



Neurofisiologia e neuropatologia del sistema tonico posturale: approccio interdisciplinare e valutazione obiettiva.

Massimo Rossato

Presidente CIES ITALIA

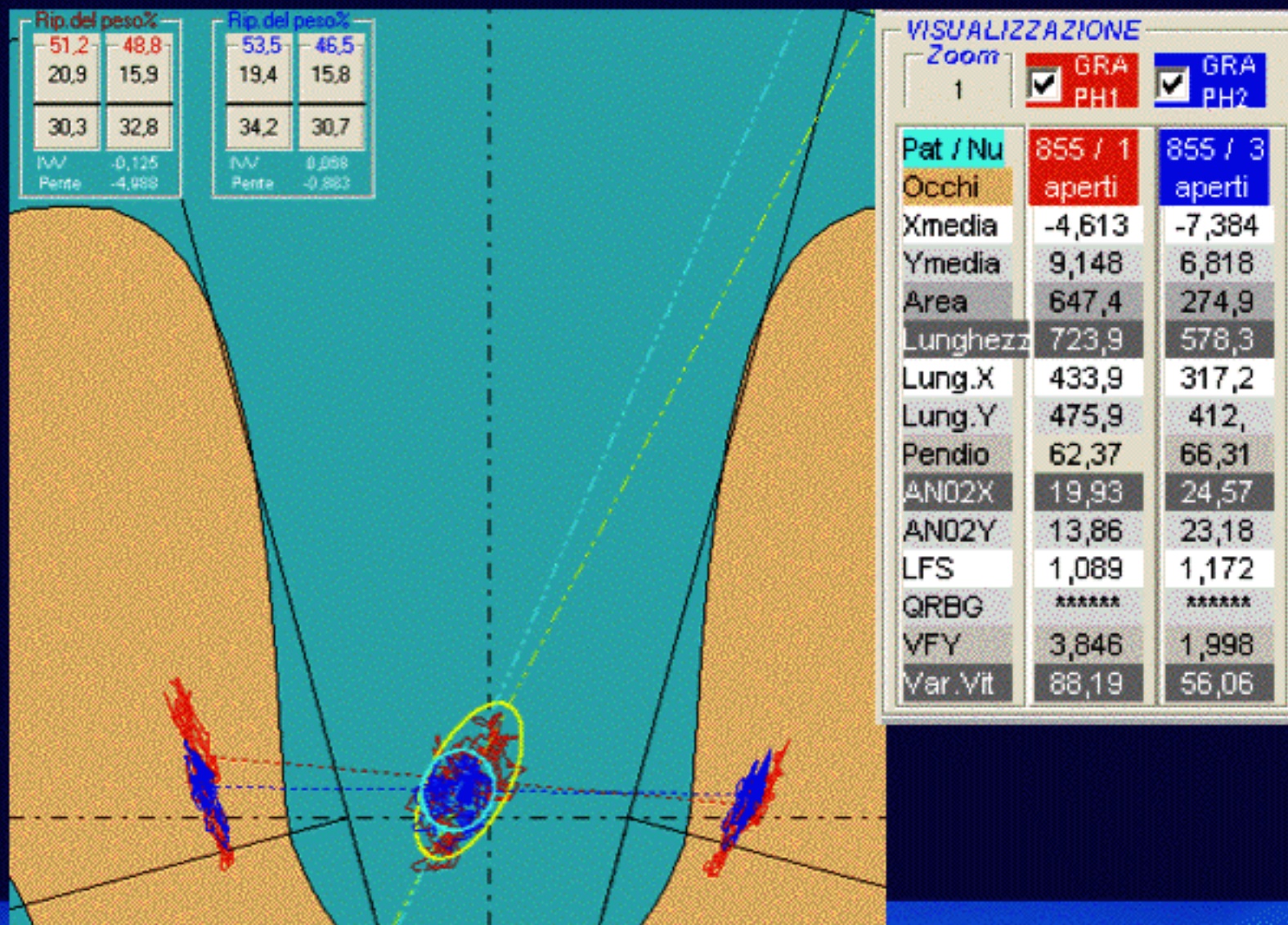
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Elisa B, femmina, 58 anni.
Scoliosi, lombalgia, dorsalgia, ernie

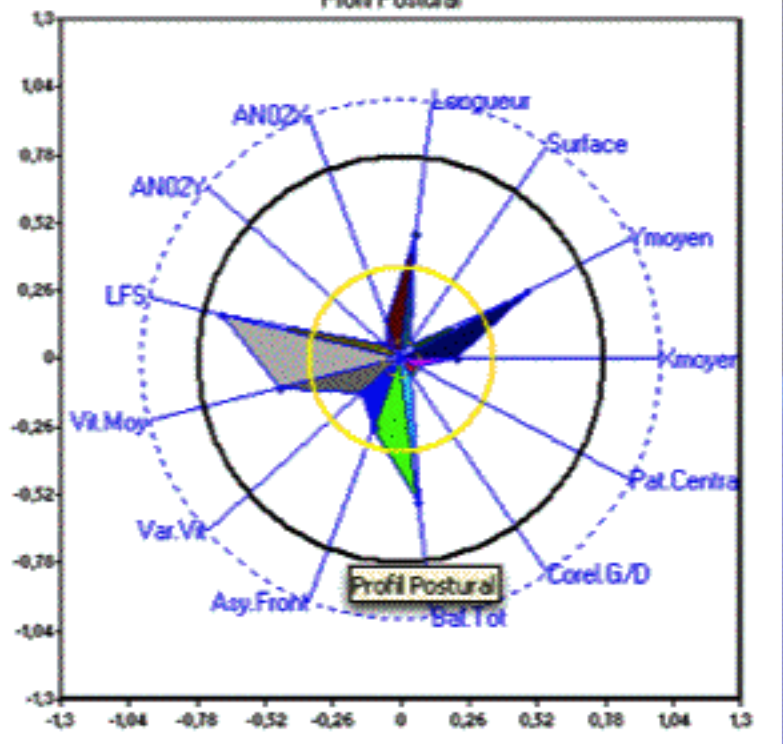
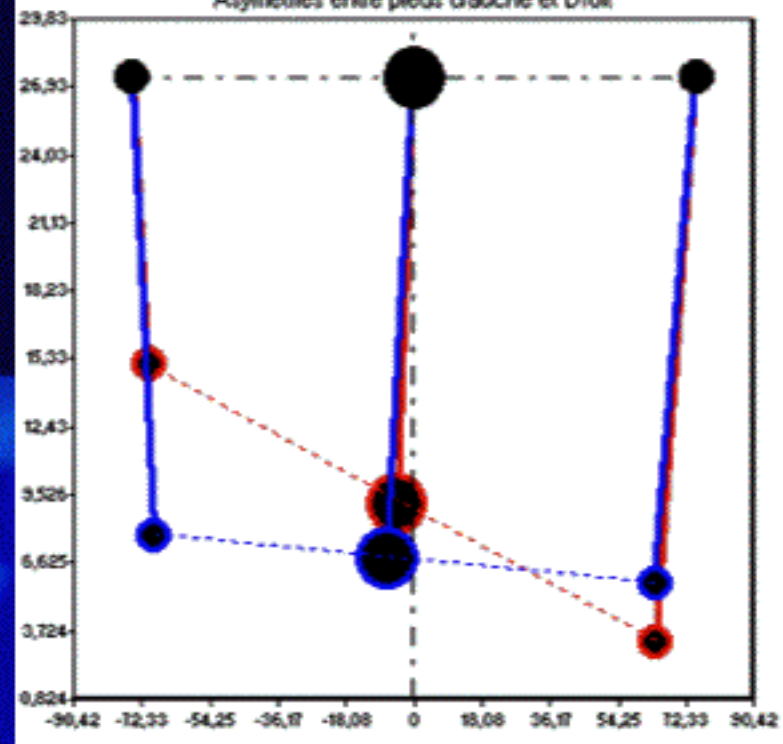
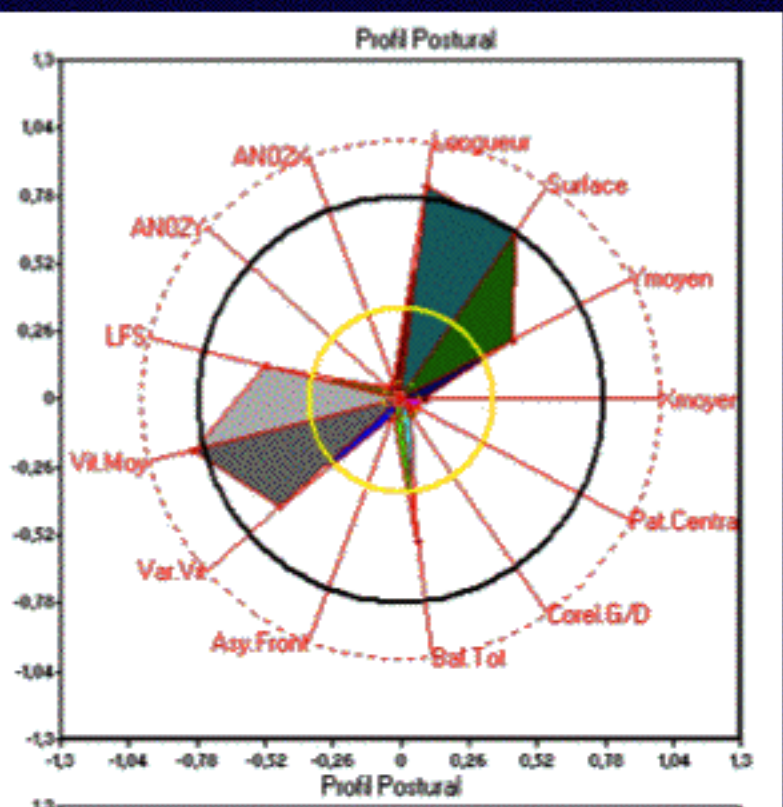
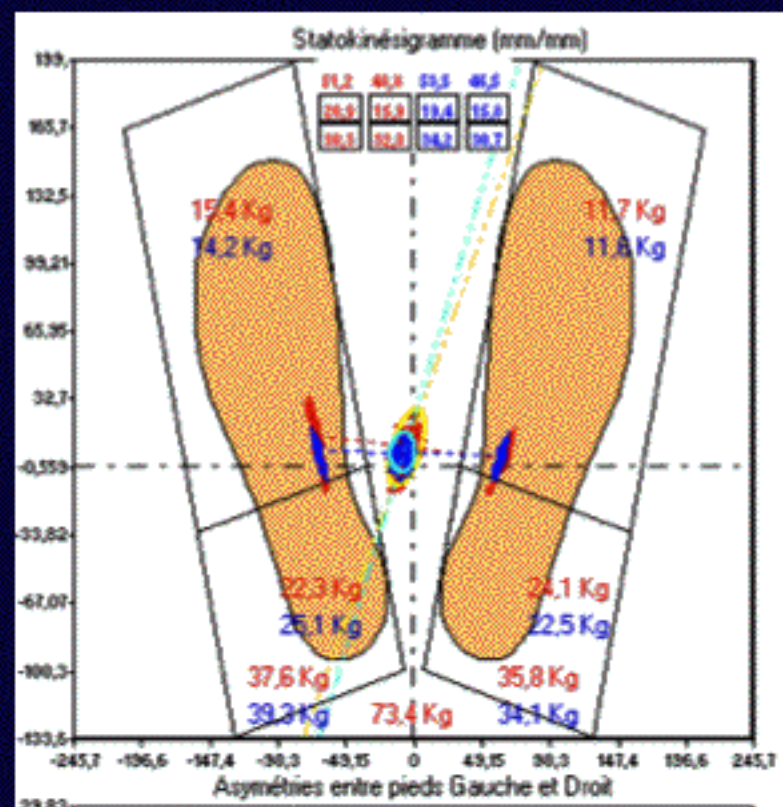
MP1





