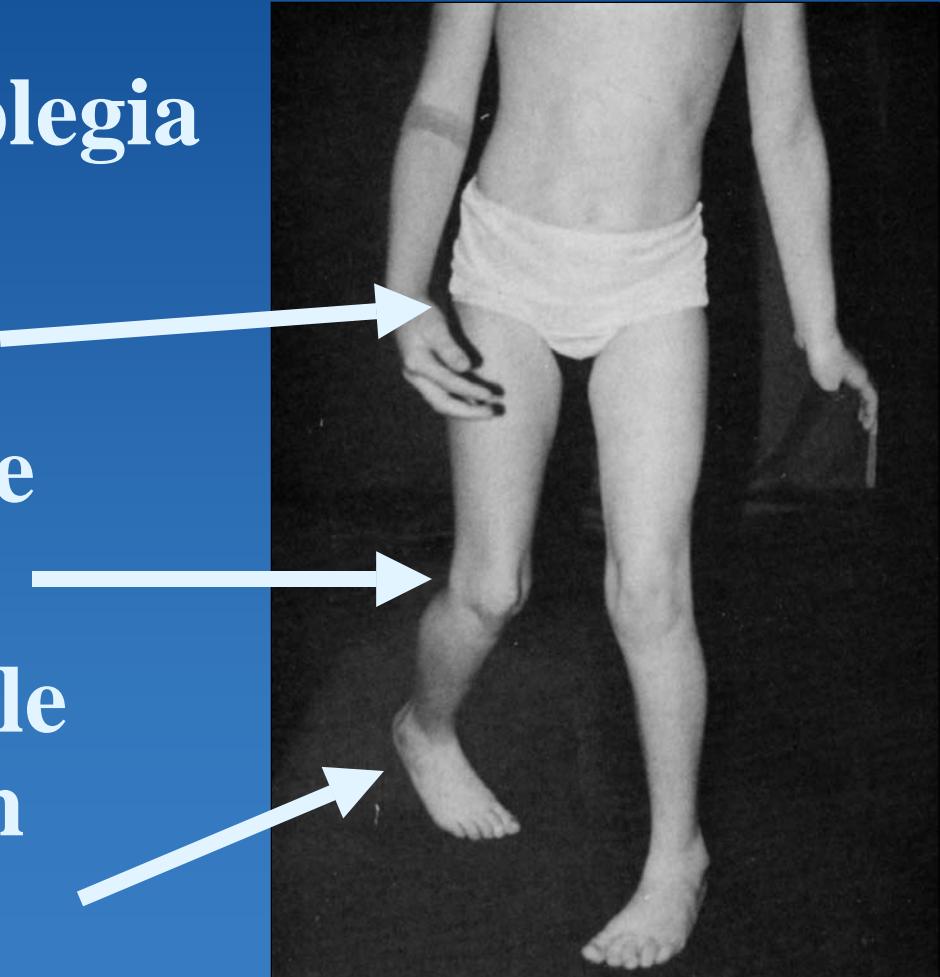


Patella Alta

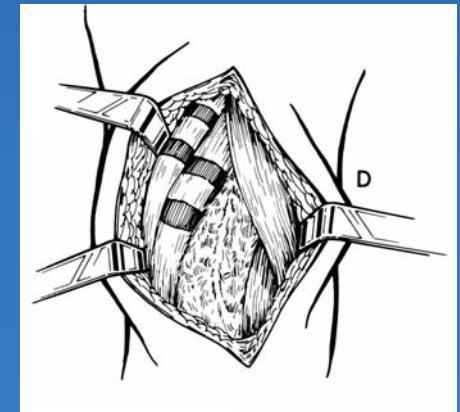
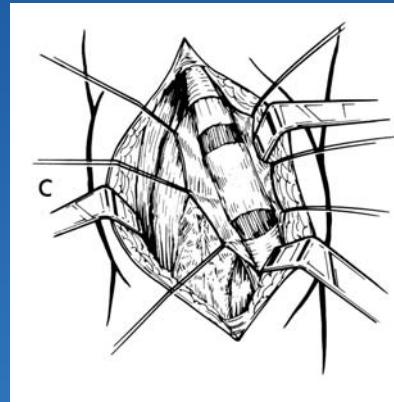
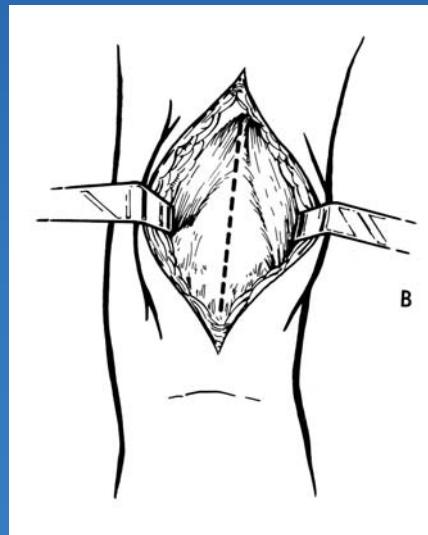
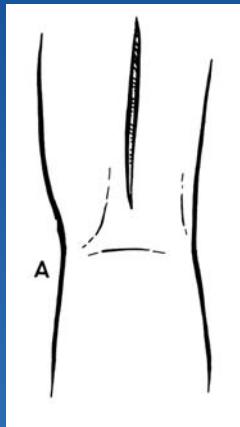


Jump Gait

- In di or hemiplegia
- Increased hip flexion
- Increased knee flexion
- Increased ankle plantar flexion



