To:	Chillemi, Michael (torourke@bodnerorourke.com)
Subject:	U.S. TRADEMARK APPLICATION NO. 85497733 - FUNCTIONAL EVALUATIONS - N/A
Sent:	11/25/2013 9:55:32 AM
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Attachments:	Attachment - 1 Attachment - 2 Attachment - 3 Attachment - 4 Attachment - 5 Attachment - 6 Attachment - 7 Attachment - 8 Attachment - 9 Attachment - 10 Attachment - 11 Attachment - 12 Attachment - 13 Attachment - 14 Attachment - 15 Attachment - 16 Attachment - 17 Attachment - 18 Attachment - 19 Attachment - 20 Attachment - 21 Attachment - 22 Attachment - 23 Attachment - 24 Attachment - 25 Attachment - 26 Attachment - 27

UNITED STATES PATENT AND TRADEMARK OFFICE (USPTO)
OFFICE ACTION (OFFICIAL LETTER) ABOUT APPLICANT'S TRADEMARK APPLICATION

U.S. APPLICATION SERIAL NO. 85497733

MARK: FUNCTIONAL EVALUATIONS

85497733

CORRESPONDENT ADDRESS:
THOMAS A O'ROURKE
BODNER & O'ROURKE LLP
425 BROADHOLLOW RD SUITE 120
MELVILLE, NY 11747-4701

CLICK HERE TO RESPOND TO
http://www.uspto.gov/trademarks/teas/r

APPLICANT: Chillemi, Michael

CORRESPONDENT'S REFERENCE/DOCKET NO :
N/A
CORRESPONDENT E-MAIL ADDRESS:
torourke@bodnerorourke.com

OFFICE ACTION

ISSUE/MAILING DATE: 11/25/2013

THIS IS A FINAL ACTION.

This office action responds to the applicant's request for reconsideration filed on October 15, 2013. Upon further review of the application file, an identification issue has come to the attention of the examining attorney and requires issuance of this subsequent final action. This action makes final the requirement for an acceptable recitation of services in addition to continuing the final generic refusal under Trademark Act Section 23(c) originally issued on April 11, 2013.

Since a notice of appeal has already been filed, this application will be sent back to the Trademark Trial and Appeal Board to resume the appeal immediately following issuance of this subsequent final action.

RECITATION OF SERVICES – FINAL

On February 13, 2013, the applicant amended the recitation of services from "Medical diagnostic services, namely, testing, monitoring and reporting, for the legal and medical community," in International Class 44 to "Medical diagnostic services, namely, testing, monitoring and reporting, for the legal and medical community *acting as experts in legal matters"* with the added language shown in italics. This identification amendment is rejected as being outside the scope.

Notice was given that identifications of services can be amended only to clarify or limit the services; adding to or broadening the scope of the services is not permitted. 37 C.F.R. §2.71(a); see TMEP §§1402.06 et seq., 1402.07. Therefore, applicant may not amend the identification to include services that are not within the scope of the services set forth in the present identification.

The wording "acting as experts in legal matters" includes expert witness services in legal matters" which is a service classified in International Class 45. Appearing as an expert witness is outside the originally-

claimed medical diagnostic services in International Class 44. These added services are beyond the scope of the original identification. Applicant may substitute the following wording, if accurate: "Medical diagnostic services, namely, testing, monitoring and reporting, for the legal and medical community," in International Class 44.

The amendment is rejected and the requirement for an acceptable recitation of services is made final.

CONTINUED FINAL REFUSAL

MARK IS GENERIC - FINAL

Registration is refused on the Supplemental Register because the applied-for mark is generic and thus incapable of distinguishing applicant's services. Trademark Act Section 23(c), 15 U.S.C. §1091(c); see TMEP §§1209.01(c) et seq.

Determining whether a mark is generic requires a two-step inquiry:

(1) What is the genus of services at issue?

(2) Does the relevant public understand the designation primarily to refer to that genus of services?

In re 1800Mattress.com IP, LLC, 586 F.3d 1359, 1363, 92 USPQ2d 1682, 1684 (Fed. Cir. 2009) (quoting *H. Marvin Ginn Corp. v. Int'l Ass'n of Fire Chiefs, Inc.*, 782 F.2d 987, 989-90, 228 USPQ 528, 530 (Fed. Cir. 1986)); TMEP §1209.01(c)(i).