Elisa B, femmina, 58 anni.
Scoliosi, lombalgia, dorsalgia, ernie

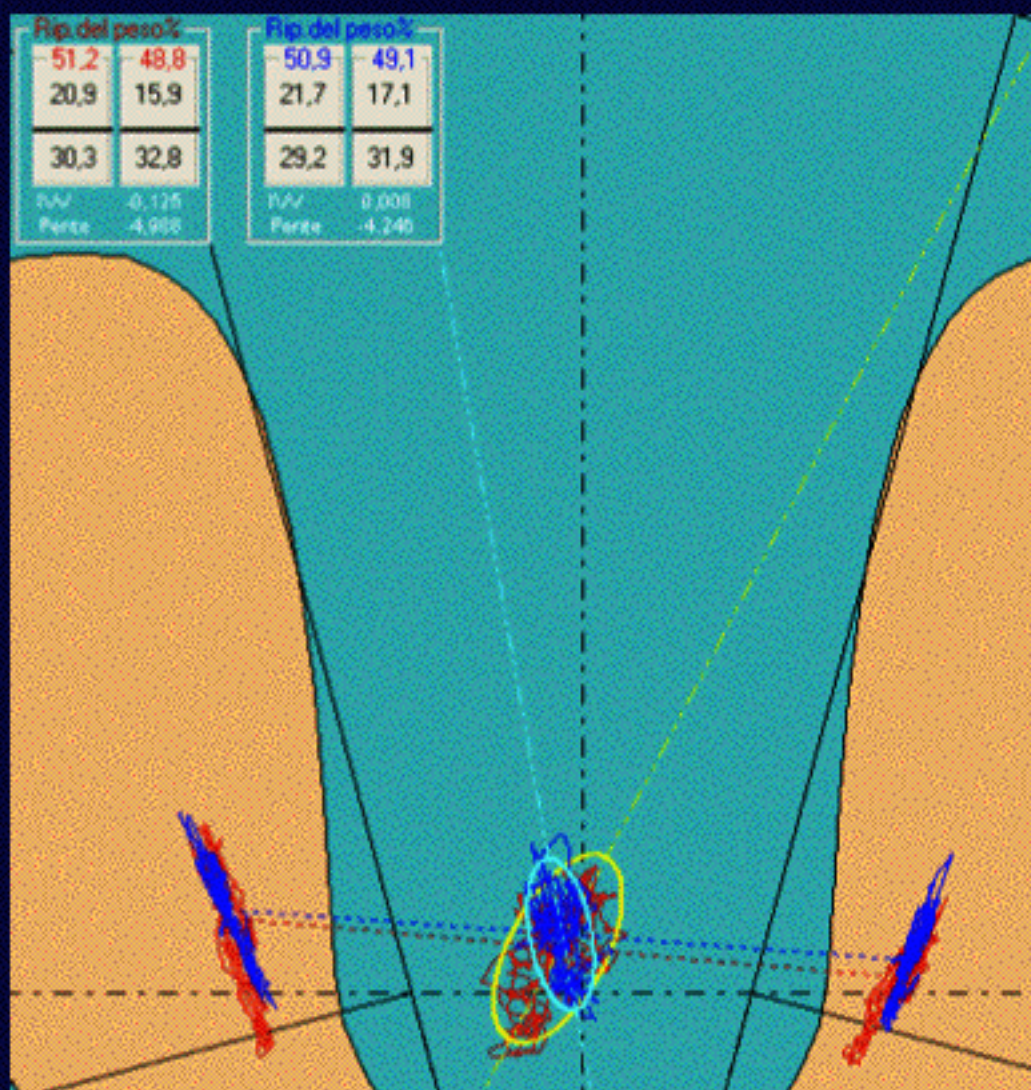
MP1





Elisa B, femmina, 58 anni.
Scoliosi, lombalgia, dorsalgia, ernie

MP1



VISUALIZZAZIONE

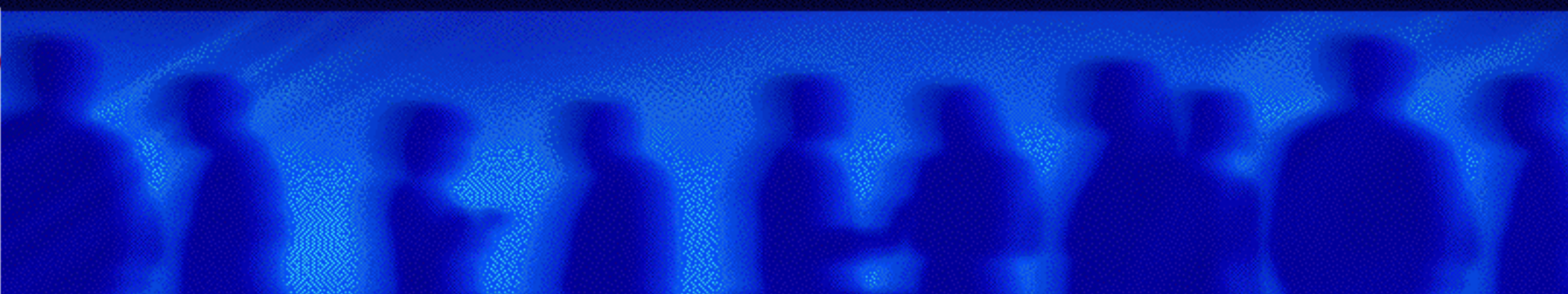
Zoom

1

GRA
 PH1

GRA
 PH2

Pat / Nu	855 / 1	855 / 2
Occhi	aperti	chiusi
Xmedia	-4,613	-4,038
Ymedia	9,148	11,98
Area	647,4	307,6
Lunghezza	723,9	707,1
Lung.X	433,9	358,8
Lung.Y	475,9	525,
Pendio	62,37	100,1
AN02X	19,93	17,18
AN02Y	13,86	15,41
LFS	1,089	1,14
QRBG	*****	47,51
VFY	3,846	5,424
Var.Vit	88,19	120,





LA VIA OCULOMOTRICE

(D'après Meyer et Baron).