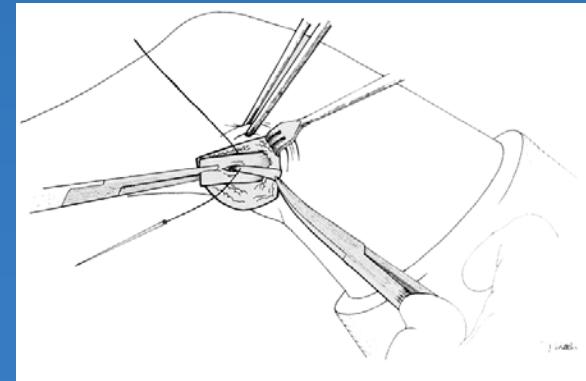
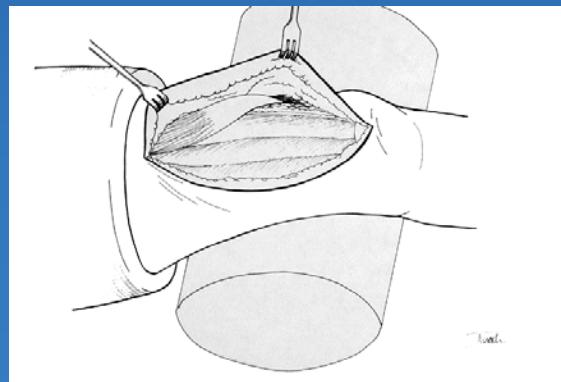
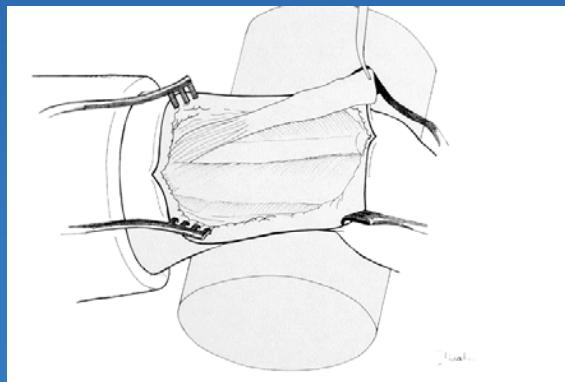
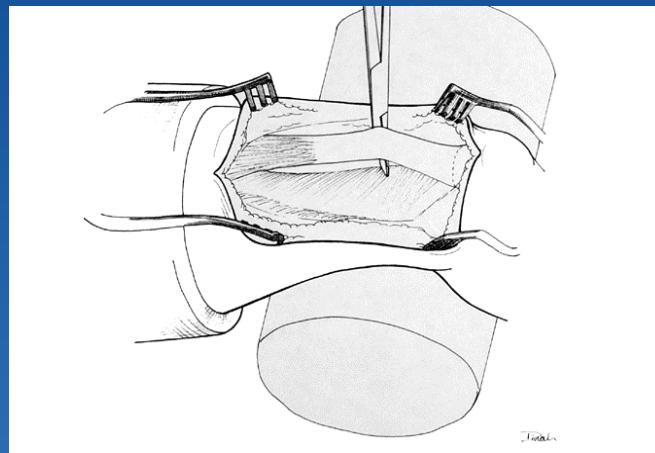
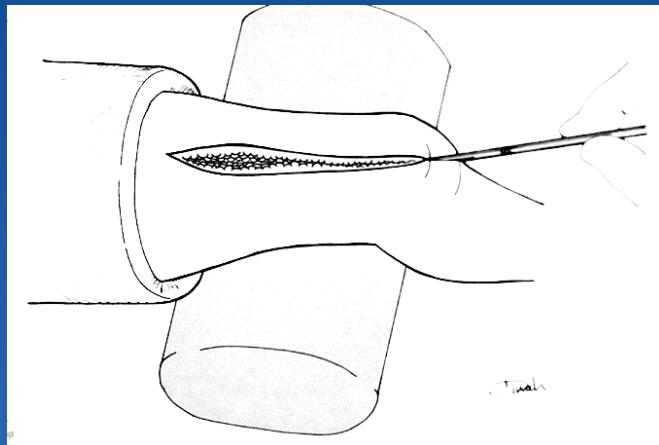
Hamstring Lengthening



Stiff Knee Gait

- Manifest by swing phase knee stiffness
- Leads to problems of foot clearance
- Compensatory mechanisms include
 - Hip Circumduction
 - External Rotation
 - Contralateral vaulting

Rectus Femoris Transfer



Recurvatum Gait

- Usually iatrogenic
- Difficult to treat surgically
- Often need long leg braces
(KAFO with the ankle in dorsiflexion)

KNEE PROBLEMS IN ADULTS WITH CEREBRAL PALSY

- Patellofemoral arthritis
- Patellar malalignment syndrome
- Meniscal tear
- Cruciate ligament tears

Rotational Abnormalities

- “Lever Arm Syndrome”
 - Increased Femoral Anteversion
 - Increased internal or external tibial torsion
 - “malignant malalignment” syndrome
 - Patellar subluxation/dislocation
 - Foot valgus

Treatment

- Femoral osteotomies
 - Proximal
 - Distal
- ? Gluteus medius transfer
- Tibial derotational osteotomies
- Correction of valgus in foot