Regarding the first part of the inquiry, the genus of the services is often defined by an applicant's identification of services. See, e.g., *In re Reed Elsevier Props. Inc.*, 482 F.3d 1376, 1379, 82 USPQ2d 1378, 1380 (Fed. Cir. 2007); *Magic Wand Inc. v. RDB Inc.*, 940 F.2d 638, 640, 19 USPQ2d 1551, 1552 (Fed. Cir. 1991).

In the present case, the identification and thus the genus, is "medical diagnostic services, namely, testing, monitoring and reporting, for the legal and medical community."

The previously attached definitions show that the wording FUNCTIONAL means "affecting physiological or psychological functions but not organic structure," and EVALUATION is "to determine the significance, worth, or condition of usually by careful appraisal and study." Based on dictionary definitions, the wording FUNCTIONAL EVALUATIONS means a determination made on the condition of one's physiological or psychological function. This wording is used generically throughout the legal and medical community to identify testing to determine a person's level of ability to function. See attached and previously attached evidence. The applicant performs this type of medical testing service to determine a person's abilities. See attached website. Therefore, due to widespread generic usage of the mark FUNCTIONAL EVALUATIONS and the applicant's own usage, the relevant public would understand this designation to refer primarily to that genus of services.

In response, the applicant notes, "[W]e would like to point out that there is no definition of functional evaluations in the dictionary." The fact that the wording is not in the dictionary is not controlling. Any term that the relevant public understands to refer to a particular genus of goods and/or services is generic; thus there can be more than one generic term for a particular genus. *In re 1800Mattress.com IP, LLC*, 586

F. 3d 1359, 1364, 92 USPQ2d 1682, 1685 (Fed. Cir. 2009).

The applicant argues, "The mark FUNCTIONAL EVALUATIONS does not describe these services and is not understood by the relevant public primarily to refer to medical diagnostic services for the legal and medical community." See Response.

The examining attorney disagrees. The attached and previously attached evidence demonstrates that the phrase FUNCTIONAL EVALUATIONS has an understood meaning in both the legal and medical community. See sample excerpts below.

> On Findlaw.com for Legal Professionals in an article entitled "Functional outcome evaluation of the head injured: Its Effect on Legal Rights:" "In conclusion, the growing area of functional evaluation will validate rehabilitation efforts and greatly improve the legal rights of persons with head injury."
>
> On Leadingedgephysio.com: "If you or your client has sustained an injury and are in need of return to work planning, work modification suggestions, legal interpretation of the impact of injury and/or recommendations regarding ongoing rehabilitation, perhaps a functional evaluation would be useful."
>
> On ISR-institute.com: "ISR Institute provides nationwide, job specific, ADA compliant functional evaluations on employee applicants before job assignment…and for return to work of existing employees…following injury, illness or change in safe work capacity status."
>
> On Phiphysio.com under Title "Functional Abilities Evaluation:" "Baseline Evaluation: This objective, functional evaluation is completed to establish a starting point for rehabilitation and allows each program to be specifically and accurately customized."

From the attached and previously attached evidence, it is clear that the mark is used in a generic fashion in both the legal and medical community and therefore, the relevant public would understand the designation to primarily refer to the genus of applicant's services.

The applicant's request for reconsideration presents no new issues or evidence and therefore, is denied. In its Request for Reconsideration, the applicant referred to and attached multiple copies of third party registrations containing either the term FUNCTIONAL or EVALUATION on the Principal Register to support its contention that the proposed mark should be registered. See Request for reconsideration filed October 15, 2013.

The fact that third-party registrations exist for marks allegedly similar to applicant's mark is not conclusive on the issue of descriptiveness. *See In re Scholastic Testing Serv., Inc.*, 196 USPQ 517, 519 (TTAB 1977); TMEP §1209.03(a). An applied-for mark that is merely descriptive (or generic) does not become registrable simply because other seemingly similar marks appear on the register. *In re Scholastic Testing Serv., Inc.*, 196 USPQ at 519; TMEP §1209.03(a).

