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## LAUFBAND THERAPY – Questionnaire for persons with walking disorders

LAUFBAND THERAPY is basically applicable in walking disorders, e.g. stroke, brain or spinal cord damage, MS, orthopedic disorders.

This questionnaire will allow me to judge whether at all you might have a benefit by applying Laufband Therapy. If so you may want to come for a personal examination in order to allow a valid suggestion on therapy. Send back the questionnaire and call me after waiting for aprox. 1 week , it might be possible via e-mail (e.g. residents outside EU). Consultation : Call my office or send an e-mail. Personal Examination : Is provided in Bonn and at KKL ( Klinikum Karlsbad-Langensteinbach, near Karlsruhe ), Germany. Can currently be performed at a few Rehabilitation Centers Therapy : indoor (e.g. KKL). An ambulatory service for Laufband Therapy is provided in Bonn and at KKL. Costs / Consultation : Free of charge. Costs / Examination + Therapy : Depend on severeness of paralysis.

Univ.-Prof. Dr.med. Anton Wernig

Remarks of Prof. Wernig :	Termin <b>BN / KKL</b> :
	Uhr

## Data of the person Questionnaire starts here

Name:	Date of birth:	Date of injury:	Body weight:
			kg

Address :	Telephone :
Street :	
Postcode / City :	Fax:
Country :	e-mail :

## Type and cause of injury

Spinal cord	damage □; St	troke □; Bra	ain damage 🗆; I	MS 🗆	; Orthopedic disorder   ; others
Trauma □;	Vascular $\Box$ ;	Tumor □ ;	Inflammation	; ot	her

Segmental level of	spinal cord	injury (cervical, thora	cic, lumbar) :	
- sensorical	complete [	🗆 / incomplete 🛛	from segment	

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- motorical	complete   / incomplete	te  from segr	ment		
Type of paralysis :	spastic □ right side □	flaccid □ left side □	mixed □ both sides □		
Drugs ( name and a	amount per day )? :				
REMAINING MOTOR FUNCTIONS :         HIP :       KNEE :         Can you actively lift your tighs ?       Active extension of knee joint?					
Left: zero □ Right: zero □	little full little full little	Left: zero □ Right: zero □	little full little full little		
STANDING : Can	you stand upright witho	ut braces ?			
No □ ; Yes, wit	h help of 1 person $\Box$ ;	Alone			
	you make steps ? ( withou		: Distance (in m)		
No □ / Yes, with help of 2 persons □ / Yes, with help of 1 person □         / With canes □ / With walker □ / Without canes □					
ARMS :					
In case of tetrapleg		canos or a motal	frame while standing /		
walking ?					
Periods of Rehabilitation (Duration, name of the clinic):					
First Rehabilitation	:				
Following Rehabilit	ation :				

Do you have a job ?

Yes 🗆

No 🗆

Name und address of your insurance company :

END of Questionnaire