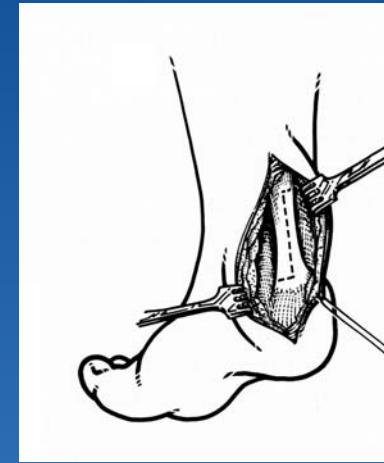
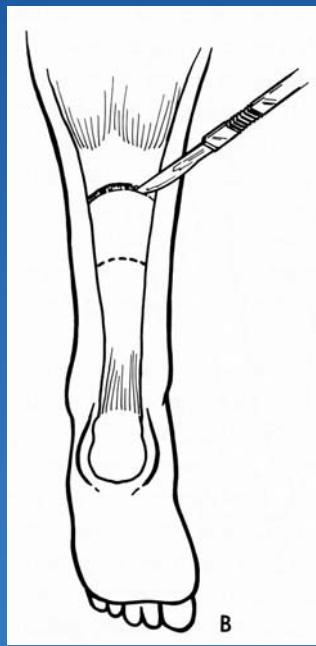
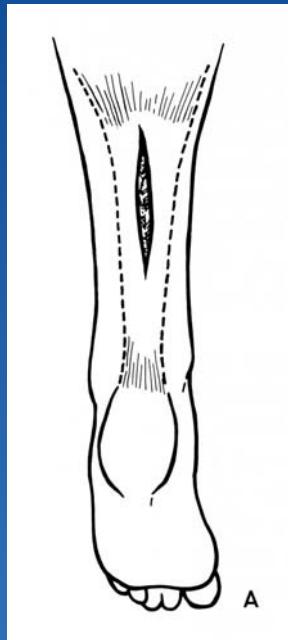
Problems at the Foot & Ankle

- Equinus
- Calcaneous
- Varus
- Valgus
- Bunion

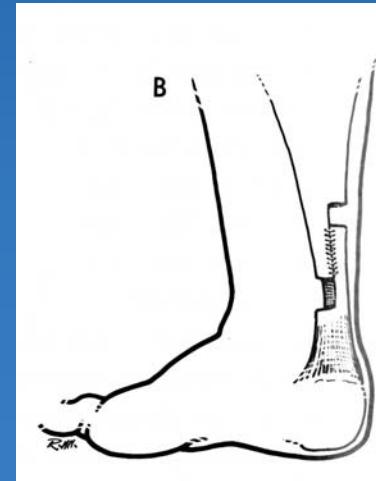
Treatment Options for Equinus

- Lengthening of the fascia (recession)
 - Strayer
 - Baker
 - Vulpius
 - Baumann
- Lengthening of the Tendoachilles

Equinus



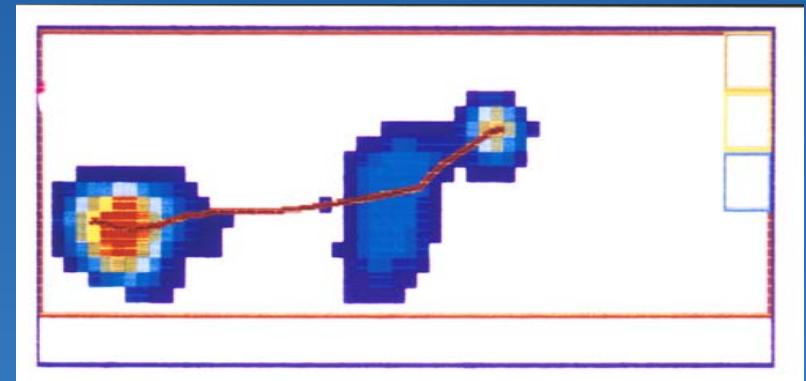
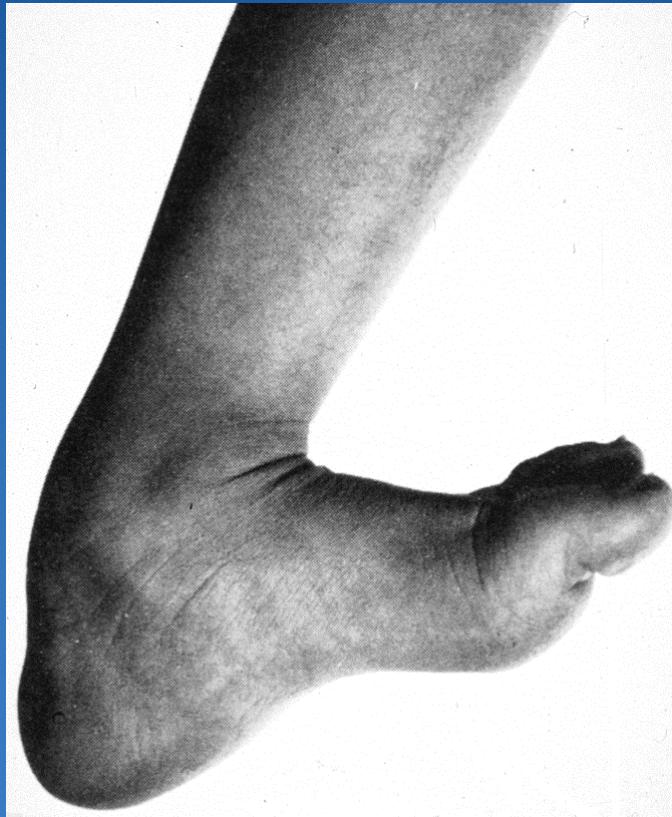
Open
Tendoachilles
Lengthening



Gastrocnemius Recession
Strayer or Vulpius

Calcareous

- Usually iatrogenic



Treatment Options for Calcaneous

Surgical:

Muscle transfer to heel

TA, TP, PL, PB, FDL, FHL

Heel cord tenodesis

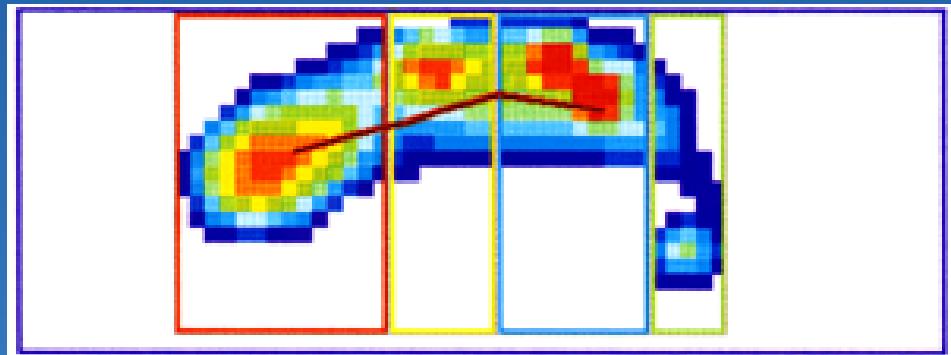
Osteotomy of calcaneus

(can combine with muscle transfer)

Oblique

Crescentic

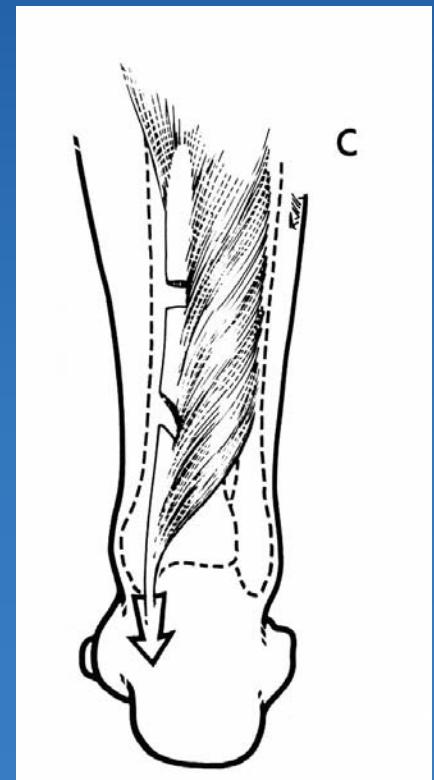
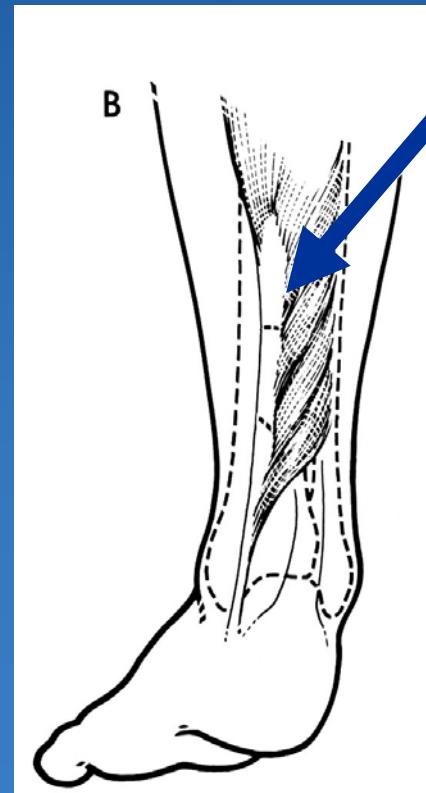
The Varus Foot



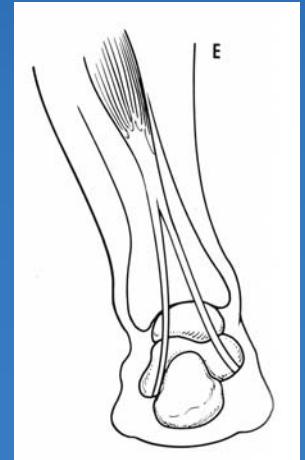
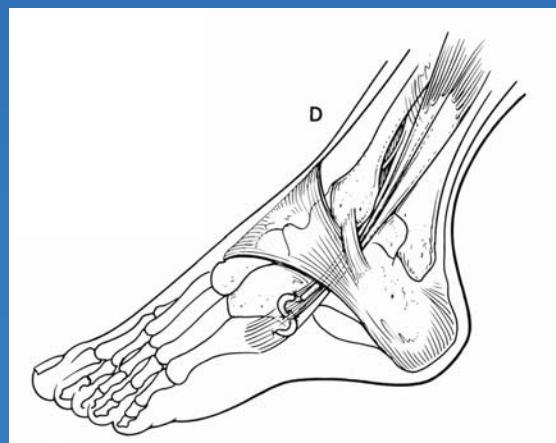
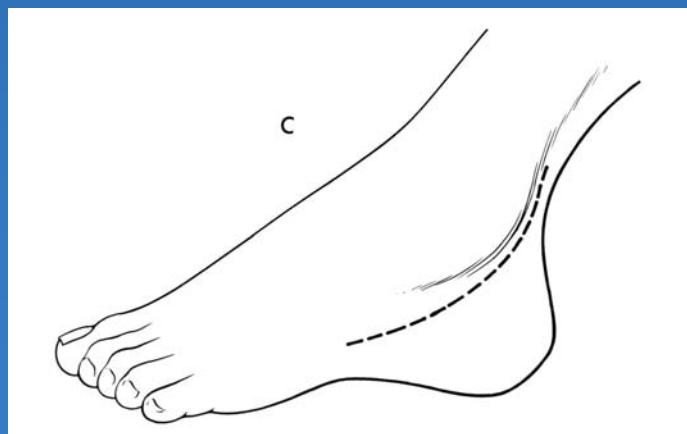
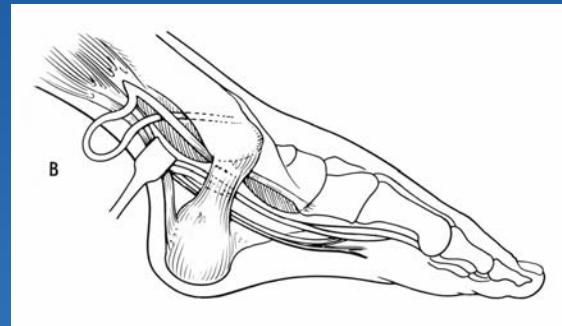
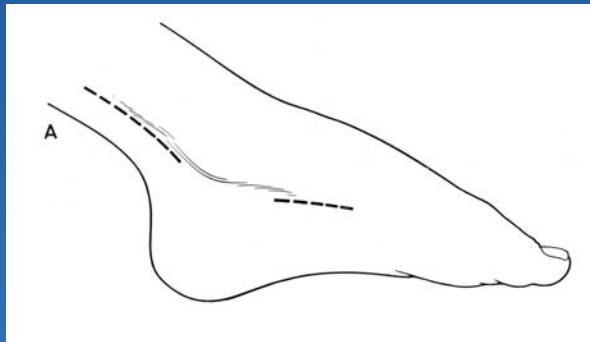
Varus Foot Deformity