It is well settled that each case must be decided on its own facts and the Trademark Trial and Appeal Board is not bound by prior decisions involving different records. *See In re Nett Designs, Inc.*, 236 F. 3d 1339, 1342, 57 USPQ2d 1564, 1566 (Fed. Cir. 2001); *In re Lean Line, Inc.*, 229 USPQ 781, 783 (TTAB 1986); TMEP §1209.03(a). The question of whether a mark is merely descriptive is determined based on the evidence of record at the time each registration is sought. *In re theDot Commc'ns Network LLC*, 101 USPQ2d 1062, 1064 (TTAB 2011); TMEP §1209.03(a); *see In re Nett Designs, Inc.*, 236 F.3d at 1342, 57

USPQ2d at 1566.

The mark FUNCTIONAL EVALUATIONS is generic and therefore, refusal under Trademark Act Section 23(c) is maintained and made final.

Applicant cannot overcome this refusal by submitting a claim of acquired distinctiveness under Trademark Act Section 2(f). See 15 U.S.C. §1052(f). Such a claim would be insufficient because no amount of purported proof that a generic mark has acquired secondary meaning can transform it into a registrable trademark or service mark. See *In re Bongrain Int'l Corp* ., 894 F.2d 1316, 1317 n.4, 13 USPQ2d 1727, 1728 n.4 (Fed. Cir. 1990); *H. Marvin Ginn Corp. v. Int'l Ass'n of Fire Chiefs, Inc.*, 782 F.2d 987, 989, 228 USPQ 528, 530 (Fed. Cir. 1986); TMEP §1212.02(i). A generic term cannot become a trademark or service mark under any circumstance.

/Barbara Brown/
Trademark Examining Attorney
Law Office 116
TEL: 571-272-9134
FAX: 571-273-9116
barbara.brown@uspto.gov

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All informal e-mail communications relevant to this application will be placed in the official application record.

WHO MUST SIGN THE RESPONSE: It must be personally signed by an individual applicant or someone with legal authority to bind an applicant (i.e., a corporate officer, a general partner, all joint applicants). If an applicant is represented by an attorney, the attorney must sign the response.

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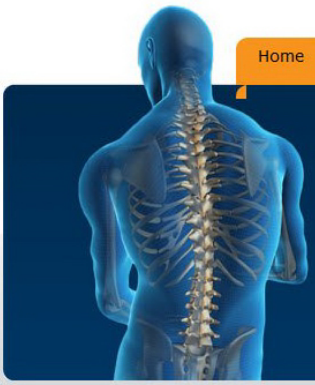

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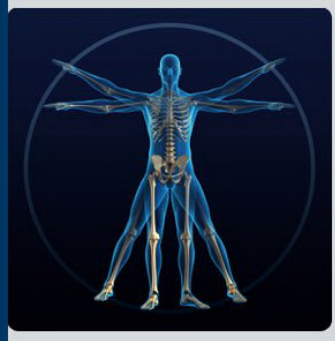

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Prognostic value of 6-minute walk corridor test in patients with mild to moderate heart failure: comparison with other methods of functional evaluation

Carlo Rostagno*, Giuseppe Olivo, Marco Comeglio, Vieri Boddi, Michela Banchelli, Giorgio Galanti and Gian Franco Gensini

+ Author Affiliations

* Corresponding author. U.O. Clinica Medica e Cardiologia, Università di Firenze, Viale Morgagni 85, 50134 Florence, Italy. Tel.: +39-55-4277518; fax: +39-55-4277518. E-mail address: c.rostagno@katamail.com

Received April 26, 2001.
Revision received March 11, 2002.
Accepted May 29, 2002.

Abstract

Aim: The study was designed to evaluate the prognostic value of the 6-min walk test (6MWT) in patients with mild to moderate congestive heart failure (CHF).

patients (119 men and 95 women, mean age 64 years) were followed for a mean period of 34 months to assess event-free survival (death, heart transplantation). Sixty-six patients (34%) died (63 cardiovascular causes, 2 cancer and 1 stroke) and five patients underwent heart transplantation. For patients who walked <300 m during the 6MWT, survival was 62% compared with 82% in patients who walked 300-450 m or>450 m. With univariate analysis, NYHA class was the strongest predictor of death. LVEF (P<0.0001), aetiology of heart

failure ($P<0.001$), LV filling pattern ($P=0.002$) and 6MWT distance ($P<0.01$) were all significantly related to survival. No significant relationship was found between survival, peak oxygen consumption or anaerobic threshold. Multivariate analysis using the Cox-stepwise regression model showed that LV fractional shortening ($P<0.009$) and 6MWT distance ($P<0.0005$) were the strongest prognostic markers.