Aires motrices complémentaires.

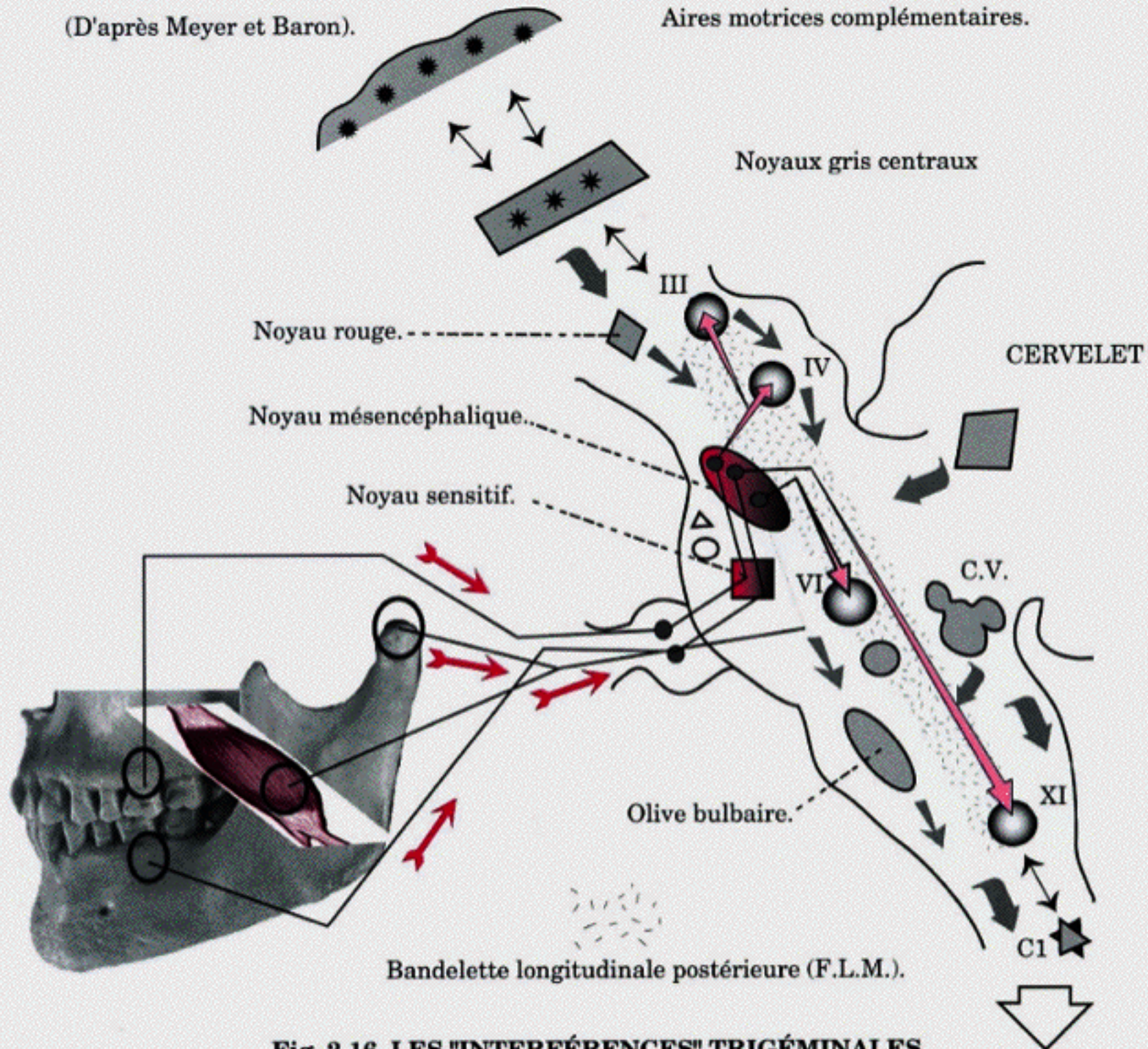


Fig. 2-16. LES "INTERFÉRENCES" TRIGÉMINALES.



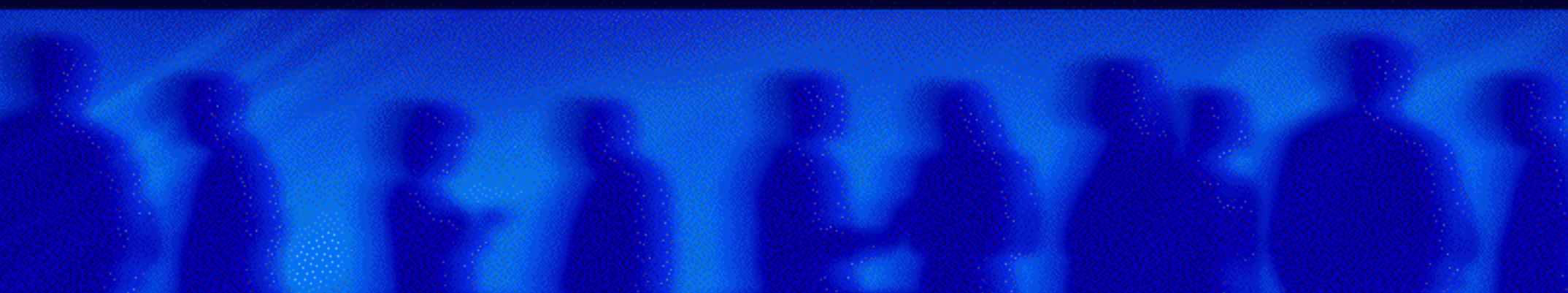


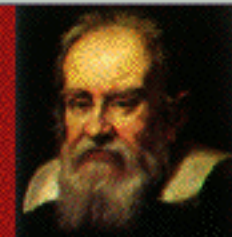
In conclusione si può affermare che il collirio MP1 della OTI produce un miglioramento dell'equilibrio del Sistema Tónico Posturale statisticamente significativo sui pazienti "ambliopi posturali".

Che, dopo la cura posturale, migliorano i sintomi della patologia.