- Usually in hemiplegia
- Surgical Options include
 - Frost Lengthening of the Posterior Tibialis Muscle
 - Split Posterior Tibialis Tendon Transfer (SPOTT)
 - Split Anterior Tibialis Tendon Transfer (SPLATT)

Frost Tibialis Posterior Tendon Lengthening

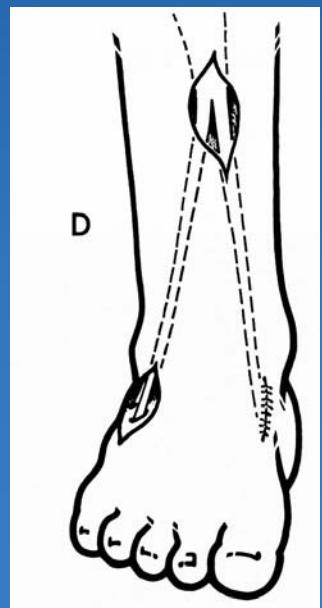
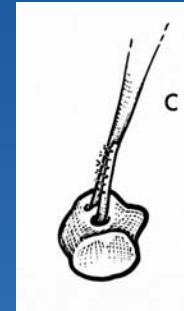
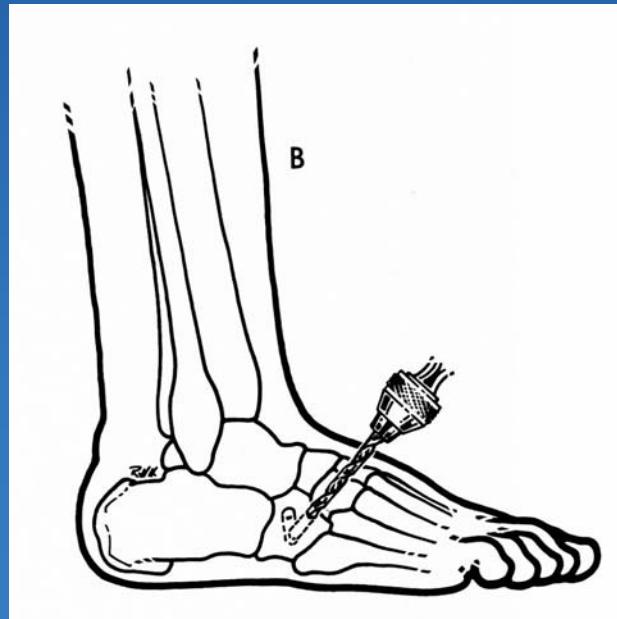


Split Posterior Tibialis Tendon Transfer (SPOTT)



Split Anterior Tibialis Tendon Transfer

(SPLATT)



Valgus Foot

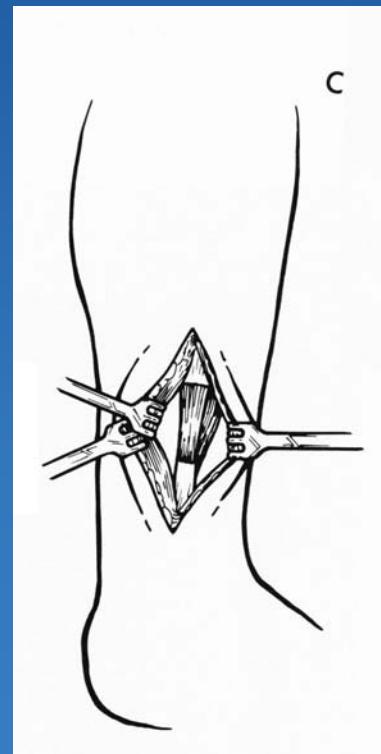
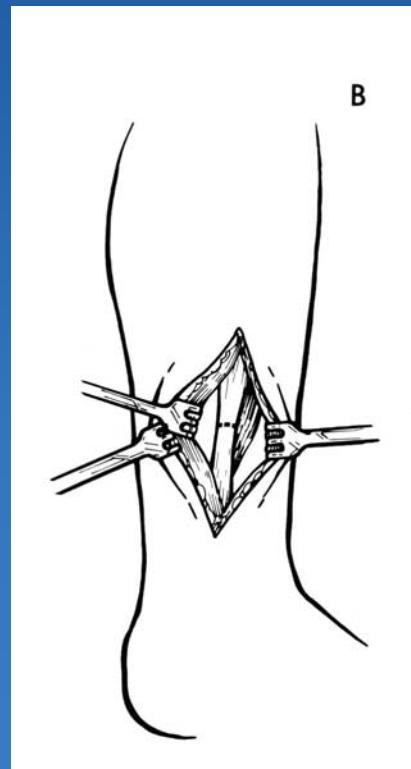
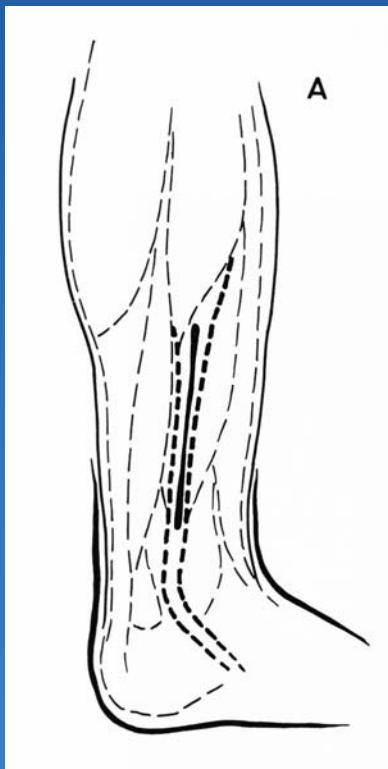
- Common in diplegia & quadriplegia