Conclusion: A 6MWT distance of <300 m is a simple and useful prognostic marker of subsequent cardiac death in unselected patients with mild to moderate CHF.

Key words Heart failure • Prognosis • Functional evaluation

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Article

New test series for the functional evaluation of oral cavity cancer

John Teichgraeber MD, Julia Bowman MA, SP-CCC, Professor Dr. Helmuth Goepfert MD Chairman*

Article first published online: 18 JUL 2006
DOI: 10.1002/hed.2890080104

Issue

Head & Neck Surgery
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Abstract

There are few studies that have addressed themselves to measuring speech, swallowing function and the "quality of life" of patients that have been treated for oral cavity cancer. The goal of this study was to develop a test series to assess the oral cavity function and the general health of patients treated for oral cavity cancer. The results of 51 patients treated for oral cavity cancer will be compared by the site and stage of the lesion, as well as by treatment mode. In addition, the functional results achieved by different reconstructive techniques in the oral cavity will be presented. Radiotherapy patients as a group have the best speech and swallowing function while the patients treated with combined therapy have the worst function. In the surgical group, those patients treated with intraoral skin grafts had the best speech results and those with primary closures had the best swallowing performance.

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Preembolization functional evaluation in brain arteriovenous malformations: the ability of superselective Amytal test to predict neurologic dysfunction before embolization.

R A Rauch, F Vinuela, J Dion, G Duckwiler, E C Amos, S E Jordan, N Martin, M E Jensen and J Bentson

[+] Author Affiliations

Abstract

PURPOSE To describe the incidence of neurologic dysfunction following embolization of supratentorial AVMs, and to correlate findings with results of preembolization Amytal tests.

MATERIALS AND METHODS Data from 147 embolizations of supratentorial AVMs following Amytal tests in 30 awake patients were analyzed retrospectively.

RESULTS Of five embolizations done after a positive Amytal test, two were followed by neurologic complications. Eighty-two embolizations done as single embolizations immediately after a negative Amytal test were associated with no neurologic complications. The remaining embolizations were parts of multiple series of embolizations, each beginning with an Amytal test and followed by a number of embolizations without catheter movement or repeat Amytal testing. Since any prior embolization in the series might reduce the sump effect of the AVM, embolic agent delivered later in the series could potentially reach functional brain tissue not fully tested by the Amytal test. Therefore, repeat embolizations (not immediately preceded by an Amytal test) were considered separately. In 60 repeat embolizations, six (10%) were associated with some neurologic complication.

CONCLUSIONS Repeat Amytal testing might detect the loss of sump

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AJNR 1992 13: 309-314

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effect as the AVM is embolized. We conclude that use of data from superselective Amytal tests adds to the safety of AVM embolizations and that repeat Amytal testing potentially could be valuable when serial embolization of a vessel is planned.

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Oklahoma Physical Therapy conducts Functional Capacity Evaluations for all neurological and musculoskelatal injuries using the Hanoun ER Functional Testing System. Oklahoma Physical Therapy uses licensed and trained Physical Therapists to perform all Functional Capacity Evaluations creating functional tests specific to the exact demands of the work to be performed or to discern the exact nature of the impairment's effect on the ability to perform the job. We can accurately match the positional tolerances of a worker objectively to a production environment where performance on a time-motion basis is essential.

Hanoun's computer evaluation system allows us to quickly and accurately perform comprehensive functional capacity evaluations based on the 3rd edition revised, 4th edition, and the most recently introduced 5th edition in compliance

and the most recently introduced 5th edition in compliance with the American Medical Association's *Guidelines for the Evaluation of Permanent Impairment*.