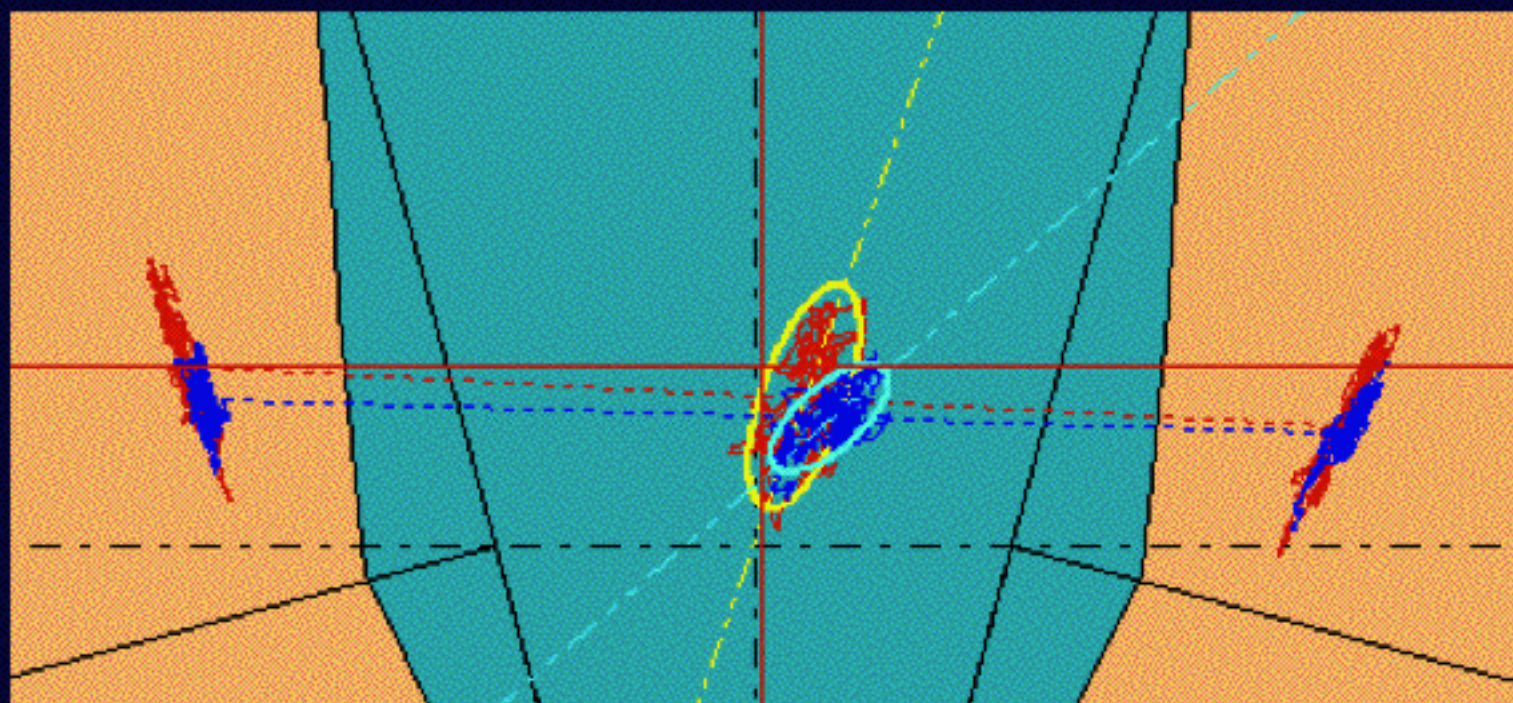
Che attraverso sistemi di misura posturali si può indirizzare e certificare in modo statisticamente valido il proprio operato.

Grazie





Alberto C, maschio, 16 anni.
Lombalgia, dorsalgia, scoliosi



VISUALIZZAZIONE

Zoom 1

GRA PH1 GRA PH2

Pat / Nu	901 / 1	901 / 3
Occhi	aperti	aperti
Xmedia	6,899	10,22
Ymedia	20,08	17,18
Area	279,7	129,4
Lunghezza	484,6	430,6
Lung.X	279,8	290,6
Lung.Y	331,3	258,7
Pendio	70,66	40,93
AN02X	22,05	21,73
AN02Y	12,02	16,35
LFS	0,978	0,98
QRBG	*****	*****
VFY	-0,139	-0,32
Var.Vit	40,31	33,67

MP1

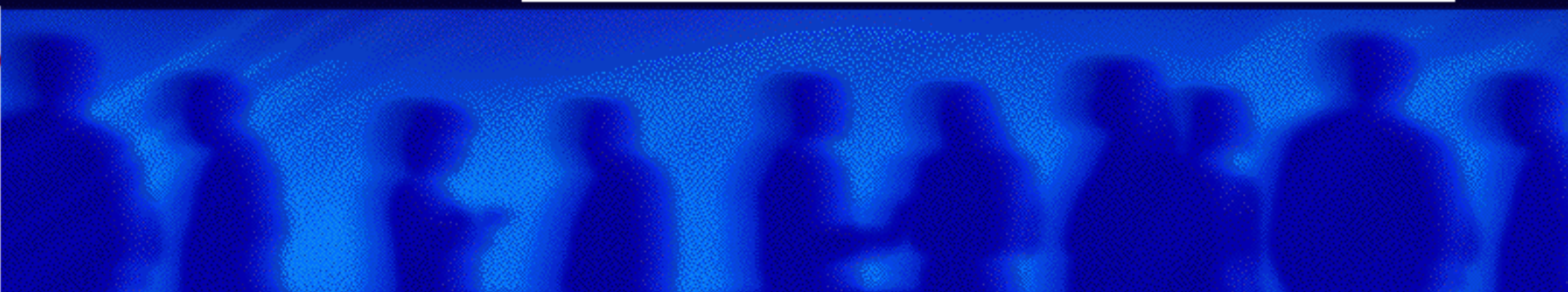
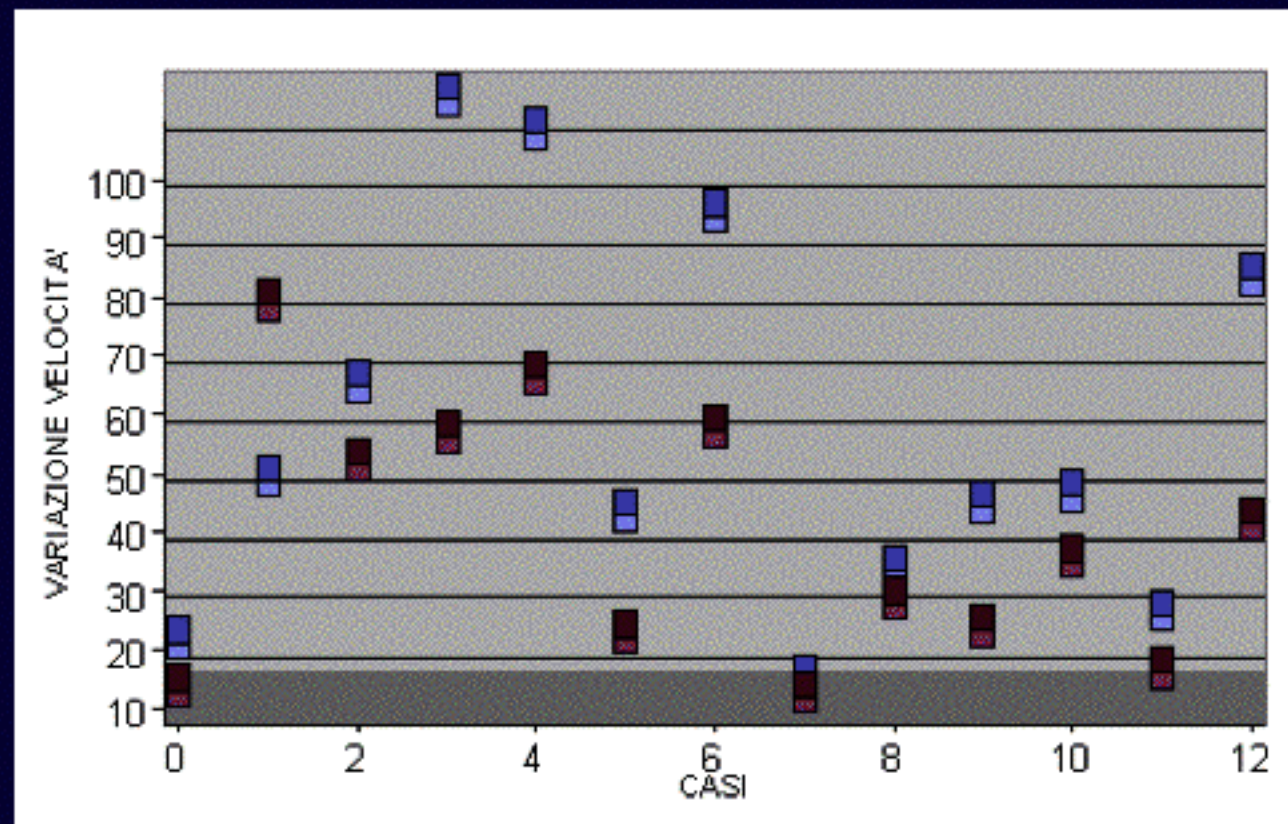




