

Moving Along

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Does peripheral nerve injury induce dystonia?

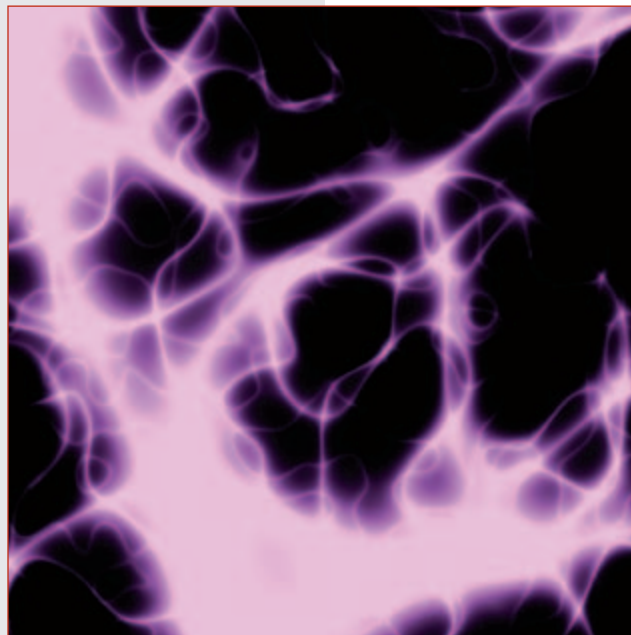
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—*Giovanni Defazio, MD, Associate Professor of Neurology, Department of Neurological and Psychiatric Sciences, "Aldo Moro" University, Bari, Italy*

Primary dystonia, the most common form of dystonia, is thought to be a multifactorial condition resulting from the contribution of genetic and environmental factors.¹ In the past, several anecdotal observations and uncontrolled studies have suggested that harm acutely done to a certain body part, especially in an accident or as part of a surgical procedure, may trigger topographically related focal dystonia.² These included maxilla-facial trauma for cranial dystonia,³ neck/trunk trauma for cervical dystonia,⁴ upper limb trauma for focal hand dystonia,⁵ and lower limb trauma for lower limb dystonia.⁶

To accept the concept of peripheral injury inducing focal dystonia, we should nevertheless refer to controlled studies examining the frequency of antecedent trauma in the patients' population, the time elapsing from the injury to the development of dystonia, and the relationship between the severity of trauma and the risk of developing dystonia. To date, only a few controlled studies dealt with this issue.

An earlier study⁷ found a significant association between antecedent neck/trunk trauma and cervical dystonia. This was an exploratory study assessing a large number of variables. Owing to multiple testing, therefore, this study was more liable to false positives results than ad hoc hypothesis testing studies. Moreover, several years (4.2 years on average) elapsed between trauma and the clinical onset of cervical dystonia. This long time interval does not support a causal link between trauma and cervical dystonia, even though it was suggested that severity, location, timing and type of injury might contribute to the delay in onset of dystonia. No controlled study, however, verified this hypothesis.



(Yes)

—*Joseph Jankovic, MD, Professor of Neurology, Director of Parkinson's Disease Center and Movement Disorders Clinic, Baylor College of Medicine, Houston, Texas, USA*

Although the relationship between peripheral trauma and subsequent movement disorder has been recognized since the time of Gowers in 19th century, the topic continues to be a source of lively discussions and passionate debates. While there seems to be a general consensus among the experts that certain movement disorders, such as post-amputation jumping stump and hemifacial spasm, are valid examples of peripherally-induced movement disorders, the notion of peripherally-induced dystonia is still met with some skepticism, even though numerous well-documented cases have been reported.¹⁻³ Peripherally-induced dystonia can be defined as involuntary, repetitive and patterned

movement or abnormal posture triggered by trauma to the cranial or peripheral nerves or soft tissues. Although patients often attribute their movement disorder, particularly dystonia, to some prior trauma, we previously proposed set of diagnostic criteria for peripherally-induced movement disorders and emphasized that only anatomically and temporally related injury should be considered relevant¹. There are several reasons why the concept of peripherally-induced dystonia has not been universally embraced, including the possibility of secondary gain in some cases and the impression (not well supported by scientific data), that patients with peripherally-induced movement disorders often have associated psychosocial and legal issues.

In contrast to action (mobile) dystonia, typically encountered in patients with primary (idiopathic) dystonia, the post-traumatic, peripherally induced dystonias are often characterized by fixed postures, contractures, absence of sensory tricks, and the frequent presence of complex regional pain syndrome (CRPS).¹⁻⁵ Fixed

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Are you ready to learn about many of the recent advances in the treatment of Parkinson's disease and the other movement disorders?

If so, please join us in Buenos Aires, where the first ever South American MDS Congress will be held from June 13-17. Buenos Aires is the capital and largest city in Argentina, and currently is the second-largest metropolitan area in South America. Greater Buenos Aires is a very large conurbation, with an estimated population of around 13 million. Buenos Aires (English: *Fair Winds or Good Air*) was originally named after the sanctuary of "Nostra Signora di Bonaria" (Italian for "Our Lady of Bonaria") in Sardinia.

After the independence of Argentina in the early 19th century, Buenos Aires started to attract a continuous influx of immigrants from all over the world, seeking a new and more prosperous life in South America. This is the reason why everyone can feel at home in this cosmopolitan city. Being known as a hub for tango dancers, soccer fans and serious meat lovers, Buenos Aires is also a well-known mecca for night life. So, follow the people from Buenos Aires, usually referred to as *porteños* (people of the port), in their quest for 'hot' night spots and enjoy them... but do not forget to be alert and ready the following day for the exciting scientific sessions at the Congress!

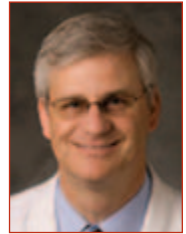
This issue includes reports on MDS-endorsed meetings and courses, professional notices and job postings, and messages from the President of the Society, as well as, Chairs of the European, Asian-Oceanic and the brand new Pan-American sections. In addition, the Controversies in Movement Disorders will feature opposite viewpoints (by Drs Defazio and Jankovic) around the pathophysiology of dystonia and, specifically, on the contentious issue of role of peripheral trauma in inducing this common movement disorder.

We are grateful for the continuous support of Elizabeth Laur, from the MDS Secretariat in Milwaukee, who is always keeping us on deadline for each issue.

We look forward to meeting you all in Buenos Aires.



Carlo Colosimo, MD



Mark Stacy, MD

Call for pictures

Starting the next issue, the editors of *Moving Along* would like to have one short section of the newsletter dedicated to the personal life and - in particular - favorite hobbies of MDS members. We are particularly eager to receive pictures (including a brief explanation) from members, choosing a different subject for each issue. The next issue will be dedicated to the adventurous members of MDS: the subject will be "Me on my favorite bike or motorbike." Suggestions from the readers about future thematic issues are more than welcome!

We invite any and all with an interest in submitting a picture for the next issue to contact us via Elizabeth Laur at the MDS Secretariat (elaur@movementdisorders.org).



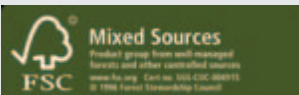
LETTERS TO THE EDITORS
Your Comments and Questions Are Always Welcome

Editorial Policy

As part of its democratic commitment, MDS welcomes the input of all its members about the features and articles that appear in this newsletter. Have a comment or question? Each issue will include responses in the "Letters to the Editor" section. All materials submitted become the property of MDS.

Address your communications to:

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The *Movement* Disorder Society (MDS) is committed to its mission of providing clinicians and scientists with the latest developments for the diagnosis, treatment and management of movement disorders. Central to the Society's strategy for achieving this goal is

the creation and implementation of educational programming on a wide variety of topics, in a range of formats and programming that is accessible to members all around the world.

