ChildrensHospitalLosAngeles
Orthopaedic Surgery

Max is a 16-year old boy who presents with a post-traumatic injury to his knee with loss of the medial femoral condyle and medial tibial plateau. He has been pretty stable in his brace with the foot plate. Now it is time for him to have a tib. anterior tendon transfer on the right foot to help try and balance the foot as he has no peroneal activity after his lateral femoral condyle and lateral tibial toe was disrupted.

We shall be booking him for surgery for the tibial transfer to the cuneiform in early July.

RAR:TL175 2348
D: 03/28/97
T: 04/03/97

CONSERVA, MAX
096-20-54

March 28, 1997

RICHARD A.K. REYNOLDS, MD

AMBULATORY ORTHOPAEDICS

Original

OPERATIVE RECORD

PREOPERATIVE DIAGNOSIS: Post-traumatic injury with foot drop in inversion deformity secondary to peroneal nerve injury.

POSTOPERATIVE DIAGNOSIS: Same as above.

OPERATION/PROCEDURE: Split anterior tendon transfer, right foot.

INDICATIONS: This is a 16-year-old boy who a number of years ago underwent a traumatic injury to his right knee. This shaved off the lateral aspect of his distal femoral and proximal tibialis plateaus. As a result, he had an unstable knee which had an Ilizarov application and he also had an tibial band and tibial post which was pulling his foot over into inverted position. He had no evertor. Therefore, we chose to do split tibialis anterior tendon transfer. We dissected through four small incisions, found the distal insertion site, dissected free, and then split the tendon using umbilical tape. This was then carried up to the junction of the middle 1/3 and distal 1/3 of the tibia. We split the tendon and then placed it down a subcutaneous tunnel down to a drill hole in the medial aspect of the cuboid. We placed it down into the drill hole from the bottom of the foot. We used Vicryl to make sure that the tendon did not migrate proximally on the wire. We pulled that through the bottom of the foot, as well, with the two sutures. Stainless steel wire came through the bottom of the foot over a button. We maximally inverted the foot, brought it up into a significant position and then tightened up the lateral aspect of the tibial band as much as possible and tied it over a button. This seemed to hold the foot into a much better neutral position.

The tendon was then noted to be going down into the hole of the cuboid. We then sewed the extensor brevis over the top to make that it did not migrate proximally. All of the incisions were then thoroughly irrigated, closed in layers with 2-0 and 4-0 monocryl.

The patient was then placed in a long-leg cast to stabilize his knee and ankle at the same time. The patient tolerated the procedure well and was transferred to the recovery room in good, stable

(CONTINUED)

SURGEON: RICHARD A. K. REYNOLDS

ASSISTANT SURGEON:

RESIDENT SURGEON: R. BAINS, MD

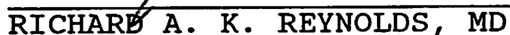
DATE OF SURGERY: 07/07/97

PATIENT NAME: CONSERVA, M.
MR#: 0962054

Childrens Hospital Los Angeles

4650 Sunset Boulevard, Los Angeles, California 90027 · (213) 660-2450

condition. The patient will be kept in this cast for a period of six weeks until the tendon is sealed.



RICHARD A. K. REYNOLDS, MD

DATE ________________ TIME ____________

TL115 D: 07/07/97 T: 07/08/97 J: 4063
DICT: RICHARD A. K. REYNOLDS, MD

SURGEON: RICHARD A. K. REYNOLDS

ASSISTANT SURGEON:

RESIDENT SURGEON: R. BAINS, MD

DATE OF SURGERY: 07/07/97

Childrens Hospital Los Angeles

4650 Sunset Boulevard, Los Angeles, California 90027 - (213) 660-2450

PATIENT NAME: CONSERVA, M.
MR#: 0962054

OPERATIVE REPORT

5

Original

DISCHARGE SUMMARY

ADMISSION DIAGNOSIS: Dynamic varus right foot secondary to trauma.

PRINCIPAL DIAGNOSIS: Same.

ADDITIONAL DIAGNOSIS: None.

COMPLICATIONS, HOSPITAL INFECTIONS, DRUG REACTIONS: None.

OPERATIVE PROCEDURES PERFORMED: Split anterior tibial tendon transfer on 7/7/97.

HISTORY OF PRESENT ILLNESS: This is a 16-year-old male who was involved in a motor vehicle accident resulting in loss of his right lateral aspect of his leg including the lateral plateau and lateral femoral condyle which resulted in an unstable valgus knee. The patient also had a peroneal nerve injury from this and subsequently developed a varus hind foot. The patient was therefore recommended to have a split anterior tibial transfer done.

HOSPITAL COURSE: The patient was taken to the operating room on 7/7/97 and underwent general endotracheal anesthesia. The patient underwent a split anterior tibial tendon transfer without any complications. Immediately after surgery, the patient was placed in a long leg cast. Postoperatively the patient's pain was controlled due to PCA. PCA was weaned off on postoperative day #1. However the patient continued to have significant emesis and was unable to tolerate PO's. The patient remained on intravenous fluids until the morning of postoperative day #2 when he started tolerating a regular diet. The patient was therefore discharged on postoperative day #2.

DISCHARGE DIET: Regular.

DISCHARGE ACTIVITIES: Ad lib. Weight bearing as tolerated in a long leg cast. The patient is instructed to keep cast clean, dry, and intact.

DISCHARGE MEDICATIONS: Tylenol #3, one tablet every three hours PRN.

(CONTINUED)

Original

FOLLOWUP: With Dr. R. Reynolds in one week.

