by increases in agonist activation (EMG) than a reduction in antagonist restraint (EMG). Lagasse and Roy demonstrated that the application of functional electrical stimulation resulted in an increased movement amplitude and reduced time to maximal forearm extension in 12 patients with hemiparesis. Those results were accompanied by a reduction in antagonist coactivation. In cases where passive antagonist restraint is an issue of consequence, a lengthening of the antagonist may result in a reduction in its restraint. As a result, the previously overpowered agonist may have a chance to contribute to a functionally adequate resultant force. I believe that such an effect is sometimes realized at the ankle when the pathologically shortened plantar flexor muscles are lengthened.

I hope that my response to Bourbonnais and Vanden Noven is of value to readers. The issues addressed are the subject of more and more research. If we are fortunate, that research will clarify the path on which we should advance for the betterment of our patients.

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References


Addendum

The study reported by Diamond et al, "Reliability of a Diabetic Foot Evaluation," published in the October 1989 issue, was supported in part by a grant from the Foundation for Physical Therapy Inc.

Correction

Please note the following correction in the APTA Bylaws as they appeared in the October 1989 issue. Article VII, Section 3: Delegates, A. Qualifications of Delegates, (3), should read "Only student and student affiliate members who have been Association members in good standing for no fewer than the six months immediately preceding their election or selection may serve as student or student affiliate delegates."