In addition to the various internet-based courses and resources such as the video library, Case of the Month and Quick Opinion Please, the Society hosts international, regional and local meetings each year. Further information can be found about these and other educational resources on the Society's Web site www.movementdisorders.org. The newly updated educational portal provides an overview of the Society's offerings as well as includes a calendar of events, which lists other related meetings of interest to the Movement Disorder community. The Society welcomes your input when considering future initiatives. Members are encouraged to submit ideas, educational initiatives and program suggestions for consideration at the Society's educational portal. The various MDS program support options are also listed on the Society's Web site.

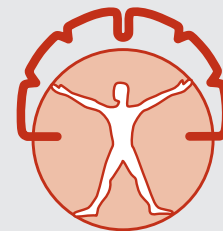
Through the efforts of the Continuing Medical Education (CME) Committee, under the direction of Ronald Pfeiffer and Robert Rodnitzky, the Society applied for reaccreditation to the North American Accreditation Council for Continuing Medical Education (ACCME). I am proud to announce that MDS received news of its reaccreditation in March 2010.

The largest of the Society's educational offerings is scheduled to take place in Buenos Aires, Argentina, June 13-17, 2010. The 14th International Congress of Parkinson's Disease and Movement Disorders incorporates five days of programming including: teaching courses, therapeutic plenary sessions, skills workshops, video sessions, poster sessions and guided poster tours. The Congress Scientific Program Committee (CSPC), under the leadership of Christopher Goetz and Oscar Gershanik has prepared a state-of-the-art program. Future Congress sites include Toronto, Canada in 2011, Dublin, Ireland in 2012, Sydney, Australia in 2013 and Stockholm, Sweden in 2014.

New and exciting programs are currently being planned. These will come in a variety of learning formats, specifically designed to meet the needs of local audiences as well as those of our international membership. Now available online is the Unified Parkinson's Disease Rating Scale (MDS-UPDRS) instructional video and certificate exam. This offering is free for MDS members who wish to use the scale and certificate for personal use within their institutions.

Providing outstanding educational programming is one way in which MDS strives to achieve our common goal. I look forward to bringing you updates on the progress of the Society's growing programming. In the meantime, please reference the MDS Web site and *Moving Along* for information regarding current and future educational offerings.

Philip Thompson, MB, BS, PhD, FRACP
MDS President 2009-2011



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MDS Honorary Membership Award Presentation

The MDS Awards Committee is pleased to announce that Prof. Andrew Lees of the Reta Lila Weston Institute of Neurological Studies in London, UK; and Dr. Ann Graybiel of the McGovern Institute for Brain Research at the Massachusetts Institute of Technology in Cambridge, MA, USA, will receive Honorary Membership Awards in 2010.

Each year MDS presents up to two Honorary Membership Awards recognizing individuals who have made extraordinary contributions to the field of Movement Disorders and/or to The *Movement Disorder Society*.

Please join us for the presentation of these prestigious awards, which will occur during the Opening Ceremony of the 14th International Congress of Parkinson's Disease and Movement Disorders on June 13, 2010 beginning at 7:00 p.m. in the Sheraton Buenos Aires.



Andrew Lees, MD,
FRCP



Ann Graybiel, PhD

Call for 2011 Supported Meeting Applications!

The *Movement Disorder Society* is accepting applications from meeting organizers who wish to receive financial support for scientific meetings in the year 2011. MDS will be offering a total amount of \$70,000 USD to support scientific meetings in 2011, with an additional \$30,000 USD in funding available for request only by meeting organizers who belong to a group with MDS Affiliate Member status.

To apply, meeting organizers must submit a proposed program, including lecture topics, faculty, and a budget for the meeting along with the completed Supported Meetings application which is available on the MDS Web site: http://www.movementdisorders.org/announcements/supported_and_endorsed/

The goal of the Supported Meetings program is to support new and novel meetings rather than repeated occurrences of previous meetings, however support for general Movement Disorders meetings will be considered when there is a clear educational need and high likelihood that obtaining funding would be difficult, as in developing countries for example.

In addition to the grant monies, MDS will promote all Supported Meetings in the Society's publications, including the *Movement Disorders* journal, the *Moving Along* newsletter, and on the MDS Web site. In return, meeting organizers who receive grants must agree to:

- Credit The *Movement Disorder Society* for its support of the meeting in all meeting publications and announcements, including promotional brochures, Web site, and in newsletters when applicable.

- Provide MDS with copies of all meeting literature including program, abstracts, proceedings and promotional materials as well as a list of recent meeting attendees including both mailing and e-mail addresses when available.
- Provide complimentary space for The *Movement Disorder Society* to display the MDS exhibit booth and literature during the meeting.
- Provide one complimentary page in the meeting program for an advertisement provided by The *Movement Disorder Society* and include International Congress promotional material in the meeting registration bag.
- Submit a final report including attendance numbers and reconciled budget within 60 days of completion of the meeting.
- In the case of excess revenues being realized, the meeting organizers will arrange repayment of the seed grant to MDS.
- The *Movement Disorder Society* will have the right to review scientific content of the meeting and make suggestions if necessary. Organizers agree to provide any information requested by The *Movement Disorder Society*.

For further information regarding Supported Meetings or to request an application form, please contact:

The *Movement Disorder Society* (MDS)

Attn: Supported Meetings Program

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New Resources for Health Professionals Available on MDS Web Site

—By Hubert H. Fernandez, MD, Gainesville, Florida and Marcelo Merello, MD, PhD, Buenos Aires, Argentina – Co-Medical Editors, MDS Web Site

Health Professionals around the globe attend Congress every year not only to connect with their peers, but to obtain the necessary education and latest information in movement disorders in order to provide high-quality patient care upon their return home.

We are pleased to be able to provide a section whereby health professionals can interact and share the latest resources and developments in their field with the recent launch of a Health Professionals section on the MDS Web site (www.movementdisorders.org/healthprofessionals).

Under the guidance of a core working group, this new section was launched last December and includes information and resources for the following specialties: nursing, physical therapy, occupational therapy, genetics, nutrition/dietetics, speech/language therapy, and clinical psychology.

One important feature of this new section is the *Health Professionals Needs Assessment Survey*. The survey will help the Society determine how to best meet the needs of health professionals everywhere. Many more features are planned in 2010 and we encourage you to visit the



section often to keep informed about the latest news and activities for health professionals working in the field of Movement Disorders.

The “Leadership Core” group, who worked tirelessly since the last Congress in Paris to develop the material for the section, includes:

Carol Moskowitz, MS, APRN-C

Lisette Bunting-Perry, MScN, RN

Lynn Rochester, PhD, PT

Margarita Makoutonina, BaAppSci, OT (Hons), BaEdu, (Master, Hons)

Mariella Graziano, BSc (Hons), PT

Orna Moore, MA, RN

Richard Brown, PhD, CPsychol

The following “Circle of Contributors” also helped develop the section:

Ann Gaba, EdD, RD, Nutritionist, USA

Ashwini Rao, EdD, OTR, Occupational therapist, USA

Jeanne Thomson, CCC-SLP, Speech therapist, USA

Jennifer Williamson, MS, Genetic Counselor, USA

Jill Goldman, MS, MPhil, Genetic Counselor, USA

Susan Heath, MS, RN, CNRN, USA

Yael Manor, CCC-SLP, Speech therapist, Israel

Congratulations to everyone for their hard work and dedication to making the MDS Web site a true “Communications Hub” of the Society. We look forward to seeing you in Buenos Aires!