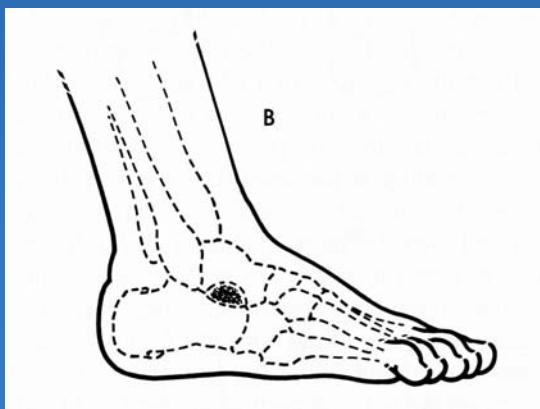
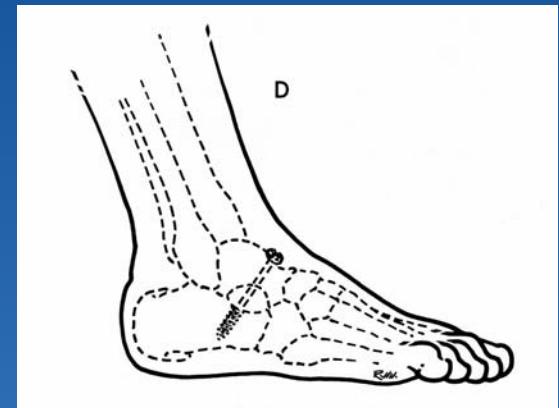
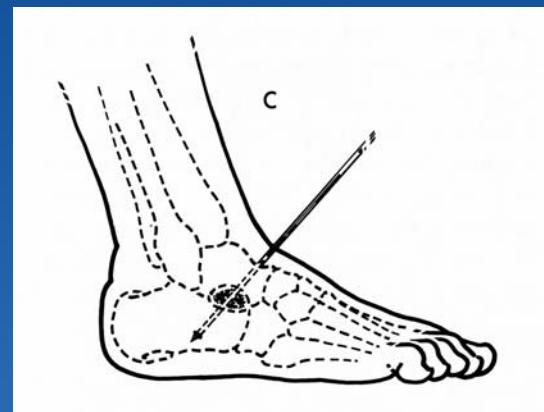
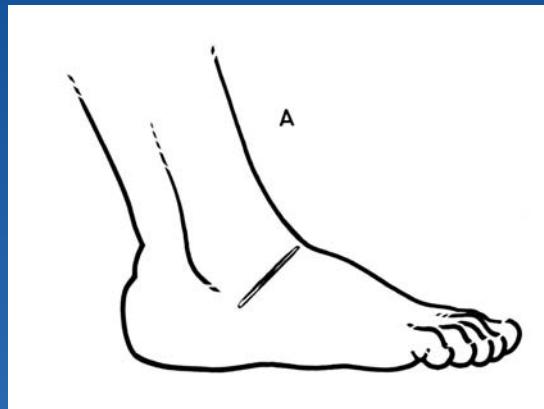
Treatment Options for the Valgus Foot

- Peroneus Brevis Tendon Lengthening
- Calcaneal Lengthening
- Calcaneal Sliding Osteotomy
- Subtalar Arthrodesis
- Triple Arthrodesis