Statistica MP1

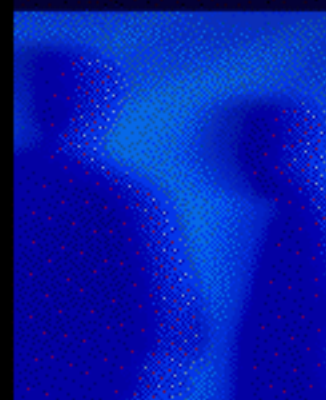
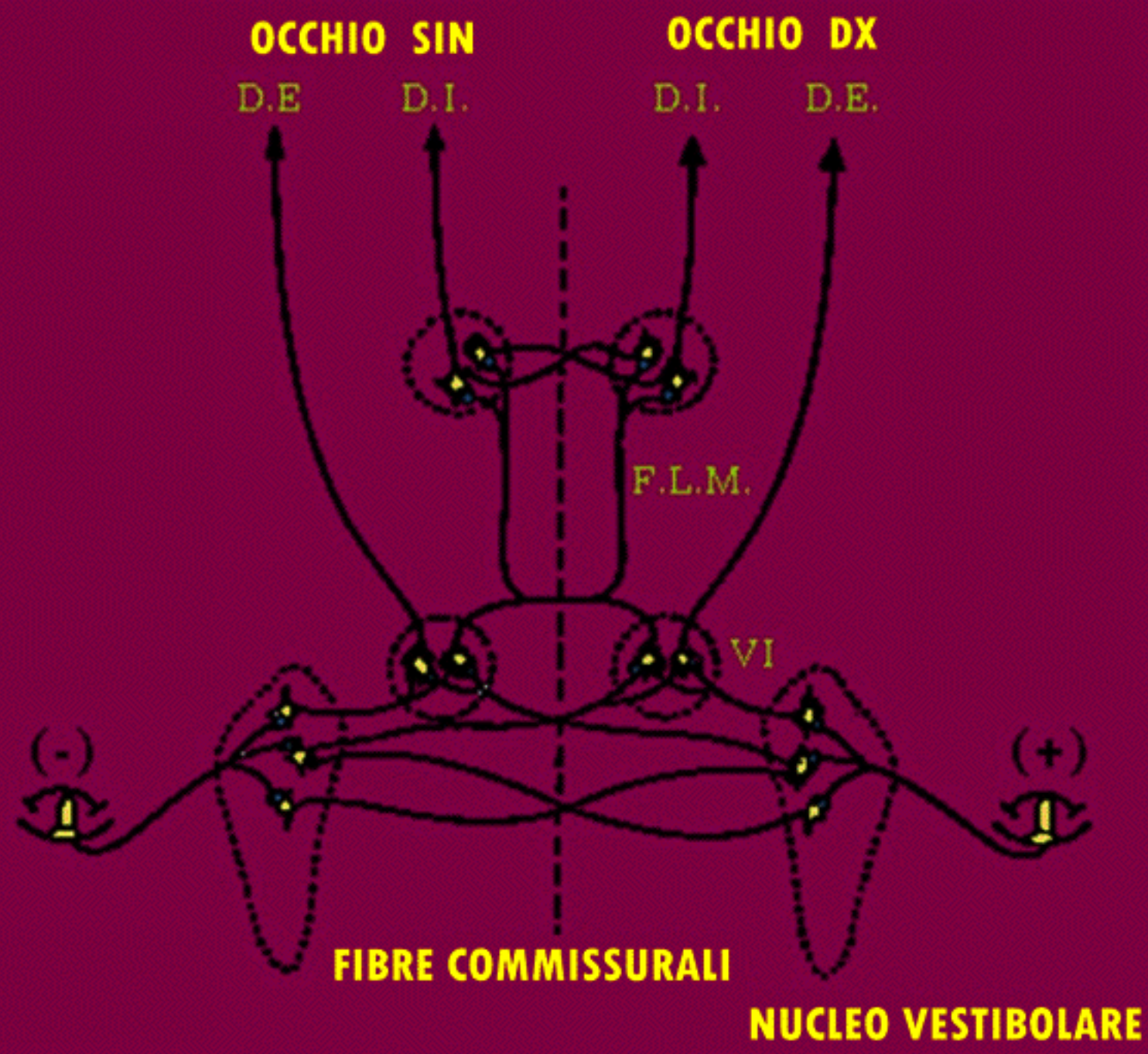
- 12 pazienti - T-student - $P < 0,001$
- Parametro - variazione velocità

15,24	11,53
43,08	77,09
58,88	50,33
108	55,09
102,4	65,14
37,1	20,73
88,18	56,06
8,969	10,78
27,49	26,45
38,81	21,85
40,31	33,67
19,99	14,87
77,16	40,17