100 Travel Grants Given in 2010!

Of the 218 qualifying travel grant applications received, 100 Travel Grants were awarded in 2010 supporting delegates in financial need to attend the 14th International Congress in Buenos Aires. Each grant is in the amount of \$1,000 USD and is designed to provide partial support of International Congress delegates to facilitate their travel to and participation in the Congress.

Buenos Aires
ARGENTINA June 13-17
2010

SAVE THE DATE

The *Movement Disorder Society's*
**15TH INTERNATIONAL CONGRESS
OF PARKINSON'S DISEASE AND
MOVEMENT DISORDERS**

TORONTO
JUNE 5-9, 2011 TORONTO, ON, CANADA



Dear Colleagues,

Welcome to news of the European Section. There is much to report in this edition!

One of the goals the Section leadership set for 2009-2011 was to extend the outreach of MDS, and I am happy to report that personal contacts with colleagues in Europe over recent months have resulted in national

Movement Disorders groups from Poland, the Czech Republic, and Armenia applying for MDS Affiliate Membership. Colleagues in Romania have told us of their initiative to set up a Movement Disorders special interest group, and we hope they will apply for affiliate membership of MDS as soon as the group is active.

Fostering the MDS relationship with the European Federation of Neurological Societies (EFNS) continues to be one of the most important MDS-ES functions. We were delighted to hear during the EFNS Congress in Florence, September 2009 that the Movement Disorders Teaching Courses arranged by MDS-ES received both the highest attendance and highest evaluations of all the Teaching Courses at the EFNS Congress in Madrid, 2008. Our Basic and Advanced Movement Disorders Teaching Courses in Florence enjoyed the highest registration figures, and we eagerly await the results of the audience evaluations for 2009.

Our policy for all MDS-ES organized educational activities in Europe is to select faculty from amongst the MDS membership, helping us to ensure the quality of our educational programming and providing an opportunity to promote the many benefits and opportunities that the Society offers. Expanding our outreach to Eastern Europe in partnership with the EFNS is a vital part of the Section's activity, and this year Evzen Ruzicka, David Grabli and Davide Martino are representing the Section in Stare Splavy in the Czech Republic, providing a full day of Movement Disorders education at the EFNS Academy for Young Neurologists.

Another important aspect of the EFNS collaboration is the production of European recommendations on various aspects of movement disorders. MDS member Alberto Albanese led the panel that revised the 2006 MDS-ES/EFNS guidelines on Dystonia, and Wolfgang Oertel and I coordinated the 2010



The *Movement Disorder Society* European Section

updates on the recommendations for the Management of Early and Late Parkinson's Disease. This project was a superb collaboration, achieving a consensus between the various contributing authors, and I would like to thank everyone who was involved in the revision and review of the manuscripts. These recommendations will be published in the European Handbook of Neurology in 2010, and will also be available on the EFNS Web site. The ESEC is now considering the next document in this portfolio of recommendations for the general neurological community, and a recommendation on the diagnostic work-up of Parkinson's disease, to review the use and value of imaging and other diagnostic tests, has been proposed to EFNS.

You may remember that some seven years ago the European Section appointed Peter Moore to edit the Movement Disorders Guide to Botulinum Toxin Injections. This CD was sent to all members, and for some time new members automatically received a copy on joining the Society. Now that stocks are running low, the ESEC and European Section Education Committee members have reviewed the CD, and agreed that an updated version should be created. Please e-mail me (alfredo.berardelli@uniroma1.it) if you have any suggestions for new indications for Botulinum toxins that could be included in the revised CD.

Please remember that your contributions to the Section's activities are always needed and are warmly welcomed, so don't hesitate to let me know how we can strive to enhance your enjoyment of MDS membership in Europe.

Alfredo Berardelli

Alfredo Berardelli, MD
Chairman, MDS-ES



Dear Colleagues,

I would like to keep you informed about the ongoing activities in our region. On January 30-31, 2010, The *Movement Disorder Society* and Course Director Dr. Birinder Singh Paul hosted the AOS Educational Course *Movement Disorders: Patterns, Diagnosis, and Causes* in Ludhiana, India. This

two-day course held at the Dayanand Medical College was the first MDS course of its kind to be held in the Punjab region of India, and it was well-received by all. Faculty members included Profs. Madhuri Behari, Mohit Bhatt, Kapil Sethi, and Philip Thompson.

See page 8 of this newsletter for the full course report by Course Director Dr. Paul.

On February 19-21, an educational program, titled *Neurology Update 2010* (co-sponsored by the World Federation of Neurology), was held in Mumbai, India. Around 450 neurologists from all parts of India who attended greatly appreciated the talks and videos presented by the faculty members Profs. Philip Thompson and Mohit Bhatt. Professor C.P. Tsai, President of the Asian and Oceanian Association of Neurology (AOAN), was the chief guest. Inclusion of movement disorder sessions in neurology conferences and similar educational programs in our region will help us to educate general neurologists in the care of patients with movement disorders.

In continuation of our educational efforts, an MDS-AOS Ambassador Program is scheduled for May 21-23, 2010, in Kota Kinabalu, Malaysia. MDS Ambassador Prof. Mohit Bhatt will deliver lectures on Wilson's disease, oromandibular dyskinesia, and movement disorder emergencies as part of the scientific program of the Malaysian Society of Neurosciences (MSN) 2010 Annual Meeting. I hope that delegates from the adjoining regions will also take advantage of this program. All information regarding the program and registration can be obtained from the MSN Web site: <http://www.neuro.org.my/index.php> and the AOS Education Portal of the MDS web page. If there are any specific enquiries please email info@neuro.org.my.



The *Movement Disorder Society* Asian & Oceanian Section

I hope that you have had a chance to visit the updated AOS section of the MDS Web site. Professors Tim Anderson (editor) and Wing Lok Au (co-editor) have taken pains to make it very informative and user friendly. The AOS educational portal is your resource for information related to the educational activities in our region. The Educational Exchange Training Sites database identifies major academic centers specializing in diagnosis and treatment of movement disorders. The database Web site now hosts information for sites in Singapore and Australia. Please do submit new information if you have such a training center so that it can be listed on the webpage.

Finally, I hope you have made plans to attend the 14th International Congress of Parkinson's Disease and Movement Disorders in Buenos Aires, Argentina, June 13-17, 2010. The AOS will be holding its annual General Assembly on Tuesday, June 15 from 12:30 pm – 1:30 pm, in the Ombu Room (2nd Floor) of the Sheraton Hotel.

All AOS Members and non-members are cordially invited to attend. Modeled after the MDS Business Meeting, the General Assembly is an opportunity to hear activity reports by the AOS Officers and the future goals of the Section. Do take advantage of this opportunity to participate in the ongoing development of your Section.

Looking forward to seeing you in Buenos Aires!

Bhim Singhal, MD, FRCP
Chairman, MDS-AOS



MDS-AOS Web Site Redesigned!

