Questions


Questions: True a and False b

1. In this study the relationships between perception of verticality by different sensory modalities, lateropulsion and pushing behavior and lesion location were investigated in 86 patients with a first stroke.

2. Results from this study indicated that thalamo-parietal projections don’t have a functional role in the processing of the somesthetic-graviceptive information.

3. Lateropulsion could result directly from a pathological asymmetry of motor function or tone or alternatively could be an attempt to align the body with an internal vertical reference which is erroneously perceived to be tilted from true earth vertical.

4. In some hemispheric strokes lateropulsion is associated with ‘pushing behaviour’ which is characterized by patients resisting any attempt to correct their posture.

5. Patients with a well-defined, non-lacunar, unique lesion on MRI of CT scans were recruited as well as patients with multiple lacunar lesions.

6. According to the results of this study, in patients postural vertical (PV) was on average more tilted than in controls and with a more scattered distribution than that of controls.

7. In patients haptic vertical (HV) and visual vertical (VV) was on average less tilted than in controls.

8. Results of this study showed that the smallest ipsilesional VV tilt was observed in the patient with the paramedian bulbar lesion.

9. Results indicated that no difference was found between left and right hemispheric strokes.

10. It was observed that in patients with parietal involvement, all modalities were more tilted than in patients in whom this area was spared.

11. This study confirms that a VV tilt is a poor predictor of the postural impairment and reveals that the severity of the lateropulsion is closely associated to the magnitude of PV tilts.

12. The findings of this study supports the view that RH (right hemispheric) stroke has a predominant role in the control of the vertical orientation of the body, an essential component for successful postural control.