The spastic foot: The perspective of the orthopedic surgeon

G. Gadbled*, S. Touchais, F. Gouin
Clinique chirurgicale orthopédique et traumatologique, place Alexis-Ricordeau, CHU de Nantes, 44000 Nantes, France

*Corresponding author.

Keywords: Spasticity; Surgery

Spasticity will induce changes on the contractile properties of muscle fibers: a predominance of red fibers type I, an atrophy of type II, white fibers and a decrease in the number of sarcomeres inducing a shortening of the muscle. Spastic equinovarus is best evaluated in a multidisciplinary neuro-orthopedic consultation with motor blocks to guide surgery. Spasticity is indicated when significant functional impairment persists after well-conducted rehabilitation, establishing with botulinum toxin injections whether an antispastic treatment is useful or not. Surgery is the subject of a contract between the patient and the care team, with realistic goals.

Surgery may involve nerves, tendons, bones and joints.

Nerve surgery aims to reduce spasticity of the muscle. The gain can be measured with motor blocks or botulinum toxin injection before surgery.

A microscope and a nerve stimulator are required to achieve selective neurotomy with motor blocks or botulinum toxin before surgery.

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