Answer to HK Graham

Bjørn Lofterød · Terje Terjesen

Received: 24 June 2008 / Accepted: 26 June 2008 / Published online: 23 July 2008
© EPOS 2008

Dear Sir

Mr. Graham has some concerns about our study. He writes that after 15 years of continuous work with children with cerebral palsy, he thinks that they have found their first good subject with diplegia who might be a good candidate for isolated calf muscle lengthening. This is in contrast to a previous publication by Graham et al. [1]. In this publication, 65 children with diplegia were operated on with isolated calf muscle lengthening (110 surgical procedures), and a high number of children had postoperative calcaneal gait. Unfortunately, the two studies cannot be compared as no kinematic and kinetic data are published in the study by Graham and colleagues.

The selection of surgical procedure of calf muscle lengthening was based on clinical examination and has been explained in our article (p. 56).

Overcorrection of the ankle was defined as maximum dorsiflexion in stance above mean $+2$ SD, i.e., $13^\circ + 8^\circ = 21^\circ$ (p. 57). Only one limb was overcorrected (dorsiflexion = 21.5°). Thus, it is difficult for us to understand why Mr. Graham writes that “some of these

subjects are already showing a peak dorsiflexion in stance of about 27° , which is well above the accepted normal range.”

When the study was closed, we had a clinical follow-up period of 3 years. By now this period has been extended nearly 2 years, and during this period we have not observed recurrent equinus or calcaneal gait. All our children with cerebral palsy have a postoperative gait analysis 1 and 5 years after the operation. The outcome from the 5-year postoperative gait analysis will be reported.

Yours sincerely

Bjørn Lofterød
Terje Terjesen

Reference

1. Borton DC, Walker K, Pirpiris M, Natrass GR, Graham HK (2001) Isolated calf lengthening in cerebral palsy. Outcome analysis of risk factors. *J Bone Joint Surg (Br)* 83B:364–370

B. Lofterød (✉) · T. Terjesen
Rikshospitalet University Hospital, Oslo, Norway
e-mail: bjorn.lofterod@rikshospitalet.no