Visit the new MDS-AOS Web site, featuring the latest news on MDS-AOS activities, education, and information on upcoming meetings.

http://www.movementdisorders.org/regional_sections/aos/

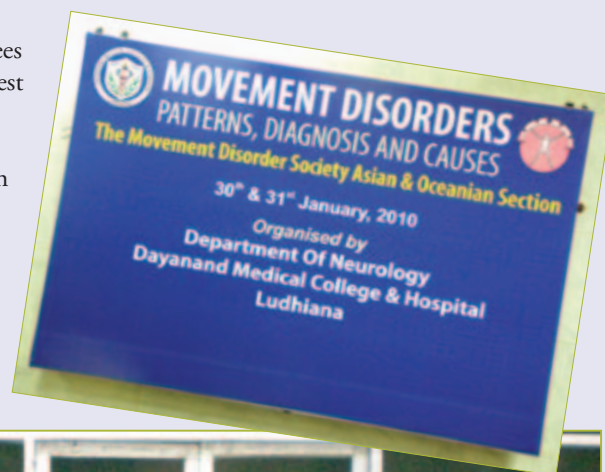
MDS-AOS Educational Course: Movement Disorders: Pattern, Diagnosis and Causes

—Prof. Birinder Singh Paul, MD, DM, Dayanand Medical College & Hospital, Ludhiana, Punjab, India

A *Movement* Disorder Society – Asian Oceanian Section Educational Course was organized at Dayanand Medical College, Ludhiana, Punjab, India on January 30th and 31st, 2010. The faculty for the course comprised of Prof. Philip Thompson (Adelaide, Australia), Prof. Kapil Sethi (Augusta, GA, USA), Prof. Madhuri Behari (New Delhi, India) and Prof. Mohit Bhatt (Mumbai, India). The format of course included didactic lectures on hypokinetic and hyperkinetic movement disorders, profusely interspersed with exemplary videos bought by the faculty, as well as live cases that were recruited locally. The course concluded with a half-day workshop featuring live demonstrations of Botulinum toxin injections.

It was clear that the two-day educational and scientific event was very well received in the northwestern region of India, based on the fact that the meeting hall was packed full of delegates from beginning to end. Attendees included neurologists and physicians, as well as paramedics with an interest in movement disorders. The course was interactive and the participation by delegates very encouraging. The enthusiastic participation is a clear indication of the popularity of movement disorders as a practicing branch of medicine in the region, and underscores the need for organizing similar courses in different locations within the Asian-Oceanian Region.

The Course Organizers are extremely grateful to The *Movement* Disorder Society – Asian Oceanian Section for the generous support provided.



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A further study comparing patients with cervical dystonia who reported prior traumatic injury and patients who did not⁵ failed to observe differences in clinical characteristics, including use of gestic antagonists and responsiveness to botulinum toxin, and in the presence of a family history of dystonia. Of note, most post-traumatic patients had been or were currently involved in litigation.

A later ad-hoc multicenter study⁸ did not find differences in the frequency of vault or maxillo-facial trauma between case patients with cranial dystonia and a suitable control population. Although the severity of trauma could not be rated (owing to the retrospective assessment), sequelae that seemed potentially important in the development of primary cranial dystonia (like loss of consciousness, bone fractures, or facial wounds) were equally distributed in both groups. Finally, most traumas occurred long before disease onset (29 years on average). This study had a number of strengths, including the representativeness of the case population, the large number of case and control subjects, and the high study power ($\geq 90\%$).

Finally, a recent case-control study detected no significant association between writer's cramp and peripheral upper limb trauma.⁹

Overall, available controlled evidence does not support the view that acute peripheral injury is important in the etiology of focal dystonias. The widespread occurrence of acute injury and the paucity of reported cases of focal dystonia following such an event raise the possibility of a coincidental association. Differently, **minor injuries associated with chronic repetitive movements or postures or with chronic changes in sensory stimuli in a body part might play a role in the development of topographically related focal dystonia.**¹⁰ Controlled studies support working activities that require repetitive and accurate motor tasks and diseases of the anterior segment of the eye as risk factor for writer's cramp⁹ and blepharospasm¹¹ respectively.

References

1. Defazio G, Berardelli A, Hallett M. Do primary adult-onset focal dystonias share etiologic factors? *Brain*. 2007;130:1183-93.
2. Jankovic J. Can peripheral trauma induce dystonia? *Yes*. *Mov Disord*. 2001;16:7-12.
3. Schrag A, Bhatia KP, Quinn NP, et al. Atypical and typical cranial dystonia following dental procedures. *Mov Disord* 1999;14:492-6.
4. O'Riordan S, Hutchinson M. Cervical dystonia following peripheral trauma—a case-control study. *J Neurol*. 2004 Feb;251(2):150-5.
5. Frucht S, Fahn S, Ford B. Focal task-specific dystonia induced by peripheral trauma. *Mov Disord*. 2000;15:348-50.
6. Wu LJ, Jankovic J. Runner's dystonia. *J Neurol Sci*. 2006 Dec 21;251(1-2):73-6.
7. Defazio G, Berardelli A, Abbruzzese G et al. Possible risk factors for primary adult-onset dystonia, a case-control investigation by the Italian Movement Disorders Study Group. *J Neurol Neurosurg Psychiatry* 1998;64:25-32.
8. Martino D, Defazio G, Abbruzzese G, et al. Head trauma in primary cranial dystonias: a multicenter case-control study. *J Neurol Neurosurg Psychiatry*. 2007 Mar;78:260-3.

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posture, however, is not a consistent finding, and patients with peripherally induced dystonia may exhibit dystonic movements and other clinical features that are clinically indistinguishable from primary dystonia. Furthermore, despite the finding in one, largely retrospective, study⁴ of a significantly higher frequency of affective and somatization disorders in patients with “fixed” as compared to “control” dystonia (although majority of whom had secondary rather than primary dystonia), there was no significant difference between the two groups in 24 other items, including conversion disorder, on the “SCAN” interview. Indeed, the authors concluded that “In a proportion of patients no conclusive features of somatoform disorder or psychogenic disorder can be found, and whether the disorder is primarily neurological or psychiatric remains an open question.”

Several studies have found that there is little or no direct relationship between the type of peripheral injury and the subsequent movement disorder, although immobilization, such as casting, is emerging as an important trigger for many patients with peripherally-induced movement disorders.^{6,7} One of the most common forms of peripherally induced dystonia is oromandibular dystonia, which has been associated with a variety of different forms of trauma to the face, mouth or jaw, including oral or dental surgery and tooth extraction (“edentulous dyskinesia”).^{8,9}

It is beyond the scope of this brief review to speculate on possible pathophysiological mechanisms of peripherally-induced movement disorders, but individual genetic or other predisposing factors and central reorganization in response to peripheral injury have been considered to play an important role in the pathogenesis of peripherally-induced movement disorders.¹⁰ Central neuroplasticity may also play a role in this group of disorders and may account for the observed spread of focal dystonia to adjacent and even contralateral anatomic areas.^{11,12} Furthermore, functional MRI studies of patients with CRPS, which often accompanies peripherally-induced dystonia, have found abnormal activations in regions such as the basal ganglia and parietal lobe which may explain some of the CNS-related symptoms in patients with CRPS, including dystonia and other movement disorders and behavioral abnormalities.¹³ Furthermore, cortical excitability, a physiological hallmark of typical (mobile) dystonia, is also present in fixed dystonia,¹⁴ suggesting similar pathophysiologic basis for the two disorders, despite differences in clinical phenotype and poor prognosis in fixed dystonia. These and other studies provide evidence that peripherally-induced movement disorders are actually central disorders triggered by altered peripheral input.

Further genetic and physiologic studies are needed to elucidate the pathogenesis and pathophysiology of peripherally-induced dystonia and other movement disorders associated with peripheral trauma. Epidemiological studies may provide some insights into possible predisposing factors in order to explain why only in a very small minority of patients movement disorders follow peripheral injury. In one epidemiological study, Defazio and colleagues¹⁵ found “a positive

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Dear Colleagues,

Last year, we announced the formation of the The *Movement* Disorder Society's Pan American Section (MDS-PAS). Based on the feedback from the members at the PAS General Assembly meeting in June 2009, we have begun to set up the overall framework for the Section.



The MDS-PAS has been modeled after the existing European and Asian-Oceanian Sections of MDS. The main goal of these Sections is to promote education in the field of Movement Disorders, and to provide a broader, more effective representation of its members by region. The regions represented by the MDS-PAS are: Canada, USA, Mexico, Central America, the Caribbean and South America.

