8:30 – 9:25 am

SYMPOSIUM 1

Surgery of the Neurologic Foot

Moderator:

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◆ 8:30 – 8:40 am - Stroke

Martin G. Mankey, MD
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- Primary cause of adult hemiplegia
- Middle cerebral artery most often involved.
- Spasticity makes treatment more difficult.

TREATMENT GOALS

- Plantigrade, stable foot and ankle that is braceable.
- Possible ambulation with or without a brace.

COMMON DEFORMITIES

- Equinovarus
- Tibialis Anterior Tendon Overpull
- Triceps Surae Contracture
- Claw Toes

CONSERVATIVE TREATMENT

- Intense physical therapy
- Bracing, serial casting
- Intraneural injections of the tibial nerve
- Botox injections

INDICATIONS AND TIMING OF SURGERY

- Failure to meet goals with conservative treatment
- On average, wait 6 months post cerebral event.
- Early surgical management can be cost-effective.
SURGICAL PROCEDURES

- Based on each patient’s needs and examination.
- Flexible vs Fixed? Sometimes difficult to tell with spasticity.

Tendoachilles Lengthening

Gastrocnemius Recession

Split Anterior Tibial Tendon Transfer (SPLATT)

Lateral Transfer Anterior Tibial Tendon

Claw Toe Procedures

Flexible Deformity:
- Flexor tenotomy
- Flexor tendon transfer
- Dorsal capsulotomy MTP joint/ extensor lengthening?
- Lengthening FDL and FHL at midfoot?

Fixed Deformity:
- PIP Arthroplasty
- Shortening osteotomy metatarsal
- First Toe Jones Procedure

Multiple Additional Procedures

- Lengthening Tibialis Posterior Tendon
- Split Posterior Tibial Tendon Transfer
- Transfer of FDL and FHL to lateral midfoot
- Calcaneal osteotomies
- Arthrodeses