- Hanoun's superior system is based on proven research, patented technology, tested protocols and standardized outcomes.
- The Hanoun system uses peer-reviewed and published protocols for the assessment of strength and work capacity, which can determine a client's readiness to return to work.
- The Hanoun system offers cross-referenced validity. A patient's functional testing can be evaluated against several factors in order to determine the consistency of their effort.
- The Hanoun system uses the Universal Task Master (UTM) and the Functional Range of Motion (FROM) systems, which are unique to the purpose of replicating job functions.
- The UTM allows the evaluator to create tests with infinite combinations of height, hand spread, hand positions, coupling, rotation to replicate any push, pull, or lift requirement of the job.
- The FROM is the only position tolerance system available that has the ability to truly test an individual's ability to the frequency required (i.e. occasional).
- Oklahoma Physical Therapy will generate a report with the client's specific documented responses that are verbatim and objective within 48 hours of the client's assessment.

For more information or to schedule a Functional Capacity Evaluation, you can contact us via **email** or call 405.749.6281.

Articles

Use of Exercise Testing for Diagnostic and Functional Evaluation of Patients with Arteriosclerotic Heart Disease

C. GUNNAR BLOMQVIST, M.D.

Author Affiliations

Abstract

Myocardial oxygen demand generally increases with increasing levels of energy expenditure, but several factors which modify this relation must be considered, both in the design of the test methods and in interpretation of results of exercise tests in patients with arteriosclerotic heart disease (ASHD).

A wide variety of exercise test methods are currently used. Master's test is simple to perform and requires no elaborate equipment. It has been more widely employed than any other test and much clinicopathologic and correlative data are available. However, Master's test provides little information on the patient's physical work capacity. Multistage tests, carried to a symptom-limited or maximal/near-maximal workload level, provide quantitative data on physical performance capacity and also result in fewer false-negative ECG responses among patients with ASHD.

Follow-up studies of asymptomatic subjects have demonstrated that a horizontal S-T depression during or after exercise is associated with a high risk of developing clinical ASHD. The prognostic significance of the exercise test appears to be independent of other known risk factors.

Studies correlating the ECG response to exercise with findings at coronary angiography have demonstrated an abnormal ECG response in 0-30% of patients with no demonstrable arterial disease. The number of patients with significant coronary artery disease and negative ECG response tends to be higher.

Evaluation of physical performance capacity is the primary indication for exercise testing in patients with known ASHD. The results of the test form a basis for recommendations on occupational and recreational physical activity. Serial tests may be used to evaluate objectively the effect of medical and surgical therapy.

Key Words:
- Myocardial oxygen demand
- Exercise methods and end points
- Latent coronary disease
- Occupational activities
- Chest pain
- Exercise risks
- Isometric exercise
- Energy expenditures
- Electrocardiography

Print ISSN: 0009-7322
Online ISSN: 1524-4539

A Pre-Clinical Test Platform for the Functional Evaluation of Scaffolds for Musculoskeletal Defects: The Meniscus

Suzanne Maher, PhD
Assistant Scientist, Research Division, Hospital for Special Surgery
Assistant Professor of Applied Biomechanics in Orthopaedic Surgery, Department of Orthopaedics, Weill Medical College of Cornell University

Scott A. Rodeo, MD
Attending Orthopaedic Surgeon, Hospital for Special Surgery
Professor of Orthopaedic Surgery, Weill Cornell Medical College

Hollis G. Potter, MD
Chief, Division of Magnetic Resonance Imaging
Attending Radiologist, Hospital for Special Surgery
Professor of Radiology, Weill College of Medicine of Cornell University

Lawrence J. Bonassar, PhD
Hospital for Special Surgery

Timothy Wright, PhD
Senior Scientist, Hospital for Special Surgery
F.M. Kirby Chair, Orthopaedic Biomechanics

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P.M. Kirby Chair, Orthopaedic Biomechanics

Russell F. Warren, MD

Attending Orthopaedic Surgeon, Hospital for Special Surgery
Professor of Orthopaedic Surgery, Weill Cornell Medical College

