

SPML stands for Selective Percutaneous Myofascial Lengthening. “The SPML procedure involves releasing tight bands of tendon. This is done where muscle and tendon overlap. These areas of overlap are areas where a tendon starts to blend into a muscle. The tendon spreads out and is thinner at this location and is called Myofascia. When the myofascia is cut, the muscle under it can easily stretch and lengthen. The beauty of the SPML procedure is that since it is practical with the minimal incisions to lengthen muscle-tendon units in many locations in the lower extremities, spasticity can be decreased in many locations.”

Along with the SPML surgery, Mattie will also have several alcohol blocks done.

“The alcohol block takes the obturator nerve (nerves in the groin that contribute to stiffness of the hips or scissoring gait) from overactive spasticity to a more normal state. It does this by dissolving the fatty coating, called the myelin sheath which is wrapped around the nerve. The nerve itself remains intact.”

There are currently only 2 doctors in the United States that perform this type of procedure, Dr. Nuzzo, the developer, and Dr. Yngve.

For more medical jargon and info about the surgery check out Dr. Nuzzo’s site: http://www.pediatric-orthopedics.com/Treatments/Muscle_Surgery/Perc_Lengthening/perc_lengthening.html

and Dr. Yngve’s site:

http://www.utmb.edu/ortho/clinical/PediOrtho/SPML_FAQ.htm

Jim and I have opted to go this route rather than Botox, which seems to be the more conventional treatment kids with spastic cerebral palsy. Botox is not a long term solution and it is a toxin. As most of you know, we avoid toxins at all costs. To us, SPML is the least invasive of all the muscle surgeries out there and the results have been pretty impressive.