ABSTRACTS

Matyas TA and Bach TM. The reliability of selected techniques in clinical arthrometrics. *Australian Journal of Physiotherapy* 1985; **31**(5): 175-199.

A number of studies which have examined reliability of spinal assessment procedures in manual therapy are reviewed. The tests examined were Passive Accessory Intervertebral Movements, Passive Physiological Intervertebral Movements, Straight Leg Raise and Forward Flexion. In general, tests of pain were found to be much more reproducible than tests of compliance. Straight Leg Raise and Forward Flexion tests were consistently more reliable than the Passive Intervertebral Movement tests. Possible explanations for these findings are advanced. The role of tests of compliance based on passive intervertebral movements in clinical decision-making may need to be re-examined. An appendix on reliability theory is included for the uninitiated reader.

Authors' Summary

Haley SM. Postural reactions in infants with Down Syndrome. Relationship to motor milestone development and age. *Phys Ther* 1986; **66**(1): 17-22.

I examined the emergence of automatic postural reactions (righting, equilibrium and protective reactions) in a group of infants with Down Syndrome and in a developmentally matched group of nonhandicapped infants. I assessed the relationship of postural reactions to chronological age and to motor milestone development (as measured by the Bayley Scales of Infant Development). The relationship of postural reactions to chronological age was weaker in the infants with Down Syndrome; a regression analysis revealed a slower rate of postural reaction development evident at an age of about five months and older in infants with Down Syndrome. The association between postural reactions and motor milestone performance was remarkably similar for both infant groups in degree of association and pattern across the span of motor development tested. The results indicated that, even though the rate of development differed, the association between postural reactions and motor milestones was similar in normal and delayed development. These results support the current rationale that promotes intervention efforts focusing on the facilitation of postural reactions to enhance motor milestone development in infants with Down Syndrome.

Author's Summary