CONNESSIONI VESTIBOLO-OCULARI

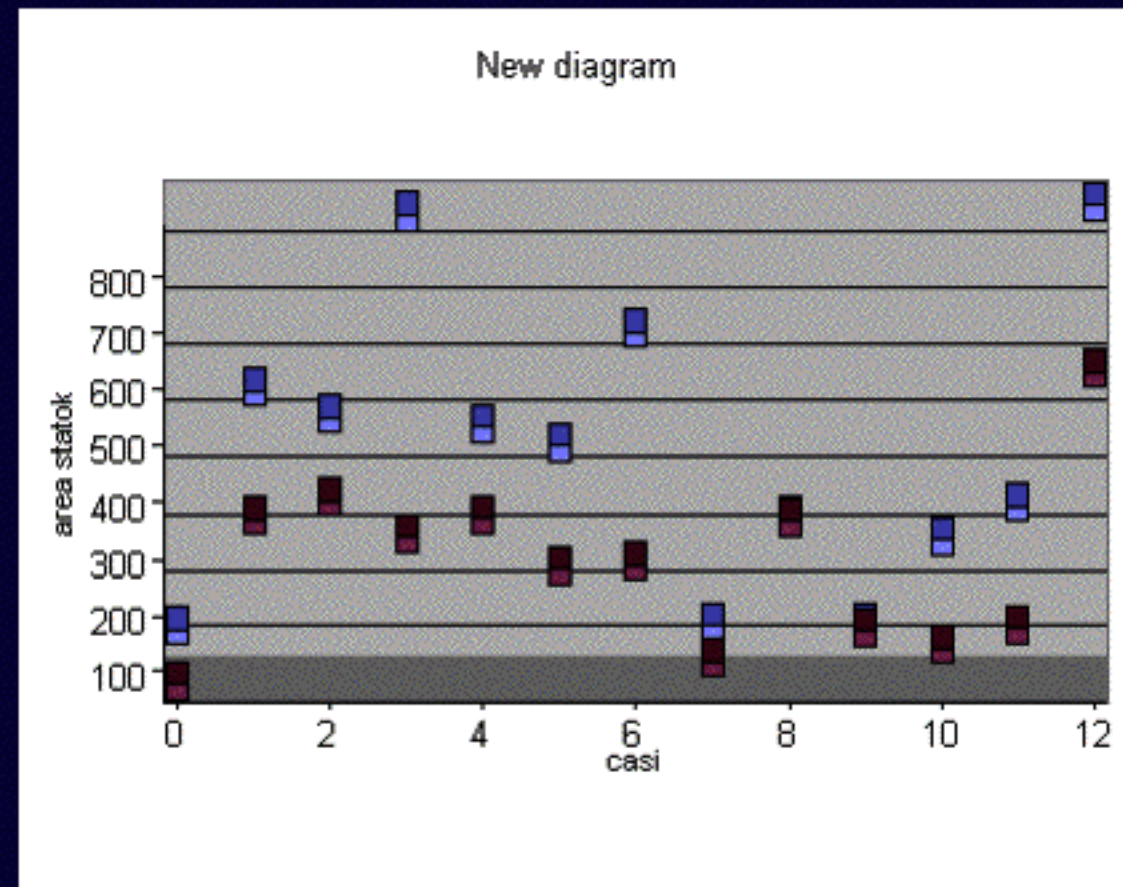




Statistica MP1

12 pazienti - T-student - $P < 0,0002$
 Parametro - area statokinesigramma

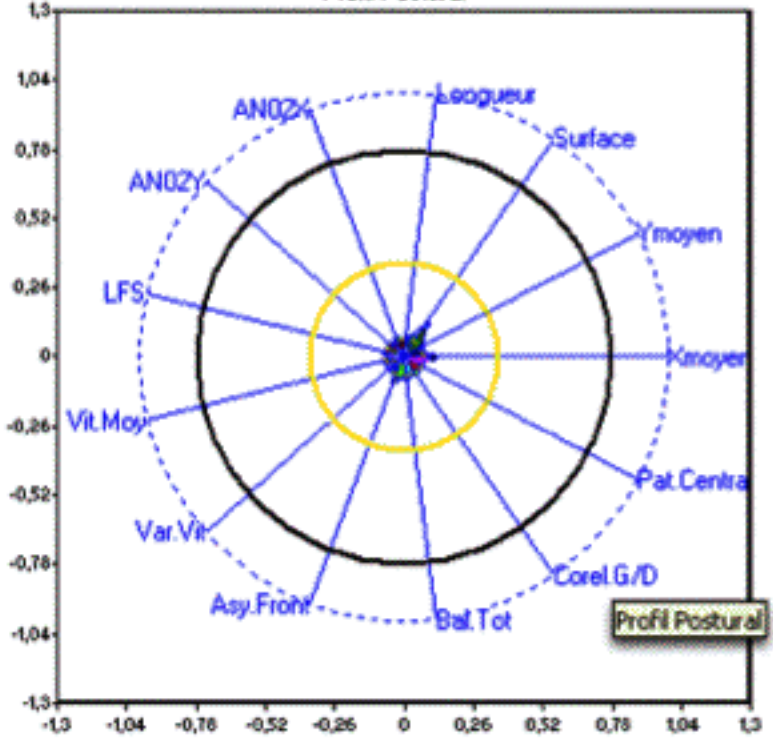
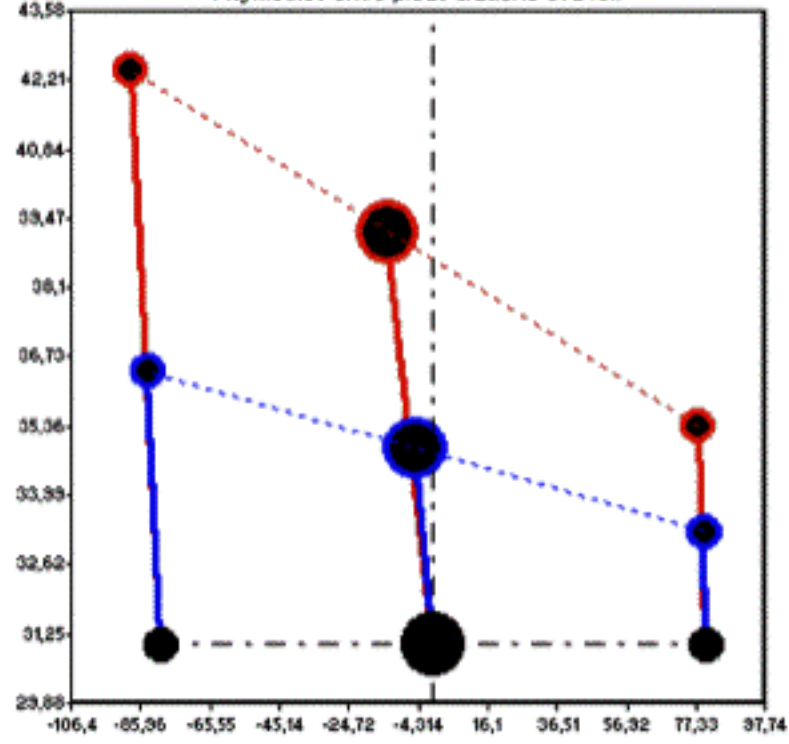
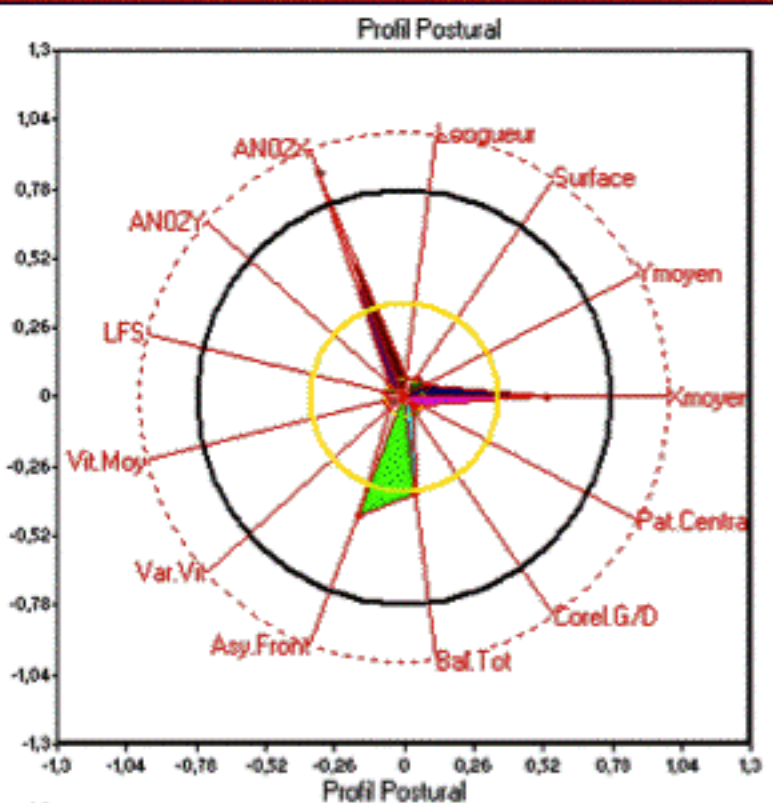
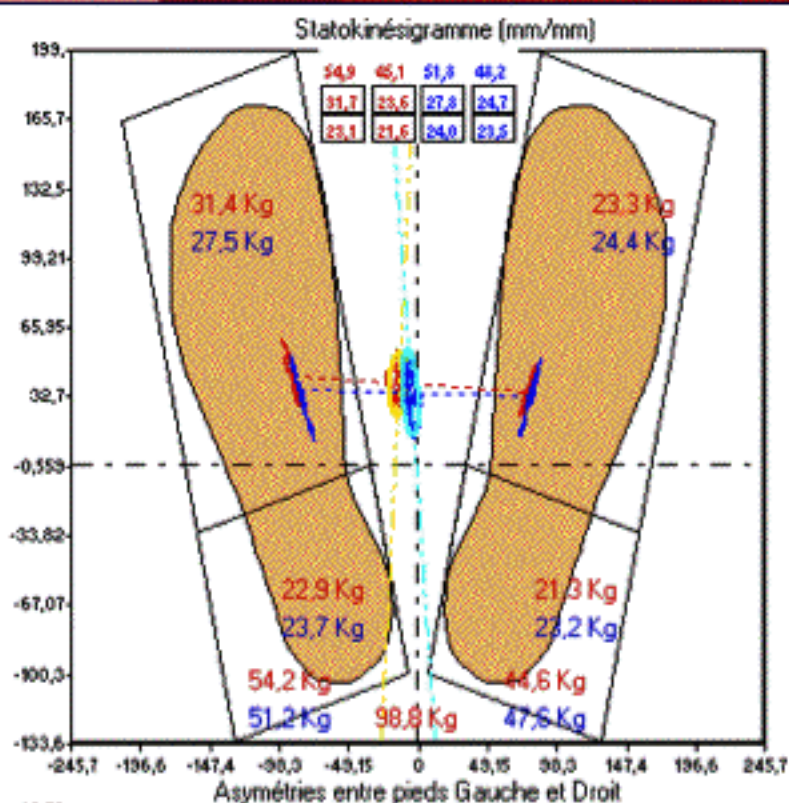
120,6	64,46
545,7	356,7
498,8	389,4
854,9	327
479,4	358,8
448,1	270,8
647,4	274,8
129,8	103,5
316,1	351,5
129,7	159,6
279,6	129,4
338,7	165,3
873,2	618,8