Abstract

In an attempt to delay the progression of osteoarthritis from an index injury, early intervention via repair of injured musculoskeletal soft tissue has been advocated. Despite the development of a number of scaffolds intended to treat soft tissue defects, information about their functional performance is lacking. The goal of this study was to consolidate a suite of in vitro and in vivo models into a pre-clinical test platform to assess the functional performance of meniscal repair scaffolds. Our objective was to assess the ability of a scaffold (Actifit™; Orteq, UK) to carry load without detrimentally abrading against articular cartilage. Three test modules were used to assess the functional performance of meniscal repair scaffolds. The first module tested the ability of the scaffold to carry load in an in vitro model designed to measure the change in normal contact stress magnitude on the tibial plateau of cadaveric knees after scaffold implantation. The second module assessed the in vitro frictional coefficient of the scaffold against cartilage to assess the likelihood that the scaffold would destructively abrade against articular cartilage in vivo. The third module consisted of an assessment of functional performance in vivo by measuring the structure and composition of articular cartilage across the tibial plateau 12 months after scaffold implantation in an ovine model. In vitro, the scaffold improved contact mechanics relative to a partly meniscectomized knee suggesting that, in vivo, less damage would be seen in the scaffold implanted knees vs. partly meniscectomized knees. However, there was no significant difference in the condition of articular cartilage between the two groups. Moreover, in spite of the high coefficient of friction between the scaffold and articular cartilage, there was no significant damage in the articular cartilage underneath the scaffold. The discrepancy between the in vitro and in vivo models was likely influenced by the abundant tissue generated within the scaffold and the unexpected tissue that regenerated within the site of the partial meniscectomy. We are currently augmenting our suite of tests so that we can pre-clinically evaluate the functional performance at time zero and as a function of time after implantation.

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implantation.

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This article appears in **HSS Journal: Volume 7, Number 2.**
View the **full article** at springerlink.com.

About the HSS Journal

HSS Journal, an academic peer-reviewed journal, is published twice a year, February and September, and features articles by internal faculty and HSS alumni that present current research and clinical work in the field of musculoskeletal medicine performed at HSS, including research articles, surgical procedures, and case reports.

Posted: 7/1/2011

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frontiers in NEUROLOGY
Neuro-Otology

ORIGINAL RESEARCH ARTICLE

Front. Neurol., 23 March 2012 | doi: 10.3389/fneur.2012.00039

A device for the functional evaluation of the VOR in clinical settings

Stefano Ramat[1]*, Silvia Colnaghi[2], Andreas Boehler[1,3], Serena Astore[4], Paola Falco[4], Marco Mandalà[5], Daniele Nuti[4], Paolo Colagiorgio[1] and Maurizio Versino[2]

[1] Department of Computer and Systems Science, University of Pavia, Pavia, Italy
[2] Neuro-otology and Neuro-ophthalmology Laboratory and BCC, National Neurological Institute C. Mondino Foundation, IRCCS, and Department of Neurological Sciences University of Pavia, Pavia, Italy
[3] Institute for Research and Development on Advanced Radiation Technologies, Paracelsus Medical University, Salzburg, Austria
[4] Department of Human Pathology and Oncology, University of Siena, Siena, Italy
[5] Otology and Skull-Base Surgery Department, University of Siena, Siena, Italy

We developed the head impulse testing device (HITD) based on an inertial sensing system allowing to investigate the functional performance of the rotational vestibulo-ocular reflex (VOR) by testing its gaze stabilization ability, independently from the subject's visual acuity, in response to head impulses at different head angular accelerations ranging from 2000 to 7000 deg/s². HITD was initially tested on 22 normal subjects, and a method to compare the results from a single subject (patient) with those

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method to compare the results from a single subject (patient) with those from controls was set up. As a pilot study, we tested the HITD in 39 dizzy patients suffering, non-acutely, from different kinds of vestibular disorders. The results obtained with the HITD were comparable with those from the clinical head impulse test (HIT), but an higher number of abnormalities was detectable by HITD in the central vestibular disorders group. The HITD appears to be a promising tool for detecting abnormal VOR performance while providing information on the functional performance of the rotational VOR, and can provide a valuable assistance to the clinical evaluation of patients with vestibular disorders.

Keywords: VOR testing, head impulse test, semicircular canals, rVOR, dynamic visual acuity

Citation: Ramat S, Colnaghi S, Boehler A, Astore S, Falco P, Mandalà M, Nuti D, Colagiorgio P and Versino M (2012) A device for the functional evaluation of the VOR in clinical settings. *Front. Neur.* 3:39. doi: 10.3389/fneur.2012.00039

Received: 09 January 2012; **Paper pending published:** 24 January 2012;
Accepted: 02 March 2012; **Published online:** 23 March 2012.

