

*J. Chelipidou, Fry*  
*300/00*

## ABSTRACT SUBMISSION FORM

### Abstract instructions

**Deadline: March 31<sup>st</sup>, 2000**

#### Please note

1. Use this form for Paper submissions only.
2. Abstracts must contain data.
3. Trade names should not be mentioned in the title. However, trade names in brackets will be accepted in the body of the text.
4. References (maximum 2) can be included in the body of the text (e.g. Jones.R.A. et al. Science 1986; 67:24-30)
5. Abbreviations should be defined.
6. Avoid a sweeping or potentially unwarranted final sentence.
7. Faxes are not accepted.
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9. Abstracts must be accompanied by a registration form while final acceptance is liable to registration fee deposit for at least one of the authors.

### USE OF A THERAPEUTIC RANGING/EXERCISE PROGRAM IN THE REHABILITATION OF A PERSON WITH PROGRESSIVE SUPRANUCLEAR PALSY

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**A 73-year-old male diagnosed six years earlier with advanced Progressive Supranuclear Palsy (PSP), an atypical form of Parkinsonism, had deteriorated over several months despite attempts to adjust medication. He was non-ambulatory, wheelchair-bound and dependent in activities of daily living (ADL). He presented with generalized rigidity and bradykinesia, severe speech impediment, stooped posture, gait freezing and postural instability. His most disabling symptoms were unresponsive to levodopa. Computerized-testing over months of treatment documented change resulting from his participation in our therapeutic ranging/exercise program. During each weekly one-hour session, his legs were mechanically ranged on a linear displacement device for 15 minutes to increase joint range of motion. Then, he was supervised through an exercise regimen. Improvement in facial expression, speech volume, and tone were evident by month four. At 7 months his knees remained flexed, and excessive festination and inadequate stride length continued to render his gait untestable. At 9 months, he could jump, walk on a treadmill, and ambulated with a walker. By eleven months he stood unaided, walked 400 feet with assistance, and stepped adequately to permit computerized gait testing. Over the next 7 months his gait scores improved steadily from an original 40 range to a consistent 80 range.**