LETTER TO THE EDITOR

Re: Use of video recording for objective functional assessment after posterior rhizotomy. Fisiotherapie February 1992.

This paper highlights the fact that the video recordings did not fulfil all the requirements for assessing and evaluating the changes in a child's functional ability as a result of the surgical procedure. It also shows that only a small proportion of the therapists who carried out the analyses felt that they could use the video to substantiate their arguments for the outcome of the surgery. The authors of the trial express the need for establishing assessment and recording systems that are objective, valid and reproducible.

What about using Benesh Movement Notation to complement the video? This method of recording human movement has its major use, so far, in the field of dance but the system is entirely neutral and has exciting potential in the clinical field. Its great strength is in being able to demonstrate change by the comparison of serial recordings. For accuracy it relies on the acknowledged, practised eye of the physiotherapist notator.

It can be advocated for a variety of different reasons but first it might be helpful to point out the inherent difference between a BMN recording and a video sequence. In the former, the observer makes an on the spot analysis of the child's movements while writing the notation on a stave like the one used in music; the critical assessment and evaluation are then made from the recording itself. In the latter a movement record is captured on tape and the analysis is carried out afterwards by reviewing the video before the assessment or evaluation can proceed. So, the notator makes the analysis while watching the child in the flesh and in full size, whereas the analysis of the video is made from the frames on the tape which are flat and far less than lifesize. It can be argued that the BMN record is not objective and if the observer is careless the standard are jeopardised, but the video recording can also suffer in the analysis if the reader is not sufficiently skilled. The notator is free to move and observe from any angle whereas the tape suffers from the distortion of perspective no matter how carefully the camera is sited.

The full potential of BMN in clinical work is demonstrated when a series of recordings are laid side by side so that they can be compared. This might be either a series of activities observed on a single day or a single function observed on different dates. By noting the changes the therapists can not only supply objective evidence but also substantiate their viewpoint.

Coupled with the obvious advantages of low cost and minimal intrusion - very little disturbance is caused and the child is thereby likely to produce a more "normal" performance than under the eye of the cameras - a positive argument can be made for the notation. I would recommend this pencil and paper approach to movement analysis and suggest that BMN would be a suitable tool for those looking for reliable methods of assessing changes in human function.

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