MDS has identified the educational needs of the region as a high priority and it is our hope that the PAS will play a critical role in advancing the field of Movement Disorders in Latin America.

MDS-PAS had its first meeting at the Paris Congress in 2009. At this time, we began the process for creating the bylaws, policies and standard operating procedures for the Section based on those already established in the other sections. In early 2010, the Section officially formed the PAS Organizing Committee. To achieve a broad representation, the Organizing Committee is comprised of 20 neurologists from many countries within the Section. The primary function of this committee is to serve as the Pan American Section organizing body until a formal election is held in 2011. It will also appoint and organize an Education Committee to spearhead the Section's educational efforts.

In March 2010, the PAS Organizing Committee held its first conference call. The PAS Organizing Committee will appoint a Nominating Chair and an Education Committee which will be announced at the PAS General Assembly at the 2010 Congress. The PAS elections

will take place in June 2011 at the Toronto Congress in parallel with the MDS election process. The MDS-PAS Education Committee will serve the region (like the MDS-ES and MDS-AOS) and report to the MDS Education Committee and take full advantage of MDS opportunities such as the Visiting Professor and Ambassador Programs, the Supported meeting and Affiliate meeting grants, and the Regional Section Educational Fund.

The PAS Organizing Committee will hold a meeting in Buenos Aires to further discuss and approve the PAS Operating Procedures, select an Education Committee, and finalize the election timeline for the PAS Officers. In addition, there will be a PAS General Assembly meeting on Monday, June 14, 2010 at 1:30pm in Buenos Aires. All members of the PAS are encouraged to attend. We will be discussing all of the activities and educational programs that are available to the PAS from MDS International and focus on the primary goal of our section which is to advance the field of Movement Disorders in our region.

We are anxious to gain a better understanding of what the educational needs are in the Pan American region. The Organizing Committee is developing a PAS Educational Needs Survey that will be translated to Spanish and Portuguese. The survey will be sent to every MDS member in the region and will be handed out at all MDS- PAS supported meetings. The feedback from this survey will aid us in customizing educational programs and activities to fit the needs of the region.

We look forward to including in the PAS all movement disorder specialists in the Pan American region and to seeing you all in Buenos Aires, Argentina at the MDS 14th International Congress of Parkinson's Disease and Movement Disorders in June. If you have not already registered, please do so today.

Sincerely,
 Jorge Juncos and Irene Litvan
 on behalf of the MDS- PAS Organizing Committee

MDS Ambassador Program: 4th Seminar on Parkinson's Disease in Puebla

—Guillermo Enriquez Coronel, MD, Puebla, Mexico

On March 19th and 20th, 2010, the Fourth Seminar on Parkinson's disease was held in Puebla, Mexico at the Puebla Convention Center. Over the two day seminar, 210 physicians, neurologists, neurosurgeons, medical students, nurses, psychologists and rehabilitation therapists attended the Seminar. MDS sponsored Irene Litvan to serve as an MDS Ambassador at this Seminar.

The Seminar was organized by the Benemerita Universidad Autonoma de Puebla, The *Movement* Disorder Society, Universidad Popular Autonoma de Puebla, and Universidad Mesoamericana. Faculty included Dr. Leopoldo Rivera Castaño, President of the Mexican Academy of Neurology; Dr. Horacio Senties, Secretary of

the Mexican Academy of Neurology; Dr. Ulises Rodriguez Ortiz, Movement Disorders Coordinator of the Mexican Academy of Neurology; and Dr. Mario Alonso Vanegas, Chief of Functional Surgery at the Instituto Nacional de Neurologia y Neurocirugia MVS, Cd. de Mexico.

This was the second MDS Ambassador Program in Mexico. The first program in 2008 featured, as MDS Ambassador, Dr. Stanley Fahn, who lectured at the Mexican Academy of Neurology meeting in Puerto Vallarta. This year's MDS Ambassador, Dr. Irene

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MDS Ambassador Program CONTINUED FROM PAGE 10

Litvan, shared very helpful information about the diagnoses of various parkinsonian disorders including a specific lecture on progressive supranuclear palsy (PSP) and multiple system atrophy. She stressed that Parkinson's disease is over diagnosed. The Congress participants learned to diagnose other forms of Parkinsonism, like PSP, without the presence of restriction in vertical gaze. Dr. Litvan emphasized the importance of the clinical diagnosis and the need of paraclinical testing. The video cases she showed of parkinsonism were very illustrative. As faculty, Dr. Litvan had the opportunity to visit the sites and taste the flavors of Puebla.

The Seminar's focus was on Parkinson's disease. Follow-up seminars will be held on this topic each month at Mesoamericana University.

The first day of the Seminar started with phenomenology in Movement Disorders. Dr. Enriquez Coronel showed video of patients with a variety of movement disorders. Further presentations by neurologists from Puebla and Tlaxcala City discussed the genetics of Parkinson's disease, diagnosis and management of Huntington's disease, chorea, tremor, dystonia, Meige's syndrome, Wilson's disease, Tourette syndrome, myoclonus, and ataxias.

The 4 Seminario de Parkinson en Puebla was organized by Dr. Nicolas Rene Moreno Navarro, Mtra. Claudia Medina Navarro, Dr. Ulises Rodriguez Ortiz, Gustavo Gonzalez Gonzalez, Student of BUAP Faculty Medicine, and Margarita Davila Baez.

In Mexico, this is the only annual seminar on Movement Disorders. We are grateful to The *Movement* Disorder Society, Dr. Irene Litvan and Hope Wallace for their responsibility, work and dedication to the furthering the education on Movement Disorders. We would like to further thank TEVA, Boehringer Ingelheim Mexico, and Merz Pharmaceutical for their sponsorship of the Seminar.

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association between local body injury, for example, previous ocular diseases and neck or trunk trauma, and dystonia of the same body part," thus supporting our conclusion that peripheral injury *can* cause dystonia.

References

1. Jankovic J. Peripherally-induced movement disorders. *Neurologic Clinics* 2009;27:821-32.
2. Van Hilten JJ, Geraedts EJ, Marinus J. Peripheral trauma and movement disorders. *Parkinsonism and Related Disorders* 2007;13:S395-S399.
3. Frucht S, Fahn S, Ford B. Focal task-specific dystonia induced by peripheral trauma. *Mov Disord* 2000;15:348-350.
4. Schrag A, Trimble M, Quinn N, Bhatia K. The syndrome of fixed dystonia: an evaluation of 103 patients. *Brain* 2004;127:2360-72.
5. Ibrahim NM, Martino D, van de Warrenburg BP, et al. The prognosis of fixed dystonia: a follow-up study. *Parkinsonism Relat Disord* 2009;15:592-7.
6. Okun MS, Nadeau SE, Rossi F, Triggs WJ. Immobilization dystonia. *J Neurol Sci* 2002;201:79-83.
7. Singer C, Papapetropoulos S. Lower limb post-immobilization dystonia in Parkinson's disease. *J Neurol Sci.* 2005;239:111-4.
8. Sankhla C, Lai E, Jankovic J. Peripherally induced oromandibular dystonia. *J Neurol Neurosurg Psychiatry* 1998;65:722-728.
9. Schrag A, Bhatia KP, Quinn NP, Marsden CD. Atypical and typical cranial dystonia following dental procedures. *Mov Disord* 1999;14:492-496.
10. Navarro X, Vivó M, Valero-Cabré A. Neural plasticity after peripheral nerve injury and regeneration. *Prog Neurobiol* 2007;82:163-201.
11. Bohlhalter S, Leon-Sarmiento FE, Hallett M. Abnormality of motor cortex excitability in peripherally induced dystonia. *Mov Disord* 2007;22:1186-9.
12. Quartarone A, Morgante F, Sant'angelo A, et al. Abnormal plasticity of sensorimotor circuits extends beyond the affected body part in focal dystonia. *J Neurol Neurosurg Psychiatry* 2008;79:985-90.
13. Lebel A, Becerra L, Wallin D, et al. fMRI reveals distinct CNS processing during symptomatic and recovered complex regional pain syndrome in children. *Brain* 2008;131:1854-79.
14. Avanzino L, Martino D, van de Warrenburg BP, et al. Cortical excitability is abnormal in patients with the "fixed dystonia" syndrome. *Mov Disord* 2008;15;23:646-52.
15. Defazio G, Berardelli A, Abbruzzese G, et al. Possible risk factors for primary adult onset dystonia: a case-control investigation by the Italian Movement Disorders Study Group. *J Neurol Neurosurg Psychiatry* 1998;64:25-32.