Luciano Z, maschio, 50 anni.
Lombalgia, gonalgia sin, talalgia sin

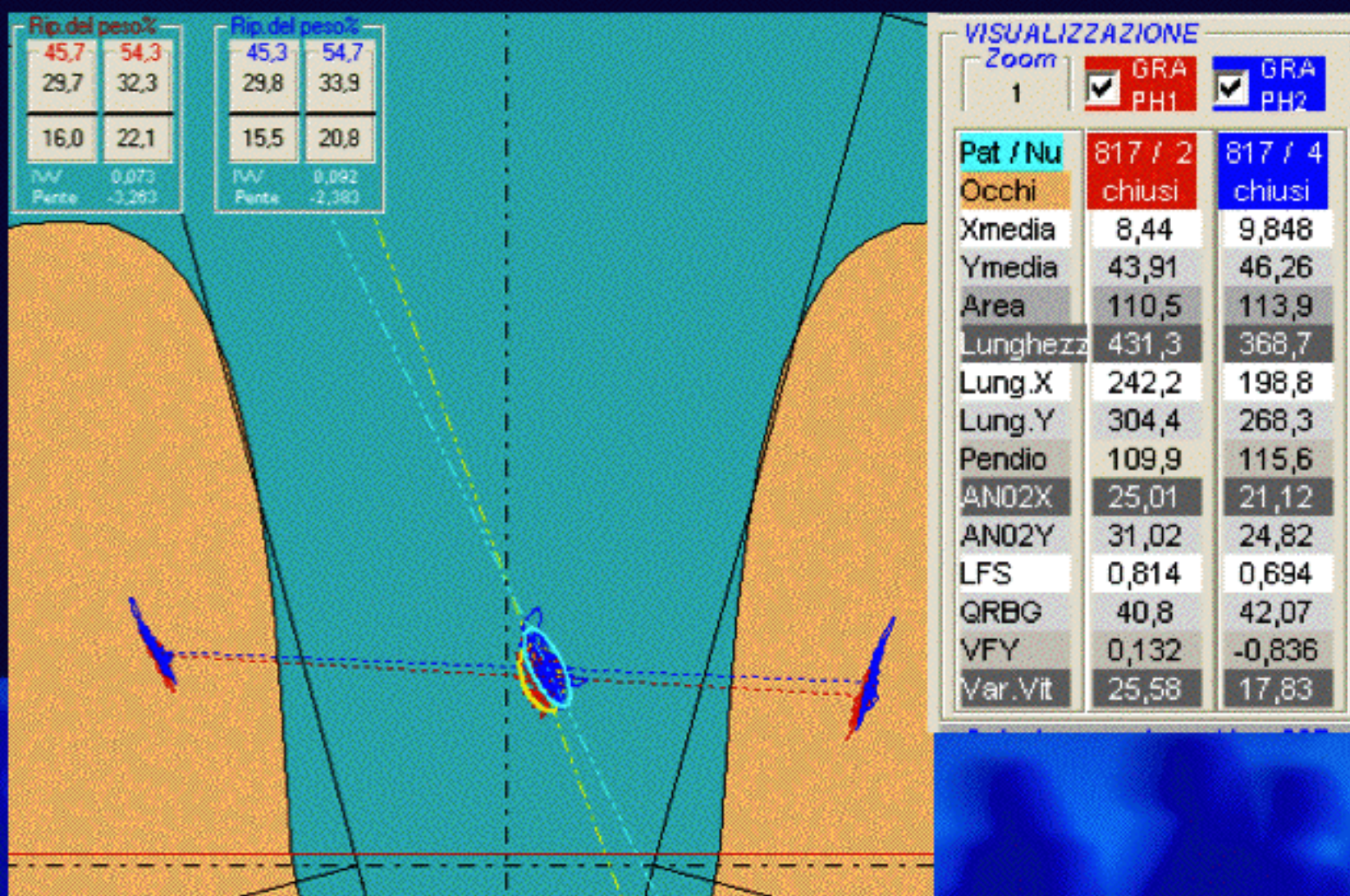
MP1

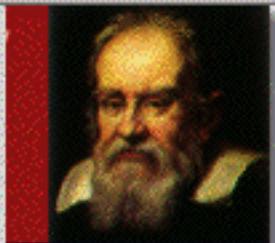




F Stefania , femmina, 39 anni.
Lombalgia

la stabilometria dopo 1 goccia di MP1 - migliora a occhi chiusi
- quindi **NON** è legato alla visione
- è legato alla oculocefalogiria





RECEPTEUR PIEDE



Les récepteurs de Golgis : IB.

Les terminaisons primaires ou annulo-spiralées (équatoriales) : IA, sans neurone intermédiaire directement vers l'alpha, une deuxième branche part vers un interneurone inhibiteur du muscle antagoniste.

Les terminaisons secondaires ou en bouquets (polaires, partie contractile) : II, voies polysynaptiques avec plusieurs interneurons

Corne antérieure motrice
Motoneurons alpha et gamma (Cornu anterius medullæ).

Voies extra-lemnisciales.
(Lemniscus latéralis).

Arc réflexe monosynaptique.

Interneurones.

Substance gélatineuse de Rolando (Substantia gelatinosa).

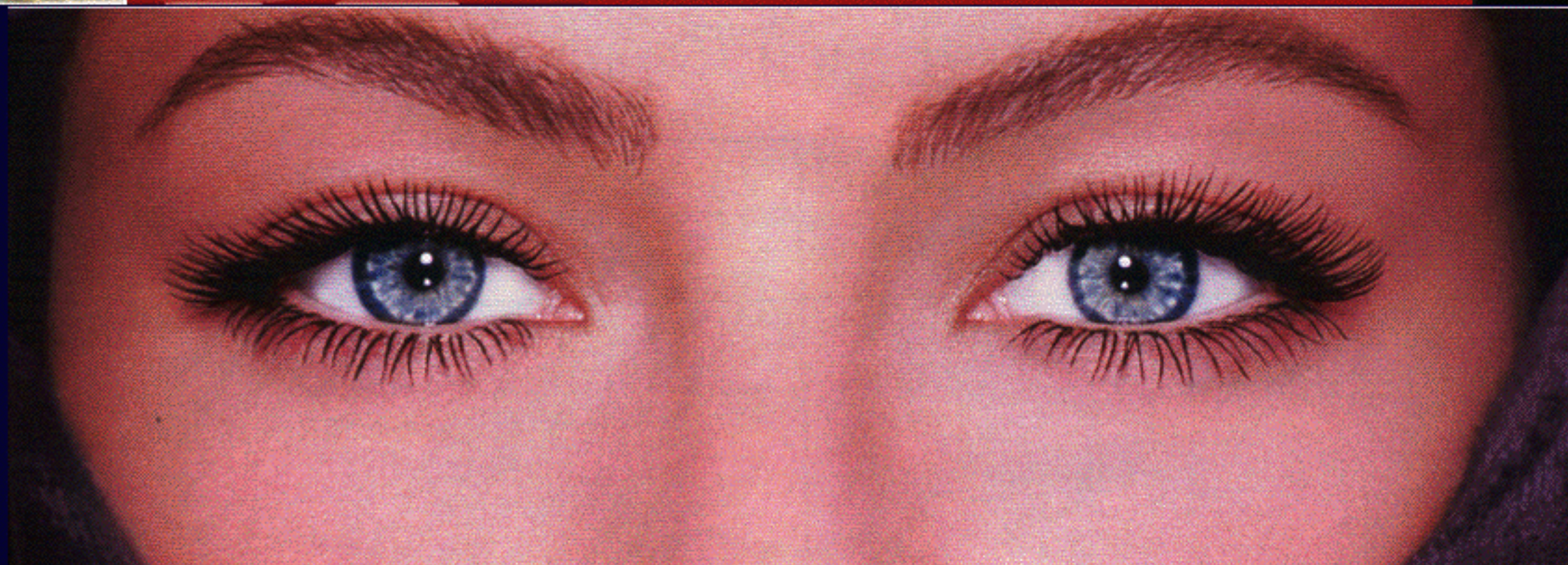
Protoneurone en T.

Voies lemnisciales
(Lemniscus médialis).

vers l'interneurone inhibiteur du muscle antagoniste.
Origine : IA.

Les extérocepteurs cutanés donnent, par les voies polysynaptiques, des arcs réflexes segmentaires, mais également des informations supra-segmentaires transmises, pour certains récepteurs par les voies lemnisciales, pour d'autres par les voies extra-lemnisciales.

