

Start up meeting TRAMA Project

May 11th 2007

Dr. Arturo Pichardo Sistema de Centros de Rehabilitación Infantil Teletón México

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#### Introduction

- •We are the largest network of pediatric rehabilitation facilities in the private practice in México
- •We are a non profit institution, attending more than 45,000 patients since 1999 in 9 facilities (we are already building 2 more) in the same number of states of the country
- •Our main goal is the rehabilitation and the social integration of the children and their families, promoting the integration culture, family values and social participation, making a transcendental change on their life's and their families too.
- •Our clinical interest is the neurological and musculoskeletal disability in newborn to 18 years ages







## Introduction

- •Our clinical model is comprehensive based on interdisciplinary team work
- •The clinical leader of the team is a physical medicine and rehabilitation specialist leading PT's, OT's, speech and language therapists, psychologist for the child and for the family and social workers.
- •We are divided in clinical modules named clinics
- •We have too another nine medical specialists like pediatric orthopedic surgeons, pediatric neurologists, urologist, ophthalmologist, pediatricians, genetics, anesthesiologist, etc.

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### **Clinics**

- •Cerebral palsy and brain injury
- •Spina bifida and spinal cord injury
- Amputees, bone and joint disorders
- •Neuromuscular disorders
- Genetical and congenital disorders
- Early stimulation
- Neurotherapy







## Introduction

- •For evaluation and diagnosis, we have X ray, CAT scan, EMG, EEG, Evoked potentials, audiometer and the Gait Analysis laboratory.
- •For treatment we have some technologies like biofeedback, virtual reality, and robotic gait training, plus the traditional treatment advices of the physical medicine
- •We applied many kind of therapies for the spasticity treatment, like botulinic toxinum, baclofen, tizanidine, also we have orthoses, prosthesis, orthopedic and neurological functional surgery.
- •Each one of this treatments needs to be the most accurately and objective possible.

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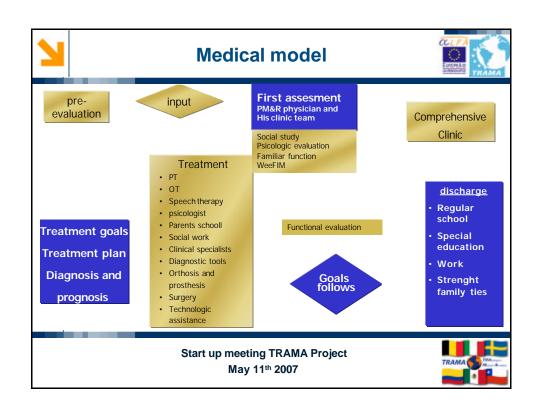




## Introduction

- •Since the beginning we thought to have a precise diagnostic tool for increase our biomechanical point of view
- •Almost 90% of our patients have mobility compromise because their disability
- •So it's very important to know their movement patterns
- And it's very important too follows their treatments and improvements
- •There are some reasons to have a Gait Analysis laboratory









### **CRIT Estado de México**









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# The gait analysis lab



# **CRIT Estado de México**

- •6 infrared BTS strobe-cameras @ 100Hz
- •1 AMTI force plate for ground reaction forces measurement
- •2 digital cameras for sagital/frontal planes
- •VAB for digital video recordings
- •1 Elite Clinic 2002 datalogger
- •1 PC host @ 1.6GHz 523MB RAM.
- •DOS: WIN 2000 NT
- GaitEliClinic software v.2.9
- •1 Telemetric EMG 8 channels







# The gait analysis lab

# **CRIT Estado de México**

- •One Physical Medicine and Rehabilitation physician is on charge of the clinical interpretation of the trials
- •One rehabilitation Engineer is on charge of the instrumentation, technical support and biomechanical criteria of the cases

Dr. Juan Carlos Pérez Moreno Ing. Eduardo Gutierrez G.

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#### Gait Analysis lab Estado de México 1999-2007



- 1840 patients
- 2574 studies
- 1.3 studies/patient
- 70% Cerebral palsy
- 5% neuromuscular deformities
- 5% Amputees
- 10% Spina bifida
- 6% High performance athletes
- 2% without pathologie
- 1% Other causes







## **CRIT Occidente**





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# The gait analysis lab



# **CRIT Occidente**

- •6 infrared BTS strobe-cameras @ 100Hz
- •1 KISTLER force plate for ground reaction forces measurement
- •1 Elite Motion datalogger (2000 model)
- •1 PC host @ 1.2GHz 256MB RAM
- •DOS: WIN 98
- GaitEliClinic software v.1.9
- •1 Telemetric EMG 8 channels





# The gait analysis lab



## **CRIT Occidente**

•One Physical medicine and rehabilitation physician is on charge

Dra. Ariadna Anandy Cedillo Madariaga

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#### Gait Analysis lab Occidente 2004-2007



- · 643 patients
- 964 studies
- 1.5 studies/patient
- 83% Cerebral palsy
- 3% neuromuscular disorders and deformities
- 2% Bone and joint diseases
- 7% Development delay
- 3% genetical and congenital disorders
- 2% Other causes

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#### Gait Analysis lab Estado de México Occidente



### **Investigation lines**

- Spastic gait
- Gait analysis before and after Botulinic toxinum infiltration
- Orthosesgait in spina bifida
- Pre and post orthopedic functional surgery in spastic gait
- Pre and post robotic re-trainning of the gait
- Normal gait patterns



