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Arch Phys Med Rehabil. 2017 Apr 30. pii: S0003-9993(17)30266-6. doi: 10.1016/j.apmr.2017.04.004. [Epub ahead of print]

Six-Minute Walk Test as a Measure of Walking Capacity in Ambulatory Individuals With Amyotrophic Lateral Sclerosis.

Sanjak M[1], Langford V[2], Holsten S[2], Rozario N[3], Patterson CGM[3], Bravver E[4], Bockenek WL[5], Brooks BR[4].

OBJECTIVE: To determine the validity of the 6-minute walk test (6MWT) as an outcome measure to evaluate walking capacity in ambulatory patients with amyotrophic lateral sclerosis (ALS).

Contemp Clin Trials. 2017 Jul;58:34-39. doi: 10.1016/j.cct.2017.04.008. Epub 2017 Apr 24.

Developing standardized corticosteroid treatment for Duchenne muscular dystrophy.

Guglieri M[1], Bushby K[2], McDermott MP[3], Hart KA[3], Tawil R[3], Martens WB[3], Herr BE[3], McColl E[4], Wilkinson J[4], Kirschner J[5], King WM[3], Eagle M[2], Brown MW[3], Willis T[6], Hirtz D[7], Shieh PB[8], Straub V[2], Childs AM[9], Ciafaloni E[3], Butterfield RJ[10], Horrocks I[11], Spinty S[12], Flanigan KM[13], Kuntz NL[14], Baranello G[15], Roper H[16], Morrison L[17], Mah JK[18], Manzur AY[19], McDonald CM[20], Schara U[21], von der Hagen M[22], Barohn RJ[23], Campbell C[24], Darras BT[25], Finkel RS[26], Vita G[27], Hughes I[28], Mongini T[29], Pegoraro E[30], Wicklund M[31], Wilichowski E[32], Bryan Burnette W[33], Howard JF[34], McMillan HJ[35], Thangarajh M[36], Griggs RC[3].

Abstract

Despite corticosteroids being the only treatment documented to improve strength and function in boys with Duchenne muscular dystrophy (DMD) corticosteroid prescription is inconsistent and in some countries, corticosteroids are not prescribed. We are conducting a clinical trial that (1) compares the 3 most frequently prescribed corticosteroid regimes; (2) standardizes treatment of DMD complications; and (3) standardizes prevention of corticosteroid side effects. Investigators at 38 sites in 5 countries plan to recruit 300 boys aged 4-7 who are randomly assigned to one of three regimens: daily prednisone; daily deflazacort; or intermittent prednisone (10days on/10days off). Boys are followed for a minimum of 3years to assess the relative effectiveness and adverse event profiles of the different regimens. The primary outcome is a 3-dimensional variable consisting of log-transformed time to rise from the floor, forced vital capacity, and subject/parent satisfaction with treatment, each averaged over all post-baseline visits. The study protocol includes evidence- and consensus-based treatment of DMD complications and of corticosteroid side effects. This study seeks to establish a standard corticosteroid regimen for DMD. Since all new interventions for DMD are being developed as add-on therapies to corticosteroids, defining the optimum regimen is of importance for all new treatments.

Muscle Nerve. 2017 Jun;55(6):922-927. doi: 10.1002/mus.25453. Epub 2017 Feb 12.

Episodic weakness and Charcot-marie-tooth disease due to a mitochondrial MT-ATP6 mutation.

Panosyan FB[1], Tawil R[1], Herrmann DN[1].

INTRODUCTION:

Episodic muscle weakness is the hallmark of a heterogeneous group of disorders known as periodic paralysis. A majority are due to single nucleotide mutations causing membrane depolarization.

Clin Transplant. 2017 May;31(5). doi: 10.1111/ctr.12952. Epub 2017 Apr 17.

Relationship between pre-transplant physical function and outcomes after kidney transplant.

Lorenz EC[1,2], Cheville AL[3], Amer H[1,2], Kotajarvi BR[3], Stegall MD[2,4], Petterson TM[5], Kremers WK[2,5], Cosio FG[1,2], LeBrasseur NK[3].

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2William J von Liebig Center for Transplantation and Clinical Regeneration, Mayo Clinic, Rochester, MN, USA.
3Department of Physical Medicine and Rehabilitation, Mayo Clinic, Rochester, MN, USA.
4Division of Transplantation Surgery, Mayo Clinic, Rochester, MN, USA.
5Department of Health Sciences Research, Mayo Clinic, Rochester, MN, USA.