Récepteurs et nocicepteurs articulaires rejoignent les voies polysynaptiques

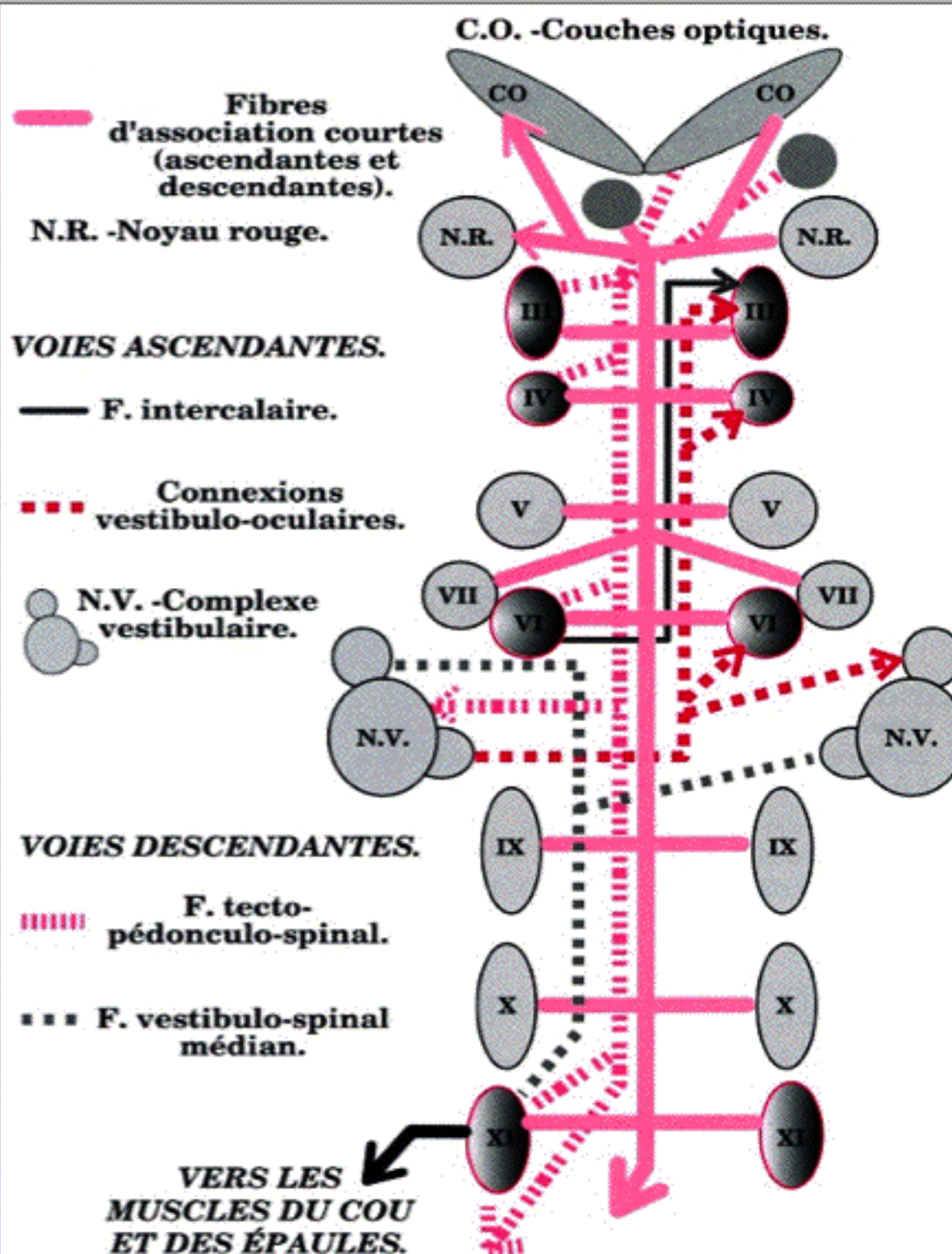


Collirio MP1 OTI





LE VIE DELLA OCULO- CEFALOGIRIA



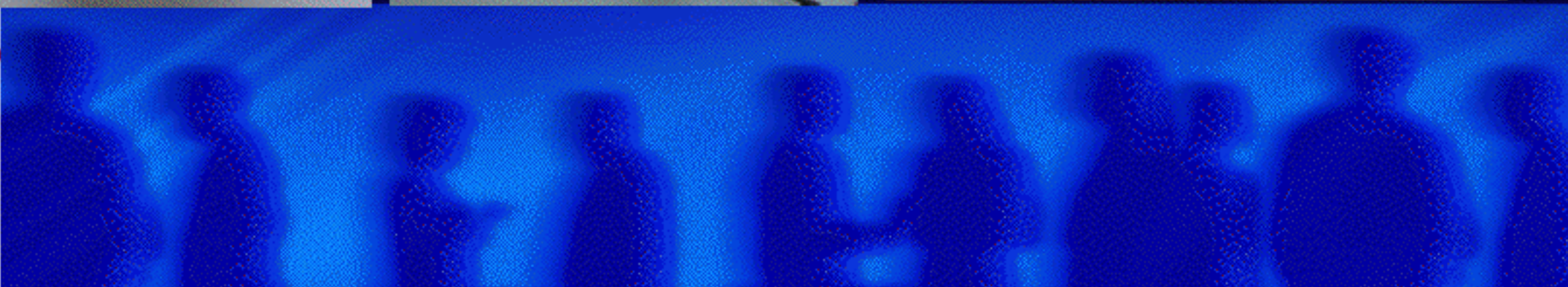
**Fig. 2-13. -FAISCEAU LONGITUDINAL POSTERIEUR.
(Fasciculus longitudinalis medialis.)**

Le faisceau longitudinal postérieur est une voie d'association : entre les différents noyaux des nerfs crâniens, mais également avec des formations sus-jacentes et sous-jacentes.



Stabilometria elettronica

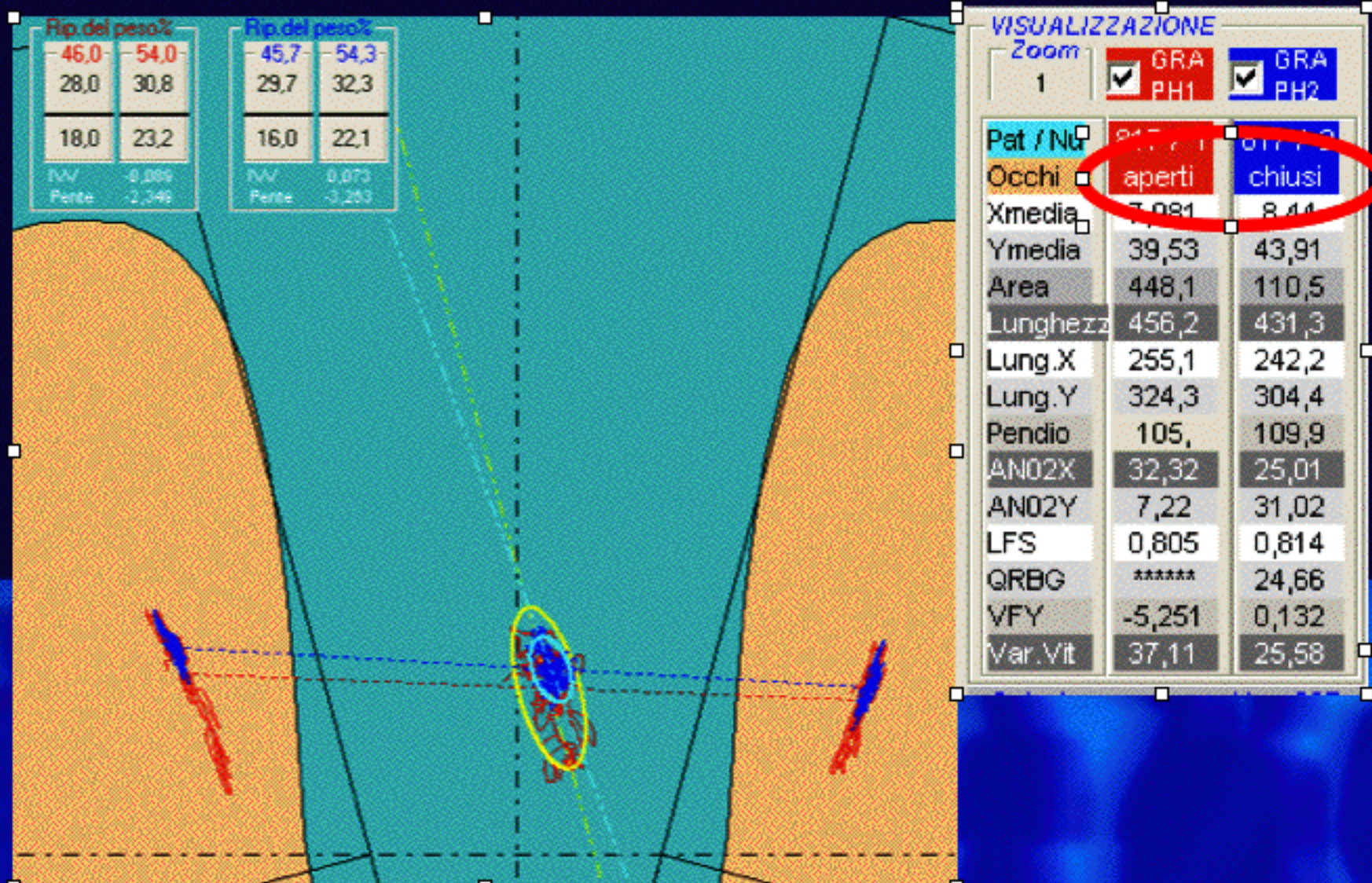
- Misura mediante stabilometria Cyber Sabots mediante la registrazione dello statochinesigramma dei 2 piedi separati e suddivisa in Ant Post





F Stefania , femmina, 39 anni.
Lombalgia

Un paziente può essere definito ambliope posturale quando la stabilometria migliora a occhi chiusi e quindi viene provata la stabilometria solo dopo 1 goccia di MP1



esempio



F Stefania , femmina, 39 anni.
Lombalgia

viene provata la stabilometria solo dopo 1 goccia di MP1
- OA prima e dopo MP1
e diviene manifesto per : area, lunghezza variazione, velocità, ANO2X

