

Which part of the body does SPML address? Is it the fascia, or tendons?

Next to Dr Nuzzo ,Dr Rieger ( he is taking after Dr Nuzzo retirement all SPML operations in New Jersey ( they are working together for transition period) - nothing changes in contact information - same mails).

Robert Smith ( he is manager of all SPML operations in New Jersey so you can contact him or Enza as usual) [manager\\_POPC@yahoo.com](mailto:manager_POPC@yahoo.com)

Nancy Neiditz ( 23 years of experience to work with children after SPML and with advice of Dr. Jordan and Dr. Nuzzo) [Nanneiditz@gmail.com](mailto:Nanneiditz@gmail.com) [www.nancyp4kids.com](http://www.nancyp4kids.com)

Amy Celento (She does ABM also after SPML) [amy@brainbodyvitality.com](mailto:amy@brainbodyvitality.com)

Myself Svetlana Serigny ( France) MaRCasso ( happy to be a bridge between scientific matters & parents;) [contact@marcasso.org](mailto:contact@marcasso.org)

You can contact Nancy or Amy for programs of physical rehabilitation after SPML ( they are near the New Jersey area and with a lot of experience).

What we discussed :

Percutaneous means a tiny puncture. Myofascial means fibrous tissue surrounding muscle fibers.

Dr. Nuzzo during the operation uses a needle (an instrument for ophthalmic eye surgery) he pierces tiny little holes in the fascia in fact SPML - is all about nerve fibers surrounding muscles and signals they are sending....

I put some points of transcript with timer- to listen for parents with more attention:

14:56 - point of the procedure is to actually cut the nerve fibers which are sending the abnormal signals

15:37 about ethanol blocks: when not to use because for some children you use ethanol blocks and for some not -why?

16:29 it's all about "signals" and the signals go all over the place and it can no longer distinguish good signals from Bad signals

16:36 so what we're calling that we call that "noise" - when you have extra signal too many signals ....

17:41 when you do the SPML - you're cutting some of the "signals " coming source and then some of you're still left with - some excessive signals and what the alcohol does is deplete remove some of the myelin ( That's what you do with the nerves that carry that "signal " - are wrapped with a with a special kind of fat called "myelin" - you put just a one little drop ethanol in there where you can just break up the "myelin" when it hits that spot.....

17:54

you have a lower amount ( a smaller number of extra signals with SPML ) - but now you're even able to lower it even more with the alcohol ethanol.

My short explanation of Ethanol alcohol blocks. They are applied with a needle directly to the nerves. Essentially, what happens when the alcohol block hits a nerve is that the alcohol block removes some of the fat around the nerves so that their response is reduced. Dr.

Nuzzo has a great example of how the alcohol block works. This information is on his website.

19:26 Difficulty for parents to understand the difference between spml and Percs...

We discussed all “percutaneous “ operations in fact :

21:07 p what is the distinction between spml and “traditional” lengthening ? you can do them both percutaneously but when you're classically talking about a percutaneous lengthening - you're actually going ahead and putting the blade inside and cutting and separating a tendon disconnect that's different from spml !!!

So comparatives of SPML with traditional lengthening from minutes 21:30

21:30 SPML - you're looking at for a selective portion of the tendon and trying to Simply cut the nerve fiber component s

21:37 SPML - you don't have to cut the whole muscle or or cut the whole tendon you just have to eliminate the nerve fibers

21:44 traditional lengthening even percutaneous is a gesture ... once you put the knife in, it's then what you do with the knife - traditionally the percutaneous lengthening is cutting the tendon and make it longer

23: 09 when you're doing a classic percutaneous lengthening of a tendon - you're actually disconnecting the muscle to the tendon and so it has to be relearned or at least the muscle has to reattach to a certain degree to start functioning again so the recover from an SPML is a lot quicker .....

Talking about prevention and early intervention:

25:02 we're giving them healthy movement early - not waiting for hips to dislocate.. that drives me absolutely crazy. they do early detection with hip rays that's not early if you see bone damage!

If on a hip X-ray you already see bone damage it's too late for SPML !

27:33 after SPML ( if done before bone damage) from a logical standpoint that bones will develop normally and the muscle will develop normally

27:39 what we call a positive spiral , you now have signals going normal , bones development is normal too and then you keep doing...

27:52 why a second SPML ? is it because we have a growth sprouts ?

27:58 mostly boys - - they grow till they're 18 or 19 years old

28:04 growth sprouts. It's a hard time to be good and people have the laps during the summertime - who wants to work with brace?

28:10 big growth spurt- are the hardest time to tell - you know about it when they realize they've lost some functions - so they come back ( for second SPML ) but we do what we call “touchup” it's it's not as big as the first SPML.

About 30 minutes we talked about Dystonia:

30:28 patients can have a mixture -you don't always have to have pure dystonia or pure spasticity usually... it's a combination but if you have the distonia component that has

another set of issues that we have to be a little bit more cautious of and they do have a little bit higher failure rate ( after SPML) because they do not tolerate bracing ....

30:36 parents asked SPML what we have to do after SDR or before SDR ?

31:43 Instead of SDR there is another operation. There's a third choice before doing SPML - the alcohol blocks in the early days...

34:20 It would be better to do the SPML before and then see how the child does and then see if they even need SDR the issue that we still have children after SDR is even though it will decrease spasticity to a great degree....

34:40 there's no question about it. It also has a sensory input issue with decreased sensation. when the child walks they sometimes are a little bit hesitant....

34:58 with SPML you don't have the hip issues whereas if you have a slight dystonic component - and you do SDR - you sometimes get hip dysplasia and the hip start coming out which is exactly the opposite effect you get with SPML operation- where you actually protect the hips....

35:22 we potentially doing a project on this but it's quite difficult with the energy it's very laborious to try to get this project - but we believe that a lot of patients that we've seen with SPML really can avoid SDR and then

the children who may still have a little bit of hypertonia afterwards - they may be the good candidates for the uh SDR....

At 38 minutes Nancy Neiditz talk about first child she send to dr Nuzzo for SPML opération (22 years ago) and about SDR and SPML:

38:04 just poke in the ankle - and this child is now ice skating he's perfect he is 100%

38:34 with SDR I went to the clinic. I was watching the therapy afterwards- SDR can be also miraculous but it's a very very long rehab and there's also a lot of risk involved...

39:10 if you have to do spml twice it's for me OK because I've been in the procedure, a few times Dr Nuzzo was gracious enough to allow me to see....

39:29 it's almost shouldn't be called either a procedure or a surgery because it's just so small thing you could almost do in the office. I just feel like what's the big deal ? and even if you do it twice your child has all this Mobility that they didn't have before ... .it's really important for parents to know that there is just nothing to worry.

And after 40 min we are talking about doctor who are doing SPML operations ( in world) and also with Nancy & Amy about rehabilitations after SPML operation ( I will not do transcript about this please parents listen 🗣️ )

And except that in January I will do zoom with Nancy Neiditz about best rehabilitation protocol after SPML ( you will got more information than)!

I thank dr Nuzzo for his generous contribution in this Zoom meeting as well as dr Reiger and Rob Smith , with your support, we can share with parents a lot informations about SPML operation & it can help them to spread awareness about such an opportunity - which exists for CP children!