(NO) CONTINUED FROM PAGE 9

9. Roze E, Soumaré A, Pironneau I, et al. Case-control study of writer's cramp. *Brain.* 2009;132:756-64.
10. Byl N, Merzenich MM, Jenkins WM. A primate genesis model of focal dystonia and repetitive strain injury: I. Learning-induced dedifferentiation of the representation of the hand in the primary somatosensory cortex in adult monkeys. *Neurology* 1996;47:508-520.
11. Martino D, Defazio G, Alessio G et al. Relationship between eye symptoms and blepharospasm: A multicenter case-control study. *Mov Disord.* 2005;20:1564-70.

Professional Notices

Benign Essential Blepharospasm Research Foundation – Research Funding

The Benign Essential Blepharospasm Research Foundation funds research into new treatments, pathophysiology and the genetics of the following focal dystonias: benign essential blepharospasm (BEB) and Meige Syndrome (cranial and oromandibular dystonia). Research into photophobia, dry eye and apraxia of eyelid opening as they relate to BEB and Meige and their treatment will also be considered for funding. Funds up to \$150,000 are available annually. MD or PhD required for principal investigator. Non-U.S. citizens working at institutions abroad are also eligible to apply for a research grant.

Deadline to apply for this year is August 31, 2010. Grant guidelines may be obtained from the following:

The Benign Essential Blepharospasm Research Foundation
P.O. Box 12468
Beaumont, TX 77726-2468
Phone - 409-832-0788
Fax - 409-832-0890
E-mail: BEBRF@Blepharospasm.org
or visit the website: www.blepharospasm.org

BC/BE Neurologist at Albany Medical Center

The Parkinson's Disease and Movement Disorder Center of Albany Medical Center is seeking a full-time BC/BE neurologist who has completed fellowship training in movement disorders. The position is intended for a highly motivated clinician/scientist to begin at the assistant, associate or full professor level. The successful applicant will participate in a busy outpatient practice and will also be expected to participate in the conduct of an active clinical trial and collaborative research program. Successful candidates will have the option to participate in the screening, operative monitoring and postoperative management of patients treated with DBS and an active botulinum toxin therapy clinic. A commitment to teaching of residents and medical students is required.

The position offers a competitive salary and benefits package. Interested candidates should send a CV, brief statement of career goals and letters of recommendation to: Eric S. Molho, M.D., Riley Family Chair in Parkinson's Disease, Parkinson's Disease and Movement Disorder Center of Albany Medical Center, 47 New Scotland Ave., Albany, NY 12208. Tel: (518)262-6611. FAX: (518)262-6612. EEO/AA Employer M/F/D. A smoke-free institution.

Movement Disorder Fellowship at Albany Medical Center

The Parkinson's Disease and Movement Disorder Center of Albany Medical Center is offering a one year clinical fellowship in movement disorders. Training will involve participation in an active movement disorders clinic with an in depth exposure to the diagnosis and management of the full range of movement disorders including parkinsonian disorders, tremor, dystonia and drug-induced syndromes. Trainees will also actively participate in a well-established botulinum toxin clinic and a rapidly expanding program in the surgical treatment of movement disorders. The fellow will

have the opportunity to participate in several ongoing clinical research projects including Parkinson Study Group, Huntington Study Group, industry and government sponsored projects. Applicants must be board-eligible neurologists. Interested applicants should contact Dr. Eric S Molho, Riley Family Chair in Parkinson's Disease, Parkinson's Disease and Movement Disorder Center of Albany Medical Center, 47 New Scotland Avenue, Albany, NY 12208. Tel: (518) 262-6611. FAX: (518) 262-6612. EEO/AA Employer M/F/D. A smoke-free institution.

Movement Disorders Neurologist at University of Wisconsin-Madison

The Department of Neurology at the University of Wisconsin School of Medicine and Public Health is seeking candidates for an assistant/associate professor faculty position to join an interdepartmental interdisciplinary program in Parkinson's disease and movement disorders.

The position involves patient care, clinical research, and teaching, and depending upon the interests and qualifications could also include basic research. Candidates must be board certified or board eligible in neurology with additional movement disorders fellowship training or experience. Interest/experience in deep brain stimulation is welcomed.

Please send letter of interest and CV and arrange for references to be sent electronically to Dr. Thomas Sutula at applications@neurology.wisc.edu.

Unless confidentiality is requested in writing, information regarding the applicants must be released upon request. The University of Wisconsin is an Affirmative Action /Equal Opportunity Employer.

Private Practice Opportunity in Austin, Texas

Neurology Solutions Consultants is seeking a board certified neurologist with experience in movement disorders to work with another fellowship trained neurologist, nurse practitioner, physical therapist and chiropractor. We are a growing, independent, movement disorders practice focusing on Parkinson's disease, tremor, spasticity and dystonia. We are involved in clinical research trials and are developing a comprehensive physical therapy program for neurological disorders.

Experience with research, DBS, ITB and botulinum toxin therapy is preferred. Salary, comprehensive benefits and scheduled hospital call are negotiable. General neurology emergency room and hospital floor consult call is not required. Austin is a great place to live, and this is a fantastic opportunity.

Please send a current C.V. and three professional references to Tammy Anders, business manager (512)977-7000. Email: tammy@neurologysolutions.com. Address: 12201 Renfert Way, Suite 360, Austin, Texas 78758

Fellowship at VA Puget Sound Health Care System

The VA Puget Sound Health Care System and University of Washington are pleased to offer a two or three-year fellowship commencing in July 2010. The program is designed to provide trainees with the clinical, scientific, and teaching skills necessary

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to become independent, outstanding movement disorders specialists. Fellows will receive intensive training in the diagnosis and management of a wide variety of movement disorders and gain experience in specific techniques such as deep brain stimulation and the use of botulinum toxin. The program offers substantial protected time for conducting research in the clinical or basic sciences and provides frequent opportunities to interact with faculty members performing cutting-edge research on a broad spectrum of topics. Great emphasis is placed on mentored career development, which includes one-on-one didactic sessions, training in methods of research design/analysis, and the development of grant-writing skills.

University of Colorado School of Medicine – Department of Neurology

The University of Colorado Denver is pleased to offer a one year fellowship in Movement Disorders beginning July 2010. Our program offers fellows training in clinical movement disorders, deep brain stimulation surgery and botulinum toxin injections. Fellows will also have the opportunity to take part in clinical research, including clinical research trials. Fellows interested in research may have the opportunity to extend their fellowship to two-years. Interested candidates should contact Dr. Benzi Kluger by email at benzi.kluger@ucdenver.edu.

