

## PG Forum

### REHAB CHALLENGE

A 5-year-old boy from poor socio-economic status presented to PMR OPD with difficulty in standing and inability to walk since 2 years of his age due to spastic diplegic cerebral palsy. On assessment in indoor there was significant untreated lower limb spasticity which made him almost bed bound (Fig 1). Initial response with exercise therapy and antispasticity medications was very poor. That's why phenol chemoneurolysis was done on bilateral post tibial nerve. Subsequently diagnostic followed by therapeutic motor point block of bilateral hamstring muscles were done.

At that stage patient was able for independent supported standing with bilateral ankle foot orthosis though mild bilateral knee flexion deformity was persisting (Fig 2). That's why a gaiter was planned for standing balance and supported walking (Fig 3). Now the patient is keen for community mobility and to take part in outdoor games. Please opine regarding further rehabilitative management plans for this young boy for further mobility and independence.



Fig 1



Fig 2



Fig 3