Edited by: Sergio Carmona, Instituto de Neurociencias de Buenos Aires, Argentina

Reviewed by: Sergio Carmona, Instituto de Neurociencias de Buenos Aires, Argentina
Dario Andres Yacovino, Instituto de Investigaciones Neurológicas "Raúl Carrea", Argentina
Carlos R. Gordon, Tel Aviv and Meir Medical Center, Israel

***Correspondence:** Stefano Ramat, Dipartimento di Informatica e Sistemistica, Università di Pavia, Via Ferrata 1, 27100 Pavia, Italy. e-mail: stefano.ramat@unipv.it

Glucose control and cardiovascular outcomes: reorienting approach
Romesh Khardori and Diep Nguyen

Postural Compensation for Unilateral Vestibular Loss
Robert Peterka, Ken Statler, Diane Wrisley and Fay Horak

Evidence that Memantine Reduces Chronic Tinnitus Caused by Acoustic Trauma in Rats
Yiwen Zheng, Emily McNamara, Lucy Stiles, Cynthia Darlington and Paul Smith

Recovery of Vestibular Ocular Reflex Function and Balance Control after a Unilateral Peripheral Vestibular Deficit
John Allum

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Screening Faulty Movement Patterns

By Craig Liebenson On September 25, 2011 · 2 Comments

In the Faulty Movement Pattern courses functional evaluation is a key

What is unique about the functional paradigm?

We base treatment of functional not structural pathology

We distinguish pain and dysfunction & focus treatment on dysfunction

The goal of care is resumption of activities, not pain relief

There are no protocols only principles

Therefore, each patient or athlete's routine is customized

"Dan John" said, "Your training should, in some manner or form, lead you, at some level, to achieving your goals."

In the functional paradigm we not only want to know about our patient's pain, but how it limits their activities.

Dr Lewit has taught for 50 years that structural pathology is often coincidental while *functional pathology of the motor system* is basis for manual medicine & rehabilitation.
Pr Janda said "time spent in assessment will save time in treatment"
He taught 6 basic movement pattern tests. This can be compared with Gray Cook's influential functional movement screen (FMS)
Functional-Pathology-of-the-Motor-System
Faulty Movement Patterns as a Cause of Articular Dysfunction
Our courses begin with a simple movement pattern screen called the – Mag 7
Lumbar ROM
Wall Angel
OH Squat
1 leg balance
1 leg squat
Dynamic inline lunge or 1 leg bridge
Breathing

How Chosen:
Basic attributes needing to be evaluated -
mobility – Lumbar ROM/Thoracic ROM/Shoulder ROM/Hip ROM/Ankle ROM
posture – slumped/round shoulderered/head forward/shrugged shoulders/knock kneeed/sway back
functional strength – squat/inline lunge/1 leg squat
balance – 1 leg stance/inline lunge/1 leg squat/deep squat
respiration – upright/recumbent/inhalation/forced exhalation
All 3 Planes of Motion need to be addressed -

All 3 Planes of Motion need to be addressed -
Sagittal – Wall Angel, OH Squat, Respiration/IAP
Frontal – 1 leg Balance, 1 Leg Squat
Transverse – 1 Leg Bridge

Scoring:

Distinguish PAIN VS DYSFUNCTION
For pain think McKenzie or Orthopedic evaluation
Any pain found is to be used as a post-treatment re-assessment or audit to show patient progress in acute/subacute care
For dysfunction think Janda or abnormal motor control
The "key link" is usually a painless dysfunction
Gray Cook's numerical scale 0-3 is a big step forward
Pain vs discomfort is well discussed in Gray's book Movement.
When in doubt score down – this is important for the sake of reliability in the exam
Importance of asymmetry
Lumbar ROM
Angel
Balance
1 leg squat
Inline lunge

Priorities:

Some tests are fundamental traits ("hard-wired") while others are skills (learned)
If Fundamental deficit (0/1) is present correct that before Skill deficit
Skills require stability which has to be trained
Fundamentals
1 leg balance
Respiration
Mobility – Lumbar/Angel
Skills
Squat – sagital stability
1 leg squat – frontal stability
Inline lunge – balance stability

Break outs:

When a "key link" or painless dysfunction is found there are certain specific "go to" moves we use to facilitate it.
1 leg balance – rocker board/Vele/calf & hip stretches/front plank/1 leg stance track/B dogs
Respiration

a) Inhalation dysfunx – band/belly breathing/T4
b) Exhalation dysfunction – Brugger/Plank/Jumping – plyos

Mobility – Hips/T4/supported squats/bridges/side bridges/bird dogs
Typically, this will groove the skills, but this does not mean the skills are not trained. When any training is performed the cues should be external rather than internal meaning they should be goal oriented or "reactive" than cortical.