Abstract

BACKGROUND:

Performance-based measures of physical function predict morbidity following non-transplant surgery. Study objectives were to determine whether physical function predicts outcomes after kidney transplant and assess how physical function changes post-transplant.

Disabil Rehabil. 2017 Feb 7:1-8. doi: 10.1080/09638288.2017.1283712. [Epub ahead of print]

Patient reported outcomes in GNE myopathy: incorporating a valid assessment of physical function in a rare disease.

Slota C[1,2], Bevans M[3], Yang L[3], Shrader J[4], Joe G[4], Carrillo N[1,5].
1a Therapeutics for Rare and Neglected Diseases , National Center for Advancing Translational Sciences, National Institutes of Health , Bethesda , MD , USA.
2b RTI Health Solutions , NC , USA.
3c National Institutes of Health Clinical Center , Bethesda , MD , USA.
4d Rehabilitation Medicine Department , National Institutes of Health , Bethesda , MD , USA.
5e National Human Genome Research Institute, National Institutes of Health , Bethesda , MD , USA.

BACKGROUND:
The aim of this analysis was to evaluate the psychometric properties of three patient reported outcome (PRO) measures characterizing physical function in GNE myopathy: the Human Activity Profile, the Inclusion Body Myositis Functional Rating Scale, and the Activities-specific Balance Confidence scale.

Muscle Nerve. 2016 Feb;53(2):183-90. doi: 10.1002/mus.24725. Epub 2015 Dec 29.
http://www.ncbi.nlm.nih.gov/pubmed/26044513

Myotonic dystrophy health index: Correlations with clinical tests and patient function.

Heatwole C[1], Bode R[2], Johnson NE[3], Dekdebrun J[1], Dilek N[1], Eichinger K[1], Hilbert JE[1], Logigian E[1], Luebbe E[1], Martens W[1], Mcdermott MP[1,4], Pandya S[1], Puwanant A[5], Rothrock N[6], Thornton C[1], Vickrey BG[7,8], Victorson D[6], Moxley RT 3rd[1].

Neurology. 2016 Nov 15;87(20):2123-2131. Epub 2016 Aug 26.

Efficacy and safety of deflazacort vs prednisone and placebo for Duchenne muscular dystrophy.

Griggs RC[1], Miller JP[2], Greenberg CR[2], Fehlings DL[2], Pestronk A[2], Mendell JR[2], Moxley RT 3rd[2], King W[2], Kissel JT[2], Cwik V[2], Vanasse M[2], Florence JM[2], Pandya S[2], Dubow JS[2], Meyer JM[2].

OBJECTIVE:

To assess safety and efficacy of deflazacort (DFZ) and prednisone (PRED) vs placebo in Duchenne muscular dystrophy (DMD).

Neuromuscul Disord. 2015 Aug;25(8):625-31. doi: 10.1016/j.nmd.2015.04.013. Epub 2015 May 7. http://www.ncbi.nlm.nih.gov/pubmed/26022999

Disease course and therapeutic approach in dermatomyositis: A four-center retrospective study of 100 patients.

Johnson NE[1], Arnold WD[2], Hebert D[3], Gwathmey K[4], Dimachkie MM[5], Barohn RJ[5], McVey AL[5], Pasnoor M[5], Amato AA[4], McDermott MP[6], Kissel J[2], Heatwole CR[7].

Ann Clin Transl Neurol. 2015 Jul;2(7):739-47. doi: 10.1002/acn3.208. Epub 2015 May 7. http://www.ncbi.nlm.nih.gov/pubmed/26273686

A randomized controlled trial of exercise in spinal and bulbar muscular atrophy.

Shrader JA[1], Kats I[2], Kokkinis A[2], Zampieri C[1], Levy E[1], Joe GO[1], Woolstenhulme JG[1], Drinkard BE[1], Smith MR[1], Ching W[1], Ghosh L[2], Fox D[2], Auh S[3], Schindler AB[2], Fischbeck KH[2], Grunseich C[2].

Arthritis Care Res (Hoboken). 2015 Jan;67(1):94-101. doi: 10.1002/acr.22468. http://www.ncbi.nlm.nih.gov/pubmed/25201017

Lower extremity peak force and gait kinematics in individuals with inclusion body myositis.

Davenport TE[1], Benson K, Baker S, Gracey C, Rakocevic G, McElroy B, Dalakas M, Shrader JA, Harris-Love MO.

