reconstitution dilution volume of 2.5 mL/500 U (ie, 200 U/mL) for CD, but the average total botulinum toxin type A dose varied by country (range, 387-586 U). The 2 most common potential AEs specified by the surveyed physicians were dysphagia and neck muscle weakness.

Poster 344

Reconstitution Dilution Volumes and Botulinum Toxin Type A (Dysport) Doses Used to Treat Pediatric Cerebral Palsy in the European Union.

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Disclosures: M. Warnick, Ipsen, US, Employment.

Objective: To assess reconstitution techniques, dosing, and injectors' perceptions of potential adverse events (AE) when using botulinum toxin type A to treat pediatric cerebral palsy in the European Union (EU).

Design: Telephone interviews were conducted with botulinum toxin type A experienced injectors about their experience and knowledge of this intervention. The survey included questions about reconstitution dilution volumes, botulinum toxin type A doses and AEs.

Setting: Twenty-minute telephone interviews with EU physicians.

Participants: Botulinum toxin type A experienced injectors in 5 EU countries (France [n=18], Germany [n=20], Greece [n=6], Sweden [n=4], and the UK [n=26]).

Interventions: Not applicable.

Main Outcome Measures: Reconstitution dilution volumes used, the average total dose and maximum dose used, and AEs.

Results: The reconstitution dilution volume was typically reported as 2.5 mL/500 U. The average total Dysport doses reported by the physicians during the interviews were 375 U, 544 U, 700 U, 400 U, and 600 U for France, Germany, Greece, Sweden, and the UK, respectively. The mean maximum dose reported by the physicians during the interviews were 637 U, 906 U, 600 U, 467 U, and 1148 U for France, Germany, Greece, Sweden, and the UK, respectively. When treating pediatric cerebral palsy with botulinum toxin type A, 17% to 40% of the surveyed physicians in the different countries specified potential AEs. The most common AE noted for patients with pediatric cerebral palsy was leg muscle weakness (29%-100% of physicians).

Conclusions: Most surveyed physicians reported using a reconstitution dilution volume of 2.5 mL/500 U (ie, 200 U/mL), but they reported using a range of average total botulinum toxin type A doses in the different countries (range, 375-700 U). Leg muscle weakness was the most common potential AE specified by physicians for pediatric cerebral palsy.

Poster 345

The Impact of an Aquatic Exercise Protocol on Physiologic Measures Within an Asthmatic Population: A Case Series.

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Disclosures: B. E. Becker, National Swimming Pool Foundation, Research grants; Washington State University, Employment; Editor, The Physiatrist, Non-remunerative positions of influence, book royalties, Comprehensive Aquatic Therapy, Receipt of royalties.

Objective: The first goal of this study was to develop an exercise program (frequency, intensities, durations, types of exercises, and program progression) that could be used specifically for asthmatic individuals with varying fitness levels. The second goal was to examine the impact of this new aquatic exercise protocol on physiological variables in a group of asthmatics.

Design: Case series with analysis of baseline and postintervention results.

Setting: The National Aquatics & Sports Medicine Institute within Washington State University, College of Education; and the University Health and Wellness Center.

Participants: Participants were diagnosed, medically managed asthmatics in a rural community. A total of 8 men and 12 women were accepted into the study with 7 men and 9 women completing the 12-week study. Physiological measures were taken pre- and posttreatment with paired *t* test used for analyses.

Interventions: Participants engaged in a vertical aquatic exercise regimen, with waist belt flotation 3 times weekly for a period of 12 weeks. The program was progressive, using increasing periods of active exercise based upon incrementally harder relative perceived exertion scores during a series of varied exercises.

Main Outcome Measures: Cardiorespiratory fitness (VO_{2max}) body composition (lean body mass and percent body fat) respiratory function (FEV1 and FVC) serum lipids, blood glucose, C-reactive protein.

Results: Significant increases in VO_{2max}, lean body muscle mass, and blood glucose were seen from pre- to posttreatment. Power and effect sizes were calculated for future studies.

Conclusions: The exercise protocol was successful as seen by the increase in O_{2max} and lean body mass. The protocol was well tolerated and enjoyed by the participants, suggesting it is useful in the asthmatic population.