University of Louisville Fellowship Position

The University of Louisville (UofL) Division of Movement Disorders is pleased to announce one- and two-year fellowships with a position available beginning in July 2010. Our program is built upon excellence in patient care, research, education, and community involvement. The Division is a referral center that serves Kentucky and Southern Indiana movement disorder patients and families with a staff of specialists in movement disorders (Drs. Litvan, Houghton, & Ferrara), neurosurgery, genetics, neuropsychology, psychiatry, physical therapy, occupational therapy, speech therapy, and case management. Located within the state-of-the-art Frazier Rehab and Neuroscience Institute, fellowship training is highly integrated within this interdisciplinary framework. Training emphasizes the diagnosis and treatment of a wide range of movement disorders, with exposure to deep brain stimulation, botulinum toxin injections, and experimental therapeutics via clinical trials. Fellows will be encouraged to participate in clinical and/or basic research studies with multiple opportunities to publish. Unique exposure to telemedicine for patient care is underway. Educational enrichment and professional development through local, national, and international meetings is available.

Candidates should email their CV, personal statement and three letters of recommendation to Dr. Irene Litvan at i.litvan@louisville.edu.

Fellowship in Movement Disorders at University of Texas Health Science Center at Houston

A one or two year fellowship program is available to a highly qualified individual at The University of Texas Health Science Center at Houston, Department of Neurology, Division of

Movement Disorders, beginning July 2010. This program offers focused attention on the neurological conditions of motor systems disruption, including the movement disorders, cerebral palsy, spasticity, the neurodegenerative diseases and dementias. It incorporates both an adult, geriatric and pediatric population, with expert faculty in each area. The faculty and participants in this program offer expertise in diagnosis, management, as well as medical and surgical therapeutic interventions for the specific disease states. The program is based in a strong academic neurology department at a university based medical center with a tertiary care hospital association and multiple affiliated ambulatory clinics. Our population base includes Harris County, the surrounding areas and a referral network from the entire state. This is a two-year program. The first year provides the necessary clinical exposure and training while the second year- which is not mandatory- provides experience and training in clinical and basic research and additional clinical experience. If you have any questions please contact: Annie Rose, Administrative Coordinator; Phone 713-500-7051 or Fax 713-500-5055; Email: annie.m.rose@uth.tmc.edu

Interested applicants should send CV and 3 letters of recommendation to:

Mya C. Schiess, M.D.
Professor & Vice Chairman
Department of Neurology
Director, Movement Disorders Program
6431 Fannin St., # MSB 7.044
Houston, Texas 77030
Fax: 713-500-5055
Email: mya.c.schiess@uth.tmc.edu

Junior Movement Disorders Neurologist to join PD and Movement Disorder Center team at Scripps Clinic

The Division of Neurology at Scripps Clinic in La Jolla, California (San Diego) is seeking a BC/BE neurologist who has recently completed or is completing fellowship training in movement disorders. EMG experience, an interest in either dementia or autonomic dysfunction is desirable, but not required. The position involves participation in a thriving clinical practice, an active DBS program, and provides opportunity in clinical trials and collaborative research.

The position offers competitive salary and an excellent benefits package. Interested candidates are invited to submit CV, brief statement of goals and three letters of recommendation to:

Melissa Houser, M.D.
Director, Scripps Clinic Parkinson's Disease and Movement Disorder Center
Scripps Clinic
10666 N. Torrey Pines Rd.
MS 313
La Jolla, CA 92037
mhouser@scrippsclinic.com

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Clinical Research Fellows in Parkinson’s Disease and Movement Disorders

The Oxford Parkinson’s Disease Centre (OPDC; <http://opdc.medscl.ox.ac.uk>) is a new grouping of scientists and clinicians studying the genetics and neuropathology of PD, the generation of cell and animal models, and the wiring of neuronal circuitry, with clinical experts in the diagnosis and treatment of PD. Two Clinical Research Fellows are required to help recruit and maintain a clinical cohort of 2000 PD patients across the Thames Valley, 300 age-matched controls and 300 subjects at-risk for PD under the clinical supervision of Dr Michele Hu. Each Fellow will assist in the collection of biosamples, assess patients with motor and non-motor rating scales, and be expected to register for a DPhil degree integrating the molecular pathogenesis of PD identified by proteomic analysis, in-vivo and post-mortem MRI at the Oxford Centre for Functional MRI of the Brain, and neuropathology. These posts are funded by the Parkinson’s Disease Society for three years and are based at the John Radcliffe Hospital, Oxford. The post is suitable for somebody wishing to pursue a career in neurology. Successful candidates will hold a medical degree and GMC registration, MRCP/ equivalent qualification and clinical neurology experience is desirable. Informal enquiries should be made to Dr Michele Hu or Dr Kevin Talbot (email: michele.hu@clneuro.ox.ac.uk and kevin.talbot@clneuro.ox.ac.uk). For further information please see the job description downloadable from www.clneuro.ox.ac.uk/vacancies; alternatively tel UK 01865 231909 or e-mail personnel@clneuro.ox.ac.uk, quoting job reference HM/09/023. Closing date 11/01/10.

Movement Disorders Neurologist at University of Texas Health Science Center

We are seeking an outstanding clinician/academic Movement Disorders neurologist. The successful candidate will provide service, conduct clinically focused research in Parkinson Disease and other movement disorders, and participate in the teaching of medical students and residents. Minimum requirements are an M.D. degree, neurology residency training, and two years of fellowship training in movement disorders. The position is anticipated at the Assistant Professor rank, but candidates with exceptional qualifications may be considered for appointment at the rank of Associate Professor or Professor.

Candidates interested in the position should send a statement concerning clinical/research accomplishments and future plans, along with a CV and personal references either electronically to brey@uthscsa.edu or by mail. All faculty appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/ Affirmative Action Employer. <http://www.uthscsa.edu/neurology/openings.asp>

ox.ac.uk/vacancies; alternatively tel UK 01865 231909 or e-mail personnel@clneuro.ox.ac.uk, quoting job reference HM/09/023. Closing date 11/01/10.

UPCOMING MEETINGS

May 14-15, 2010

The Other Congress for Neurology Medicine, Neurology and Psychiatry. SEMINARIS CampusHotel Berlin, Berlin, Germany. Contact: fortbildungskongress@cpo-hanser.de. Tel: +49-30-300-6690; Fax: +49-30-305-669-50; Web: www.fortbildungskongress.de

***May 15, 2010**

24th Annual PSG Symposium on Etiology, Pathogenesis, and Treatment of Parkinson’s Disease and Other Movement Disorders. Four Seasons Resort, Irving, Texas, USA. Contact: Roseanna Battista, The Parkinson Study Group, 1351 Mt. Hope Avenue, Rochester, NY 14620, USA; TEL: +1 585-275-1642; FAX: +1 585-273-1074; E-mail: Roseanna.battista@ctcc.rochester.edu; Web site: www.parkinson-study-group.org

May 17-21, 2010

Queen Square Advanced Neurology Courses. Lecture Theatre, Clinical Neuroscience Centre, UCL Institute of Neurology, 33 Queen Square, London. Contact: Jean Reynolds, UCL Institute of Neurology, Queen Square, London, UK; TEL: +44 (0)20 7692 2346; E-mail: j.reynolds@ion.ucl.ac.uk; Web site: www.ion.ucl.ac.uk

May 21-23, 2010

MDS Ambassador Program and Malaysian Society of Neurosciences 2010 Annual Meeting. Kota Kinabalu, Malaysia. Venue: Hotel Le Meridien, Kota Kinabalu, Sabah. Contact: Malaysian Society of Neurosciences, Secretariat: c/o Novartis Corporation (Malaysia) Sdn. Bhd., Level 15, CREST, 3 Two Square, No 2, Jalan 19/1, 46300 Petaling Jaya, Selangor. Tel : +603 7948 1888; Fax : +603 7948 1818. Email: info@neuro.org.my or limshenyang@ymail.com; Web site: www.neuro.org.my/index.php

May 21-23, 2010

Malaysian Society of Neurosciences (MSN) 2010 Annual Meeting. Hotel Le Meridien, Kota Kinabalu, Malaysia. Contact: Edna Fernandez, Assoc CME Manager, TEL 603 7806 5705; FAX: 603 7806 5679; E-mail: edna.j.fernandez@gsk.com; Web site: <http://www.neuro.org.my/>. *Will include MDS Ambassador Program, invited speaker Dr. Mohit Bhatt.

