

Nancy Neiditz, P.T., CFP

[www.NancyPT4kids.com](http://www.NancyPT4kids.com)

917-748-6266

### Protocols and Suggestions after SPML

1. Right after having anesthesia, no matter how mild it is, your child may be cranky and crying. *This is normal.* Let them rest and recover.
2. There are no stitches but, there is potential soreness and there are often black and blue marks that appear within 1 to 2 days. *This is normal.*
3. *If the doctor gave you a prescription for Valium, follow the instructions if they are having muscle spasms.* Consult the doctor. The muscles may be sore as they are not their normal length. Imagine having your leg in a constant shortened position, and then, there is elongation. Follow the doctor's protocol ONLY. *You must consult your doctor as to the dosing for that as well.* This must come from your pediatrician or surgeon.
4. If your child had alcohol blocks there may be black & blue marks at the groin, on either side. This is due to the needle that goes into the muscles. *This is normal.*
5. Your child may not want to put weight thru his legs for the first few days. Encourage them, but DO NOT force them. They have new sensations & it take some days before they re-orient themselves & have the courage to stand. *This is normal.*

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6. Casts: Dr. Nuzzo put short leg casts on the child to insure the lengthened position in the Achilles' muscle group. A cast plays a major role in post op comfort when surgery is performed at the Achilles area. The child can stand and walk because the toes are free to move. The knees are free to bend as well. You should buy a pair of big *cheap* sneakers to wear over the casts for the 3 or so weeks that the child can cruise or walk more easily.



7. AFO's: If you have been fitted with AFO's during the procedure, and are not casted, keep them on at all times, except for bathing. While standing, and/or walking, make sure they have supportive shoes fit over the AFO's. The New Balance 547. Billy Footwear is also a company that makes shoes that you can easily slip and zip the foot with an AFO in.



8. Knee Immobilizers: The immobilizers should be worn only at night. The doctor will give you the protocol for the length of time. If the child cannot sleep, try having them on one leg at a time. They reduce the amount of fetal posturing back to flexed hip and knees. If ever worn during day for standing assist, then use only one side at a time. By using one immobilizer at a time, there is better opportunity for weight shifting, stability and movement on the opposite side.



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Jumpoff Jo - Large Waterproof Foam Padded Play Mat Foldable Activity Mat, 70 in. x 59 in. This is available from Amazon.



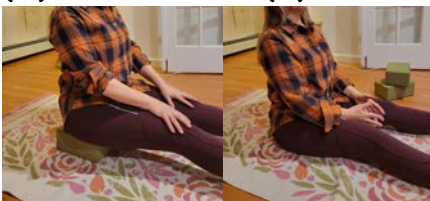
Ikea has lovely foldable mats that the child can lean over to raise the surface under the arms.



10. Sitting: "w" sitting: Right after alcohol blocks and/or SPML you don't want them "w' sitting. If long sitting is too hard: (A), put something higher under the buttocks: (B), like a yoga block or something wider to ease the hamstring muscles. During the first few weeks long-sitting is preferable. It will maintain the length of hamstrings.

(A)

(B)



Afterwards side-sitting is optimal because it is a transition position.



11. Coming to standing from a bed or couch: Work on facing the surface of the bed, couch or table and slide down until they feel their feet on the floor.



Help them to push down on the floor and straighten their legs as best they can.

12. Coming to standing from the floor. They usually start lifting up both feet together.



Only after they have better balance and strength can they begin to lift up one foot at a time. Separating the legs and coming up with one leg at a time will be very beneficial for learning to use one leg at a time.



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13. To start walking, cruising, sideways walking is optimal first. The child begins to side step. There should be a stable surface that they can lean on and you should stand close behind them. You can use a couch, a massage table, or a dining table at home. You can put up a bar at the wall as well.

14. Walking in the parallel bars: when the time comes to take some steps forwards, with your new legs, you can either buy parallel bars for children at Bailey.

[www.baileymfg.com/products/parallelbars/index.htm](http://www.baileymfg.com/products/parallelbars/index.htm)



If you want to save a lot of money: build the parallel bars yourself with piping from a hardware store.

[Do-It-Yourself: Parallel Bars for Kids](#)

[coltenrobert.com](http://coltenrobert.com)

<https://coltenrobert.com > do-it-yourself-parallel-bars-...>



PVC tubes/poles: we used 2" diameter poles.

15. Sitting & rolling behind the children, so as not to hurt your back.  
Drive Medical Design. Product code: 13032-2 HX59JP



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16. Walkers: Now maybe the child is ready for walking with a little more freedom. You can try a back walker to begin with it may be easier.



You can try the front walker as well.



17. Homemade stairs for making going up and down easier and with no lip on the edge of the stair to get their toes caught.



Each step is 3.5" high. I think that a 7.5" depth works best. In the picture it is deeper. One side is open so I can easily reach over to help the child. You could have railings on either side but they should be close together so that they can put one hand on either side.

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18. The Alinker™ is a non-motorised walking-bike without pedals. It could also be used after SPML operation. With Alinker there is no weightbearing but you still train the muscles by walking as you are supported .

<https://www.thealinker.com/products/the-alinker>