RAVINDER BAINS, MD

DATE 7/17/97 TIME 1800

TL105 D: 07/09/97 T: 07/09/97 J: 4660
DICT: RAVINDER BAINS, MD

ADMITTED: 07/07/97
DISCHARGED: 07/09/97
ATTENDING PHYSICIAN: RICHARD A. K. REYNOLDS

Childrens Hospital Los Angeles

4650 Sunset Boulevard, Los Angeles, California 90027 · (213) 660-2450

PATIENT NAME: CONCERVA, MAX
MR#: 0962054

DISCHARGE SUMMARY

ChildrensHospitalLosAngeles
Orthopaedic Surgery

Max is a 16-year-old boy who underwent tib-ant transfer on 07/07/97. He is now six weeks postop. The cast was removed and he was placed in his brace. He is not to do any plantar flexion, only dorsiflexion exercises and we are starting P.T. on him.

Will see him back in 3 weeks to see how he is getting on.

RAR:TL126 8648
D: 08/15/97
T: 08/21/97

CONSERVA, MAX
096-20-54

August 15, 1997

RICHARD A.K. REYNOLDS, MD

AMBULATORY ORTHOPAEDICS

ChildrensHospitalLosAngeles
Orthopaedic Surgery

Max is a 16-year-old boy who presents with a history of a traumatic injury involving his knee. He had complete loss of his femoral and tibial components which left him with a very unstable knee. He has been placed in a brace for the last few years, and had an unstable ankle secondary to peroneal nerve palsy. As a result, we recently did a split tibialis tendon transfer on 07/07/97. He is now two months postop.

His foot looks well corrected. He's got an active tensioning of the transferred half of the tendon. Things seem to be working well. No particular concerns. I am allowing him to continue with the brace for another two to three months, and at that time we can consider removing the brace, or reducing the corrected part of the brace along the bottom of the foot.

In any case, I think he is doing well. He still needs to have something done definitively about his need to get rid of his brace. We will see him back in two month's for reassessment.

RAR:TL175 7992
D: 09/04/97
T: 09/07/97

CONSERVA, MAX
096-20-54

September 4, 1997

RICHARD A.K. REYNOLDS, MD

ChildrensHospitalLosAngeles
Orthopaedic Surgery

Max is a 16-year-old boy who presents with a history of traumatic injury to his knee. His knee is straight. He has had a tib ____ split transfer which has stabilized the foot now. Therapy has been effective in increasing the strength in the transfer. He is now to the point where we can try him outside of the fully constrained brace.

We are going to give him a knee immobilizer today to stabilize the knee but leave the foot free. If he likes this over the next couple of months will consider making him a new knee brace to leave the foot free.

RAR:TL126 1820
D: 10/30/97
T: 11/05/97

CONSERVA, MAX
096-20-54

October 30, 1997

RICHARD A.K. REYNOLDS, MD

AMBULATORY ORTHOPAEDICS

ChildrensHospitalLosAngeles
Orthopaedic Surgery

Max is a 17-year-old boy who presented with a very severe knee injury. His leg has maintained its alignment and his brace, despite numerous repairs, has held up reasonably well. His tendon transfers worked out very well. His foot is much better balanced now. He has actually very minimal varus tendency with his foot _____ tendon transfer.

The plan is to do some brace modifications, make sure that it fulfills his needs. We discussed some of the cartilage transplant procedures, but I still do not think he is a candidate for that. We will see him back in six months to make sure that all of his bracing requirements have been met.

RAR:TL183 0805
D: 07/10/98
T: 07/17/98

CONSERVA, MAX
096-20-54

July 2, 1998

RICHARD A.K. REYNOLDS, MD

ChildrensHospitalLosAngeles
Orthopaedic Surgery

HISTORY: The patient is a 15-year-old male who is status post severe right knee injury secondary to a motor vehicle accident in 1989, requiring multiple surgeries including tendon transfers and Ilizarov for bone transfer to correct a leg length discrepancy. He is here for a brace evaluation. Overall, he is doing very well. He is active in numerous sports and has required multiple replacements of his right lower extremity KAFO and multiple repairs because of his high level of activity.

PHYSICAL EXAMINATION: The incisions on the right lower extremity are well healed. Skin graft and flap areas are well healed. Range of motion at the knee is 0 to 30 degrees. He is able to flex and extend his toes. He has weak dorsiflexion at the ankle, approximately 3+/5. Sensation is intact except for in the peroneal nerve region.

IMPRESSION: A 15-year-old status post severe right knee injury requiring multiple surgeries, who is doing well overall, however, today, the brace situation needs to be addressed. The orthotist will see him for evaluation for possibly a new brace. Perhaps he would benefit from a knee brace extending from the thigh to the calf area only. We will attempt to put him in just this type of contraption and we will modify his existing brace right now so that we can wean him off of the ankle support. If we find that he is unable to tolerate the new brace without an ankle component to it, we will simply alter the knee brace and add an ankle component to it. He will be fitted today for the new brace and we will see him back in two months for evaluation after the new brace is available.

MG :TL815 3244
D: 10/23/98
T: 10/24/98

CONSERVA, MAX
096-20-54

October 23, 1998

RICHARD A.K. REYNOLDS, MD

ChildrensHospitalLosAngeles
Orthopaedic Surgery

Max is an 18-year-old boy who presented with a history of a devastating injury involving a motor vehicle accident. He had a tendon transfer which has stabilized his ankle and he is doing quite well. He also has a knee brace to control his marked knee deformity. At some point in the future he is going to require a total knee replacement and reconstruction.

In the meantime, bracing seems to be temporizing things and he is going to college. We had to make some brace adjustments today.

He will be seen back on a p.r.n. basis as needed in between college classes.

RAR:TL126 0148
D: 07/23/99
T: 08/09/99

CONSERVA, MAX
096-20-54

July 16, 1999

RICHARD A.K. REYNOLDS, MD

AMBULATORY ORTHOPAEDICS