***May 29, 2010**

Second Teaching Course in Movement Disorders of the Neurological Clinical Research Unit/Institute of Molecular Medicine. Lisbon, Portugal. Contact: Institute of Molecular Medicine Lisbon, Tel: 351217930629; Fax: 351217957474; E-mail: joaquimjferreira@net.sapo.pt; Web site: www.imm.ul.pt.

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* Meetings Sponsored, Supported and/or Endorsed by MDS

June 3-4, 2010

3rd European Workshop on Lipid Mediators. Paris, France. Contact: Xavier Norel, INSERM U698, CHU X. Bichat, 46 rue H. Huchard, Paris 75018, France; TEL: 33140257529; FAX: 33140258602; E-mail: xnorel@hotmail.com; Web site: <http://workshop-lipid.eu>

*** June 13-17, 2010**

14th International Congress of Parkinson's Disease and Movement Disorders. Buenos Aires, Argentina. Offered by The Movement Disorder Society. Contact: The Movement Disorder Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI 53202 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: congress@movementdisorders.org; Web site: www.movementdisorders.org

June 19-23, 2010

20th Meeting of the European Neurological Society. International Congress Centrum (ICC), Berlin, Germany. Contact: European Neurological Society; Web site: www.ensinfo.org

*** June 29-July 1, 2010**

Basal Ganglia Speech Disorders and Deep Brain Stimulation. Aix-en-Provence, France. Contact: E-mail: serge.pinto@jpl-aix.fr; Web site: <http://aune.jpl.univ-aix.fr/~dbs-speech-symposium2010/>

*** July 9-11, 2010**

3rd Annual MDS European Section Summer School for Young Neurologists. Nijmegen, The Netherlands. Contact: Hope Wallace, MDS Program Manager, TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: hwallace@movementdisorders.org; Web site: <http://www.movementdisorders.org/education/>

*** July 26-29, 2010**

20th Annual Course - A Comprehensive Review of Movement Disorders for the Clinical Practitioner. St. Regis Hotel, Aspen, Colorado, USA. Contact: Center for Continuing Medical Education, Columbia University College of Physicians & Surgeons, 630 Wet 168th Street, Unit 39, New York, NY 10032, USA; TEL: +1-212-305-3334; FAX: +1-212-781-6047; E-mail: cme@columbia.edu; Web site: <http://ColumbiaCME.org>

*** August 28-29, 2010**

Asian and Oceanian Movement Disorders Educational Summit. Kannur Medical College, Kannur, Kerala, India. Contact: Dr. Sujith Ovallath; E-mail: sujithok@gmail.com; Web site: http://www.movementdisorders.org/regional_sections/aos/education.php. AOS Education Course

September 15-17, 2010

Tissue Engineering & Regenerative Medicine International Society TERMIS AP 2010. Sheraton on the Park, Sydney, Australia. Contact: Prof. Geoff McKellar, TERMIS AP 2010, P.O. Box 576, Sydney NSW, Australia; TEL: +61 2 9431 8638; FAX: +61 2 9431 8677; E-mail: TERMIS2010@conferenceaction.com.au; Web site: www.termis.org

September 25-28, 2010

14th Congress of the European Federation of Neurological Societies (EFNS 2010). Geneva, Switzerland. Contact: KENES International, 1-3, Rue de Chantepoulet PO Box 1726, CH-1211 Geneva 1 Switzerland; Tel : +41 22 908 0488; Fax : +41 22 906 9140; E-mail: efns2010@kenes.com; Web site: <http://www.kenes.com/efns2010>

*** September 28-October 1, 2010**

2nd World Parkinson Congress. Scottish Exhibition and Conference Center. Glasgow, Scotland. Contact: Eli Pollard, Congress Manager, World Parkinson Coalition Inc., 1359 Broadway, Suite 1509, New York, NY 10018, USA; TEL: +1 212-293-4700; FAX: +1 212-923-4778; E-mail: info@worldparkinsoncongress.org; Web site: www.worldpdcongress.org/

*** September 30-October 2, 2010**

Brain, Blood and Iron: Joint International Symposium on Neuroacanthocytosis and Neurodegeneration with Brain Iron Accumulation. Bethesda, MD, USA. Contact: Dr. Ruth Walker; Tel: +1 718 584 9000 ext. 5915; E-mail: ruth.walker@mssm.edu.

October 13-16, 2010

The 7th World Stroke Congress, organized by the World Stroke Organization (WSO). Seoul, South Korea. Contact: KENES International, 1-3, Rue de Chantepoulet PO Box 1726, CH-1211 Geneva 1 Switzerland; Tel : +41 22 908 0488; Fax : +41 22 906 9140; E-mail: stroke2010@kenes.com; Web site: <http://www.kenes.com/stroke>

*** October 16, 2010**

Treatment of Parkinson's Disease. Renaissance Sao Paulo Hotel, Alameda Santos, 2233, São Paulo, 01419-002 Brazil. Contact: Catherine Breckenridge, MDS Program Manager, TEL: 1 414-276-2145; FAX: 1 414-276-3349; E-mail: cbreckenridge@movementdisorders.org; Web site: <http://www.movementdisorders.org/education/>.

October 28-31, 2010

The 4th World Congress on Controversies in Neurology. Barcelona, Spain. Contact: Ilana Berkowitz, Comtec Med; TEL: +972-3-566-6166 ext. 216; FAX: +972-3-566-6177; E-mail: cony@comtecmed.com; Web: www.comtecmed.com

*** October 29, 2010**

New Therapies for Advanced Parkinson's Disease. Duke University, Durham, NC, USA. Contact: Catherine Breckenridge, MDS Program Manager, TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: cbreckenridge@movementdisorders.org; Web site: <http://www.movementdisorders.org/education/>

*** December 9-10, 2010**

Atypical Parkinsonian Syndromes. Olomouc, Czech Republic. Contact: Prof. Petr Kanovsky, Tel: 420 588 443400; Fax: 420 585 428201; E-mail: petr.kanovsky@fnol.cz; Web site: www.upol.cz.

December 9-12, 2010

The 7th International Congress on Mental Dysfunctions & Other Non-Motor Features in Parkinson's Disease (MDPD 2010). Barcelona, Spain. Contact: KENES International, 1-3, Rue de Chantepoulet PO Box 1726, CH-1211 Geneva 1 Switzerland; Tel : +41 22 908 0488; Fax : +41 22 906 9140; E-mail: ebaron@kenes.com; Web site: <http://www.kenes.com/mdpd>

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The Movement Disorder Society
555 East Wells Street, Suite 1100
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The *Movement* Disorder Society's

15TH INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS



TORONTO

JUNE 5-9, 2011 TORONTO, ON, CANADA

SAVE THE DATE

- October 4, 2010 — Abstract Submission Opens
- December 1, 2010 — Registration Opens
- January 7, 2011 — Abstract Submission Closes
- April 12, 2011 — Early Registration Deadline
- May 10, 2011 — Final Registration Deadline
- June 5-9, 2011 — 15th International Congress of Parkinson's Disease and Movement Disorders