

Control of movement for the physically disabled - control for rehabilitation technology

Springer - Control Of Movement For The Physically Disabled Control For Rehabilitation Technology PDF Book

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Movement disorders -- Patients -- Rehabilitation

Orthopedic apparatus

Rehabilitation technologyControl of movement for the physically disabled - control for rehabilitation technology

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Notes: Includes bibliographical references and index

This edition was published in 2000

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Exoskeleton robots for upper

A physician also may recommend medicines to ease pain or treat a condition.



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New tech to help disabled people

Research shows the most important element in any neurorehabilitation program is carefully directed, well-focused, repetitive practice—the same kind of practice used by all people when they learn a new skill, such as playing the piano or pitching a baseball. Home-based rehabilitation programs are often best suited for people who require treatment by only one type of rehabilitation therapist. The neurorehabilitation program must be customized to practice those skills impaired due to the stroke, such as weakness, lack of coordination, problems walking, loss of sensation, problems with hand grasp, visual loss, or trouble speaking or understanding.

New tech to help disabled people

It may involve spending several hours, often 3 days each week, at the facility taking part in coordinated therapy sessions and returning home at night. Fung and Barbeau applied stimulation to the medial plantar nerve at the sole of the foot to modulate the H-reflex during walking and reported success in partially restoring the normal reflex modulatory mechanisms and eliciting a more normal gait.

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Six of the best assistive tech for people with disabilities

The training effects remain even following spinal cord transection, evidence that the change occurs at the level of the spinal cord. The idea that noxious sensory input can facilitate central pattern-generated movement is consistent with observations of researchers working with experimentally spinalized animals who reported that the strength and rate of the central pattern-generated locomotion in these animals is increased, and the pattern is more consistent, in the presence of tonic afferent input eg, squeezing the tail, stimulating the perianal area.

Post

Although the emphasis of this review will be on the potential for the development of interventions to improve walking, the need to critically evaluate the literature will also be addressed. Motor function does not plateau until well into the first year postinjury. In a study of individuals with acute SCI who were trained to step on a treadmill with BWS, Wernig et al found improvement in overground walking ability in this group as measured by increased walking speed and endurance compared with those in a conventional therapy group, even though there were no between-group differences in voluntary motor recruitment.

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