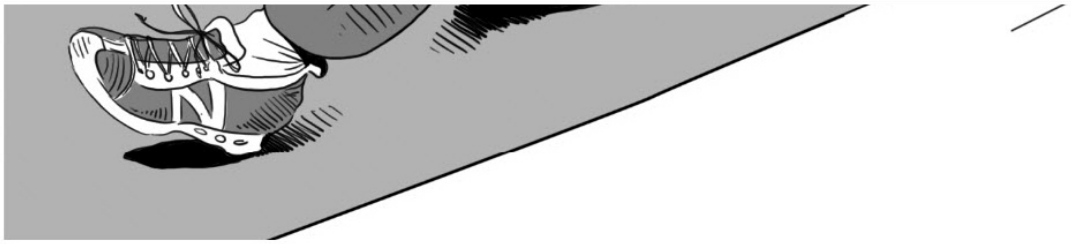
Additional Tests:

My book "Rehabilitation of the Spine" comes with a DVD that covers over 20 key functional assessments including -
Janda's Hip Abduction
Vele's test for intrinsic toe flexors

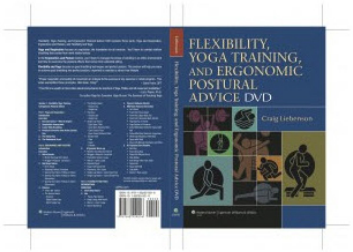
Here is a short list of key exercises we covered

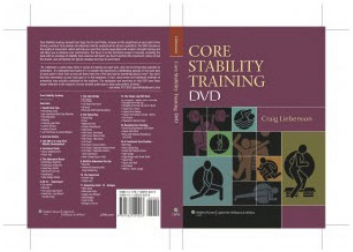
Core Training – McGill Big 3
Squats (dowel, hip hinge, 2 x 4)
Piriformis stretch supine
Psoas stretches
Supported Functional Reach

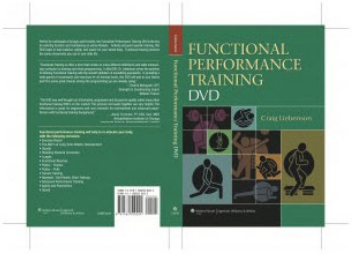
Supported Functional Reach
Angle Lunge with Reach
Dying Bug off Wall
Foam Vertical
T4 Sphinx
T4 Rotation
Clam Shell
Monster Walk
Lateral Band Walk
Micr0-Breaks
Push-Up w/ Plus
Baby Get Up



My new DVD series covers -







"Flexibility/Yoga/Ergonomics & Posture Advice"

"Core Training"

"Functional Performance Training"

Treatment Planning

Start patient with exercises targeted to painless dysfunction

Use the Clinical Audit Process (CAP) to progress patients towards their functional goals

"Progressing Patients"

Here is a write up on Yoga sans "Down Dog" type exercises as a treatment for sciatica.

Here is a write up on Yoga sans "Down Dog" type exercises as a treatment for sciatica.

Yoga Journal – Back Builders

2 Responses to *Screening Faulty Movement Patterns*

Craig's Liebenson's DVDs says:
October 1, 2011 at 7:06 pm

[...] released his new 3-DVD set that answers just that. But as always, we must first start with a functional evaluation. Because without this, as Dr. Liebenson says, "any training flexibility, stability, or [...]

Reply

Jason Brown, DC says:
October 8, 2011 at 8:44 am

I was just watching the Flexibility Training & Yoga DVD earlier this week. I have all 3 DVDs and they are a great refresher for those familiar with this paradigm and these exercises or can be an exceptional introduction for those looking to expand their clinical tools.

Reply

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