Letter to the Editor

To the Editor:

I wish to respond to the article by Brown-lee et al. [1]. In their study of 6 fallers and controls, they found no significant differences in both the average error and constant error between the faller and control group in visual perception of the vertical and horizontal testing procedure. These results do not coincide with our findings [2]. In the current study, Brownlee et al. [1, p. 326] state that the fallers had a larger overall error than the control group although no table is provided to review the data.

The discrepancy between their findings and ours may be accounted for on the basis of several differences in the two methodologies. All of the subjects in the current papers ‘underwent a thorough medical examination to exclude obvious clinical abnormalities which may have contributed to the falls’ [p. 325]. In our study, only blindness and dementia were exclusionary criteria.

Secondly, only fallers who suffer from an idiopathic gait disorder of the elderly as defined by Hogan et al. [3] were included in their investigation. In our study, falls of any etiology were used to designate a faller.

Thus the population in the two studies are not comparable.

Finally as the authors point out, the sample size that was studied was small (6 in the experimental group and 6 in the control group), whereas our population was 134 of whom 69 were designated fallers (28 hospitalized and 41 nonhospitalized).

We concur with the authors that it would be advantageous to investigate further the ability of fallers to perceive verticality and horizontality.

References


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