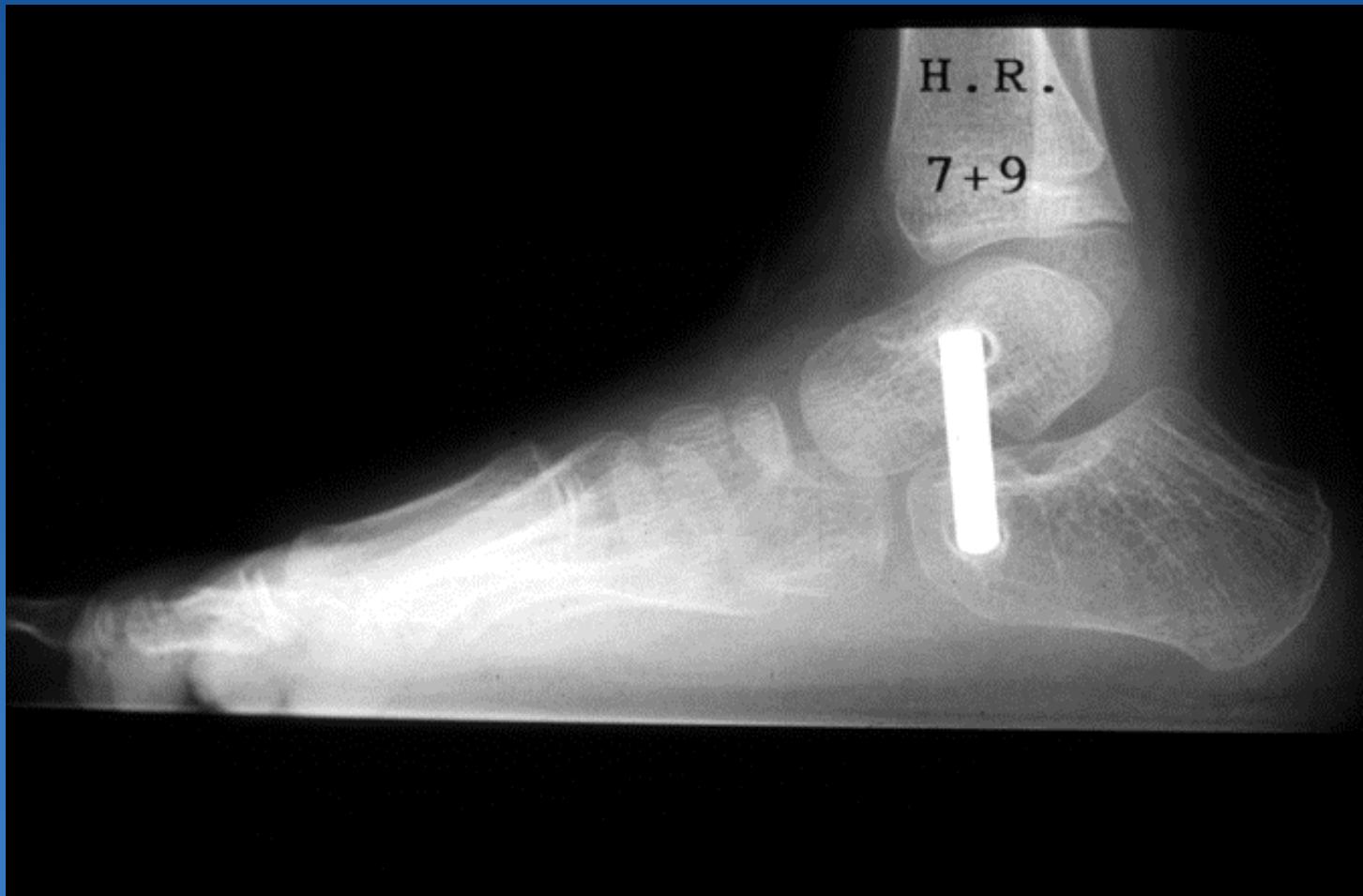
Peroneus Brevis Lengthening



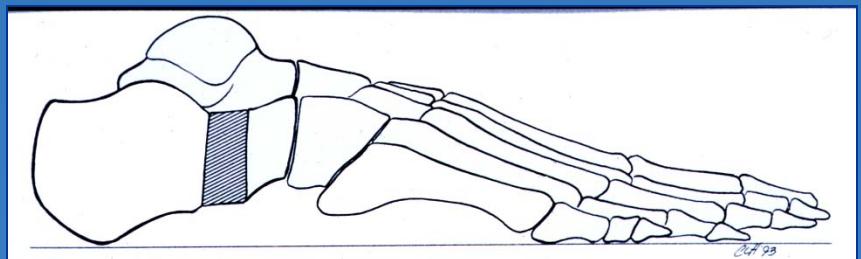
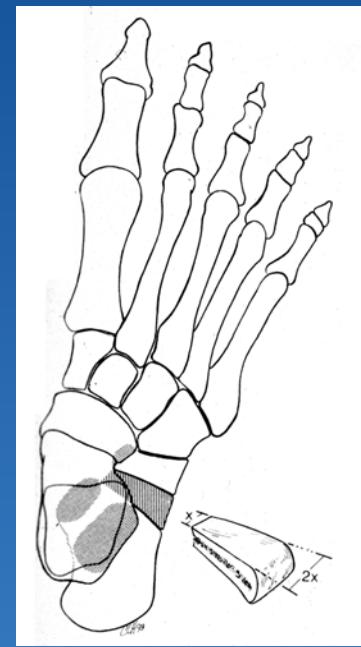
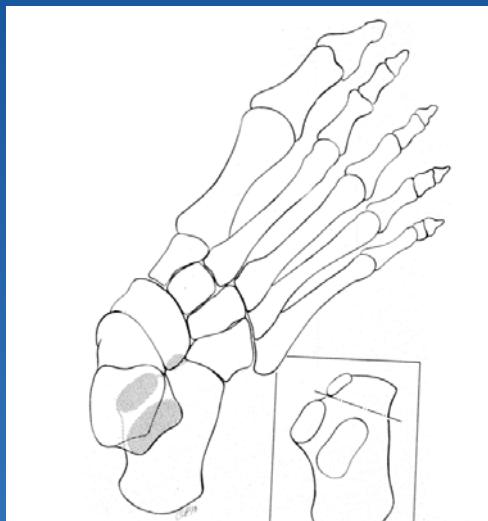
Subtalar Arthrodesis



