



Anatomical Features of the Flexor Digitorum Longus Muscle and the Response to Botulinum Toxin Treatment in Patients with Post-Stroke Claw Foot Deformity

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Abstract

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V@^A^ &æ&~ã [-ãÖ [PVA ç:~æc { ^ } çã çæ:ãããã •ã*] ã , &æ] çãã , ãc@ã ØÖŠETÖVã ÇUÜã Mã€E I €Eã J í ãã ÖQã Mã€EF í G€E J ì íEã] ã Mã€E€ I í DEãCE } æ|~ •ãã [-ã:~ã•] [] •^Ac [Ac@^A , !•cãÖ [PVAã] b^&cã [] ã•@ [, ^ããæ) ãã [ããããæcã [-ã] ãØÖŠETÖVã [-ãæ]] ! çã { æc^iã^iE€E- [iãã ÇUÜM€EF í Eã J í ãã ÖQã Mã€E€H€E€ í í Eã] M€E€HGDEV@^A { [!^Acããæã] ãããã [-ã] @^A:~|æca [] •&|^ãã } ~^ } &^A [] A^æ&ãc [^Eãc@^ãã^cc^iã c@^A) æã|ãc [^Ac:~æc { ^ } çã|^•~|c•EãV@^ãæ } æc [{ ã&æ|ã:~|æca [] •@ã] A^Ac , ^A] Ac@^AØÖãã { ~ •&|^ãæ } ãããæ&ãc [^ãæ]] ^æ:~ãc [ãã] ~^ } &^A c@^A:~ã• [] •^A [-ãæã] [•cE•c: [\^A] æcã^ } çã , ãc@ã&|æ , ^ããc [^ãc [A@^A:~|æc { ^ } çã , ãc@ãÖ [PVEã

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Introduction

We have previously proposed using botulinum toxin (BoNT) to treat clawfoot deformity (CFD) by injecting it into the flexor hallucis longus (FHL) muscle. In general, contraction of the FHL muscle flexes the first toe, while contraction of the flexor digitorum longus (FDL) flexes the second to fifth toes contraction pattern. However, there is little or no information about which of her CFD patients are best suited for treatment with her BoNT [1-3].

seem to be more relevant to treatment efficacy than his NSM. Rather than focus on inducing more toe movement by electrical stimulation of the FDL muscle during BoNT injection, the patient-specific nature of his FDL muscle dominance over each toe may be a factor post-stroke with CFD. May influence the outcome of his BoNT treatment in this patient. In this study, we were unable to find any specific therapist-controllable factors that influence treatment outcomes. We could not clarify how to enhance the therapeutic effect in patients whose FDL muscles control only a few toes. Future studies should be more