Neuromuscul Disord. 2014 Dec;24(12):1063-7. doi: 10.1016/j.nmd.2014.07.006. Epub 2014 Aug 7. http://www.ncbi.nlm.nih.gov/pubmed/25182749

Atypical presentation of GNE myopathy with asymmetric hand weakness.

de Dios JK[1], Shrader JA[2], Joe GO[2], McClean JC[3], Williams K[2], Evers R[4], Malicdan MC[1], Ciccone C[1], Mankodi A[5], Huizing M[1], McKew JC[6], Bluemke DA[4], Gahl WA[1], Carrillo-Carrasco N[7].

Clin Exp Rheumatol. 2014 Sep-Oct;32(5):689-96. Epub 2014 Jul 28. http://www.ncbi.nlm.nih.gov/pubmed/25068290

***Novel assessment tools to evaluate clinical and* laboratory responses in a subset of patients enrolled in the Rituximab in Myositis trial.**

Rider LG[1], Yip AL, Horkayne-Szakaly I, Volochayev R, Shrader JA, Turner ML, Kong HH, Jain MS, Jansen AV, Oddis CV, Fleisher TA, Miller FW

Brain. 2013 Jul;136(Pt 7):2189-200. doi: 10.1093/brain/awt133. Epub 2013 Jun 13. http://www.ncbi.nlm.nih.gov/pubmed/23771340

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Trivedi JR[1], Bundy B, Statland J, Salajegheh M, Rayan DR, Venance SL, Wang Y, Fialho D, Matthews E, Cleland J, Gorham N, Herbelin L, Cannon S, Amato A, Griggs RC, Hanna MG, Barohn RJ; CINCH Consortium.

Muscle Nerve. 2012 Oct;46(4):482-9. doi: 10.1002/mus.23402. http://www.ncbi.nlm.nih.gov/pubmed/22987687

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Statland JM[1], Bundy BN, Wang Y, Trivedi JR, Raja Rayan D, Herbelin L, Donlan M, McLin R, Eichinger KJ, Findlater K, Dewar L, Pandya S, Martens WB, Venance SL, Matthews E, Amato AA, Hanna MG, Griggs RC, Barohn RJ; CINCH Consortium.

Arch Neurol. 2011 Jan;68(1):37-44. doi: 10.1001/archneurol.2010.227. Epub 2010 Sep 13. http://www.ncbi.nlm.nih.gov/pubmed/20837825

Open-label trial of recombinant human insulin-like growth factor 1/recombinant human insulin-like growth factor binding protein 3 in myotonic dystrophy type 1.

Heatwole CR[1], Eichinger KJ, Friedman DI, Hilbert JE, Jackson CE, Logigian EL, Martens WB, McDermott MP, Pandya SK, Quinn C, Smirnow AM, Thornton CA, Moxley RT 3rd.

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Systemic Administration of PRO051 in Duchenne's Muscular Dystrophy.

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From the Department of Pediatric Neurology, University Hospitals Leuven, Leuven, Belgium (N.M.G., G.B.); the Department of Pediatrics, University of Gothenburg, Queen Silvia Children's Hospital, Gothenburg, Sweden (M.T., N.D.); ClinPharMed, Ermelo (J.M.A.S.); Prosensa Therapeutics, Leiden (J.T.A, B.E.B., P.F.E., N.H., T.H., A.A.J., G.J.P., J.A.S., G.V.C., S.J.K., J.C.D.); and the Department of Human Genetics, Center for Human and Clinical Genetics (A.A.-R., G.-J.B.O.), and the Department of Neurology (J.J.V.), Leiden University Medical Center, Leiden - all in the Netherlands

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Neurogenetics Branch, National Institute of Neurological Disorders and Stroke, Bethesda, MD, USA.

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Refined exercise testing can aid dna-based diagnosis in muscle channelopathies.

Tan SV, Matthews E, Barber M, Burge JA, Rajakulendran S, Fialho D, Sud R, Haworth A, Koltzenburg M, Hanna MG.

Medical Research Council (MRC) Centre for Neuromuscular Diseases, National Hospital for Neurology and Neurosurgery and University College London (UCL), Institute of Neurology London, London, UK; Department of Neurology and Clinical Neurophysiology, Guy's and St Thomas' National Health Service (NHS) Trust, London, UK; Department of Clinical Neurophysiology, National Hospital for Neurology and Neurosurgery and University College London (UCL), Institute of Neurology London, London, UK. veronic.tan@uclh.nhs.uk, veronica.tan@gstt.nhs.uk.