Subtalar Stapling



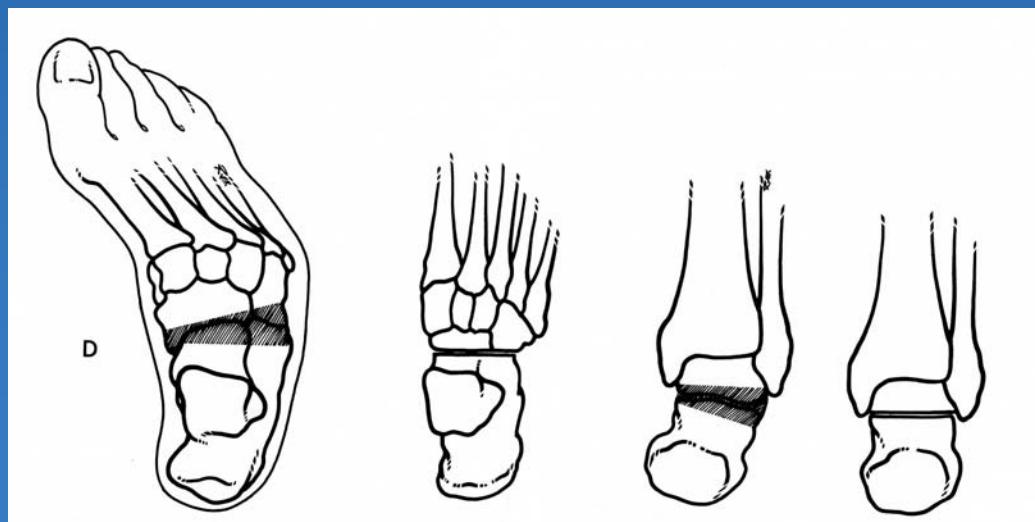
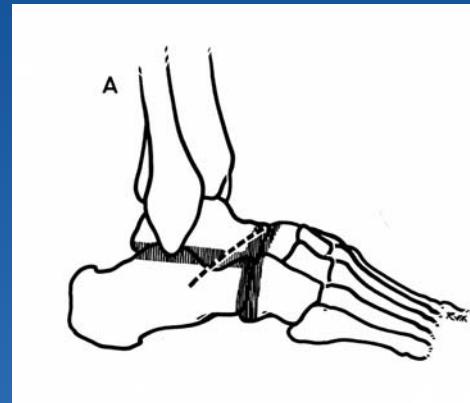
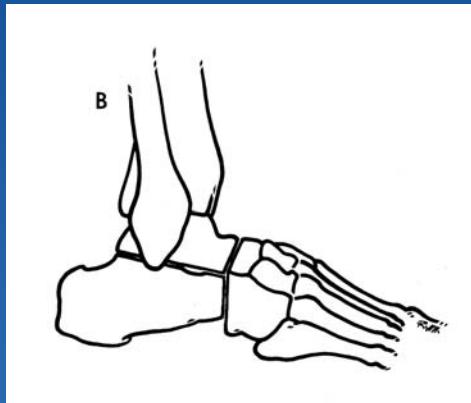
Evan's Calcaneal Lengthening



Sliding Calcaneal Osteotomy



Triple Arthrodesis



Look for Ankle Valgus

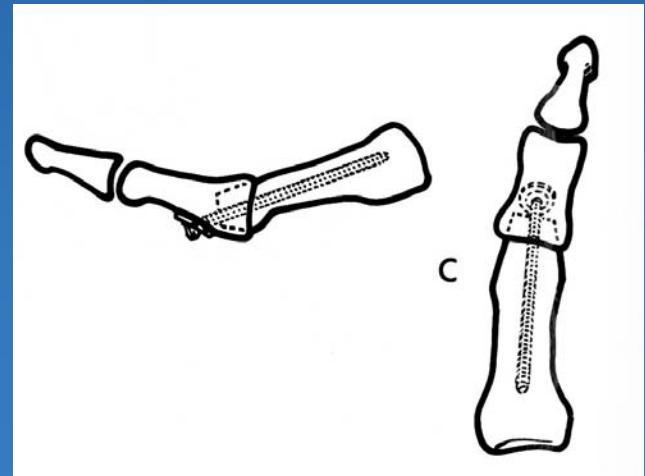
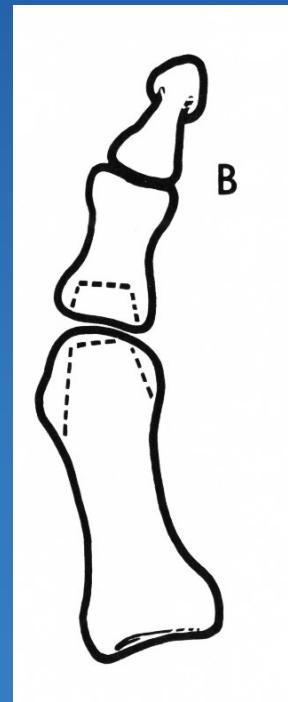
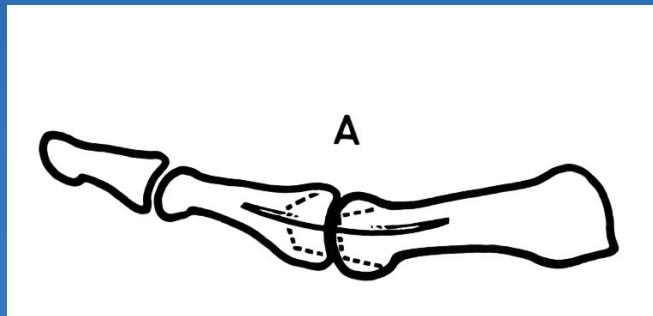


Bunion Deformities

- Dorsal bunion
- Hallux valgus

Treatment

- Standard bunion procedure
- Arthrodesis



Thank You