ADDENDUM

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EDITOR'S NOTE: *In reply to the* JOURNAL'S *request, the author has supplied the following additional information and illustrations.*

The twister shown in Figure 14 does not have a hip or ankle joint. We had been experimenting with this type of twister and originally thought we could increase the efficiency of the twister by eliminating the joints. If any advantage was gained it was soon lost because the children objected to the cable twisting up around the knee.

A very simple and inexpensive type of ankle joint can be made by cutting the extension off of the Klenzak ankle joint, (Illustration 28a). The posterior edge can be filed down and a hole for the set screw is drilled at a right angle to the original hole for the spring. The former spring hole serves as the site of insertion for the cable.

The completed twister that we are now using is shown in illustration 28b. In selected cases we can provide added stability by inserting a one-eighth inch steel rod into the alemite tubing, (suggested by Dr. Phelps). The distal and proximal ends of the steel rod are silver soldered to keep it from migrating. The rod is inserted at either end so that the knee portion is free.

In addition to the opponens splint shown in Figure 24, we have used an adduction splint. It is fastened with either a velcro or a simple buckle attachment, (Illustration 29a and b). We have had difficulty with the velcro because dirt gets into the fine mesh and loses its ability to hold. This splint was suggested to us by Dr. Lenox Baker when he visited in St. Louis. The portion in the web space of the thumb must be reinforced with aluminum or stainless steel or the adduction contracture will cause the splint to collapse.

The control brace in Figure 22 utilizes thigh and calf cuffs so that if the child does not require the bilateral up-rights he may have the brace converted to a single up-right brace with a pelvic band.

Acknowledgements

A special thanks to Mr. Leo Tippy for his interest in attempting to improve as well as improvise braces for children with Cerebral Palsy. Miss Glasscock, director, George Scheer, M.D., Chief Surgeon of the St. Louis Unit of the Shrine Hospital for Crippled Children, and Miss Sharon Mahon, Chief Therapist, also have supported me in this endeavor.

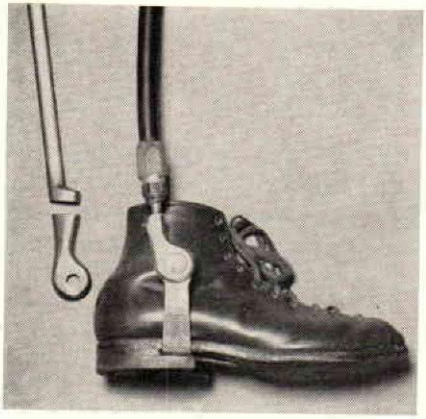

Fig. 28-A

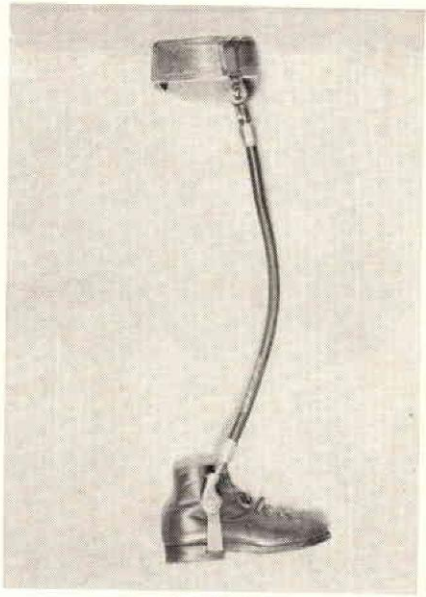

Fig. 28-B

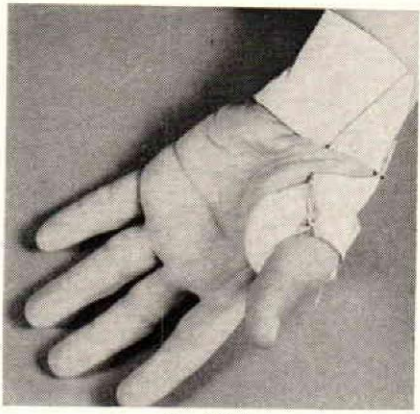

Fig. 29-A

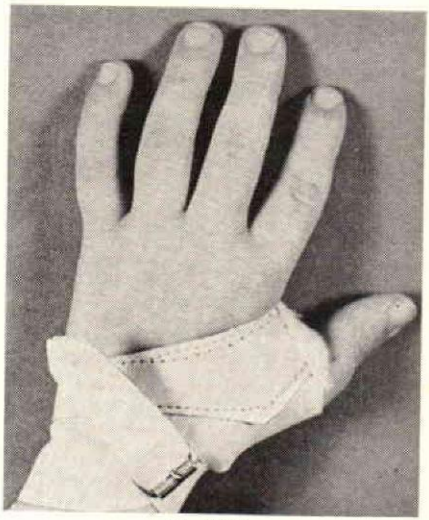

Fig. 29-B