Arch Neurol. 2011 Jan;68(1):37-44. Epub 2010 Sep 13.

Open-label trial of recombinant human insulin-like growth factor 1/recombinant human insulin-like growth factor binding protein 3 in myotonic dystrophy type 1

Heatwole CR, Eichinger KJ, Friedman DI, Hilbert JE, Jackson CE, Logigian EL, Martens WB, McDermott MP, Pandya SK, Quinn C, Smirnow AM, Thornton CA, Moxley RT 3rd.

University of Rochester Medical Center, Rochester, NY 14642, USA. chad_heatwole@urmc.rochester.edu

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1Duke University, Durham, North Carolina 2McGill University, Montréal, Quebec, Canada 3Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts 4Baylor College of Medicine, Houston, Texas 5University of Texas Health Science Center, San Antonio, Texas 6Ohio State University, Columbus, Ohio 7Oregon Health Sciences University, Portland, Oregon 8Brigham and Women's Hospital, Boston VA Medical Center, Boston, Massachusetts 9Hacettepe University, Ankara, Turkey 10Yale University School of Medicine, New Haven, Connecticut 11Forbes Norris MDA/ALS, Research Center, San Francisco, California 12University of Kansas, Medical Center, Kansas City, Kansas

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Amyotrophic lateral sclerosis: pathophysiology, diagnosis and management.

Gordon PH.

Fédération des Maladies du Système Nerveux, Centre référent maladie rare SLA, Assistance Publique-Hôpitaux de Paris, Hôpital de la Pitié-Salpêtrière, Paris, France.

paul.gordon@psl.aphp.fr

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Optimal whole-body vibration settings for muscle strength and power enhancement in human knee extensors

Petit PD, Pensini M, Tessaro J, Desnuelle C, Legros P, Colson SS.

University of Nice-Sophia Antipolis, Laboratory of Human Motricity, Education and Health, Faculty of Sport Sciences, B.P. 3259, F 06205 Nice Cedex 3, France

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Supported treadmill ambulation for amyotrophic lateral sclerosis: a pilot study

Sanjak M, Bravver E, Bockenek WL, Norton HJ, Brooks BR.

Carolinas Neuromuscular/ALS-MDA Center, Department of Neurology, Neuroscience and Spine Institute, Charlotte, NC, USA. mohammed.sanjak@carolinashealthcare.org

Man Ther. 2010 Dec;15(6):579-85. Epub 2010 Aug 12.

Predicting maximal grip strength using hand circumference

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Institut Charles Delaunay, FRE CNRS 2848, Université de Technologie de Troyes, Troyes, France.

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Department of Neurology, Haga Hospital, The Hague, The Netherlands.
p.wirtz@hagaziekenhuis.nl

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Progression of volume load and muscular adaptation during resistance exercise

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University of Technology of Troyes (UTT), France

Muscle Nerve. 2010 Sep;42(3):456.

Self-reported follow-up post-intervention adherence to resistance exercise training in Charcot-Marie-Tooth disease patients

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Department Neurology, University of Milan, IRCCS Policlinico San Donato, Italy

J Child Neurol. 2010 Sep;25(9):1116-29. Epub 2010 Jun 25.

Change in natural history of Duchenne muscular dystrophy with long-term corticosteroid treatment: implications for management.

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Department of Neurology, University of Rochester, Rochester, NY 14642, USA. tracy_forrester@urmc.rochester.edu

Neurology. 2010 Aug 31;75(9):818-25.

Correlates of outcome and response to IVIg in 88 patients with multifocal motor neuropathy

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Department of Neurology, Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht100, 3584 CX Utrecht, the Netherlands

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Quality control of vital capacity as a primary outcome measure during phase III therapeutic clinical trial in amyotrophic lateral sclerosis

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Carolinas Neuromuscular/ALS-MDA Center, Neuroscience and Spine Institute, Carolinas Medical Center, Department of Neurology, Charlotte, North Carolina 28207-1885, USA. mohammed.sanjak@carolinashealthcare.org

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Predicting maximal grip strength using hand circumference.

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Institut Charles Delaunay, FRE CNRS 2848, Université de Technologie de Troyes, Troyes, France; School of Control Science and Engineering, Shandong University, 73 Jingshi Ave, 250062 Jinan, China.

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Muscle weakness, palpitations and a small chin: the Andersen-Tawil syndrome.

Rajakulendran S, Tan SV, Hanna MG.

Institute of Neurology, University College of London, London WC1N 3BG, UK.

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Reply: Comment on alemtuzumab and inclusion body myositis

Marinos C. Dalakas[1], Goran Rakocevic[1], Jens Schmidt[1], Beverly McElroy[1], Michael O. Harris-Love[2], Joseph A. Shrader[2], Ellen W. Levy[2] and James Dambrosia[3]

1 Neuromuscular Diseases Section, National Institute of Neurological Disorders and Stroke 2 Rehabilitation Medicine Department, Clinical Centre, National Institutes of Health (NIH) 3 Biostatistics Branch National Institute of Neurological Disorders and Stroke, Bethesda, MD, USA

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Department of Neurology, King's College Hospital and King's College London School of Medicine, University of London, London, UK

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Center for Gene Therapy, Research Institute at Nationwide Children's Hospital, Ohio State University, Columbus, OH 43205, USA

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Laufer Y, Snyder-Mackler L.

Department of Physical Therapy, The University of Haifa, Israel.

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Change in Natural History of Duchenne Muscular Dystrophy With Long-term Corticosteroid Treatment: Implications for Management.

Moxley RT 3rd, Pandya S, Ciafaloni E, Fox DJ, Campbell K.

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Service de Physiologie, Explorations Fonctionnelles, Hôpital Henri Mondor, Assistance Publique, Hôpitaux de Paris, Créteil, France

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Department of Neurology, University of Rochester, Rochester, NY, USA. eric_logigian@urmc.rochester.edu

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Department of Neurology, University of Rochester Medical Center, Box 673, 601 Elmwood Avenue, Rochester, New York, USA.
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[Validity of the motor function measurement scale when routinely used in the follow-up of adult outpatients in a neuromuscular center]

[Article in French]

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Pôle rééducation-réadaptation, CHU de Dijon, 23, rue Gaffarel, 21000 Dijon, France. charles.benaim@chu-dijon.fr

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Department of Neurology, Columbia University Medical Center, New York, NY 10032, USA. jm598@columbia.edu

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Institute of Myology, Hospital Pitié-Salpêtrière, Paris, France. c.payan@institut-myologie.org

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Department of Physical and Rehabilitation Medicine, Department of Sport Medicine, Faculté de Médecine, Université de la Méditerranée - Assistance Publique Hopitaux de Marseille - University Hospital La Timone, Marseille, France.

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Clinical Neurosciences, Neuromuscular Diseases, Imperial College, London, Hammersmith Hospital Campus, Du Cane Rd, London, UK. m.dalakas@imperial.ac.uk

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Schoenmakers MA, **de Groot JF**, **Gorter JW**, **Hillaert JL**, **Helders PJ**, **Takken T**.

Departments of Paediatric Physiotherapy and Exercise Physiology, Wilhelmina Children's Hospital, University Medical Centre, Utrecht, The Netherlands. m.a.g.c.schoenmakers@umcutrecht.nl

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Department of Rheumatology, C1-R, Leiden University Medical Center, Post-box 9600, 2300 RC, Leiden, The Netherlands. zdejong@lumc.nl

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J-Y Hogrel 2009 *Physiol. Meas.* **30** 719-727 doi: 10.1088/0967-3334/30/7/014

Institut de Myologie, GH Pitié-Salpêtrière, 75651 Paris Cedex 13, France
E-mail: jy.hogrel@institut-myologie.org

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Universitair Medisch Centrum Utrecht HP G03.228, Heidelberglaan 100, 3584 CX Utrecht, Netherlands. J.Wokke@umcutrecht.nl

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Rosenfeld J, **King RM**, **Jackson CE**, **Bedlack RS**, **Barohn RJ**, **Dick A**, **Phillips LH**, **Chapin J**, **Gelinas DF**, **Lou JS**.

The Carolinas Neuromuscular/ALS Center, Charlotte North Carolina, Carolinas Medical Center, USA

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Laufer Y, **Elboim M**.

Physical Therapy Department, University of Haifa, Faculty of Social Welfare and Health Studies, Haifa, Israel.
yocheved@research.haifa.ac.il

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Manoel ME, **Harris-Love MO**, **Danoff JV**, **Miller TA**.

Department of Exercise Science, The George Washington University Medical Center, Washington, District of Columbia, USA.

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Pénisson-Besnier I, **Devillers M**, **Porcher R**, **Orlikowski D**, **Doppler V**, **Desnuelle C**, **Ferrer X**, **Bes MC**, **Bouhour F**, **Tranchant C**, **Lagrange E**, **Vershueren A**, **Uzenot D**, **Cintas P**, **Solé G**, **Hogrel JY**, **Laforêt P**, **Vial C**, **Vila AL**, **Sacconi S**, **Pouget J**, **Eymard B**, **Chevret S**, **Annane D**.

Centre de référence Maladies Neuromusculaires Nantes-Angers, Département de Neurologie, Centre Hospitalier Universitaire d'Angers, France.

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Department of Neurology, The Johns Hopkins University School of Medicine, Baltimore, MD 21287-7519, USA. kwagner@jhmi.edu

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University of Texas Health Science Center, 7703 Floyd Curl Drive, Mail Code 7883, San Antonio, Texas, USA.

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Service of Neurology, Marqués de Valdecilla University Hospital, Centro de Investigación Biomédica en Red de Enfermedades Neurodegenerativas, University of Cantabria, Santander, Spain. jaberciano@humv.es

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Service de physiologie-explorations fonctionnelles, hôpital Henri-Mondor, AP-HP, 94010 Créteil, France.

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Facioscapulohumeral dystrophy

Pandya S, **King WM**, **Tawil R**.

School of Medicine and Dentistry, University of Rochester, Rochester, NY 14627, USA. shree_pandya@urmc.rochester.edu

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Sansone V, **Meola G**, **Links TP**, **Panzeri M**, **Rose MR**.

University of Milan, Department of Neurology, Istituto Policlinico San Donato, San Donato Milanese, Milan, Italy, 20097. valeria.sansone@unimi.it

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Institut de Myologie, GH Pitié-Salpêtrière, Paris, France.
jy.hogrel@institut-myologie.org

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Department of Neurology, University of Rochester Medical Center, Box 673, 601 Elmwood Avenue, Rochester, New York 14642, USA.
RichardT_Moxley@urmc.rochester.edu

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Elsheikh BH, **Bollman E**, **Peruggia M**, **King W**, **Galloway G**, **Kissel JT**.

Department of Neurology, The Ohio State University, Columbus, OH 43210, USA.

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School of Physiotherapy, Royal College of Surgeons, Dublin, Ireland. smeldrum@rcsi.ie

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School of Physical Therapy, University of Saskatchewan, Saskatoon, SK, Canada. vanina.dalbello-haas@usask.ca

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Neuromuscular Division, Department of Neurology, Box 673, 601 Elmwood Avenue, University of Rochester Medical Center, Rochester, New York 14642, USA. eric_logigian@urmc.rochester.edu

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Department of Neurology, University of Milan, IRCCS Policlinico San Donato, Via Morandi 30, I-20097 San Donato Milanese, Italy.

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Neuromuscular Center Nijmegen, Radboud University Nijmegen Medical Center, 9101, 6500 HB, Nijmegen, The Netherlands, e.vanderkooi@neuro.umcn.nl.

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Service de Neurologie, CHU de Nice. emilien.delmont@wanadoo.fr

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Intravenous immune globulin in hereditary inclusion body myopathy: a pilot study

Susan Sparks, Goran Rakocevic, Galen Joe, Irini Manoli, Joseph Shrader, Michael Harris-Love, Barbara Sonies, Carla Ciccone, Heidi Dorward, Donna Krasnewich, Marjan Huizing, Marinos C Dalakas and William A Gahl*

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Royal College of Surgeons, Dublin, Ireland. dmeldrum@rcsi.ie

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Turnquist P, Shrader J, Levy E, Harris-Love M, Paul S.

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Rehabilitation Medicine Department, Bethesda Maryland, 20892 - 1604, USA. NIH Research Festival. Mark O Hatfield Clinical Research Center, Bethesda, MD. jshrader@cc.nih.gov

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Department of Neurology, Academic Medical Centre, University of Amsterdam, PO Box 22660, 1100 DD Amsterdam, The Netherlands;m.devisser@amc.uva.nl.

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Service de Médecine Physique et Réadaptation, Hôpital l'Archet, CHU de Nice

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Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands.

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Federation des Maladies du Systeme Nerveux, Pavillon Paul Castaigne, AP-HP, Hopital de la Salpetriere, Paris, France.
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