**DISCUSSION.** Dysphagia, muscle weakness, neck pain, and injection-site pain.

**RESULTS**

Safety assessments were performed throughout. When subjects and physicians agreed on the need and subjects had a Toronto Western Spasmodic Torticollis Rating Scale total score of ≥20, standard safety assessments were performed throughout.

**METHODS.** Post-hoc analysis was carried out using data from a randomized, double-blind, placebo-controlled phase 3 study with a randomized, double-blind extension period. Subjects with CD (pretreated or botulinum toxin treatment naive) could receive ≤6 Incobotulinumtoxin A treatments with fixed doses (120 or 240 U) but flexible intervals (>6 weeks). Reinjection occurred when subjects and physicians agreed on the need and subjects had a Toronto Western Spasmodic Torticollis Rating Scale total score of ≥20. Standard safety assessments were performed throughout.

**RESULTS.** Two hundred and fourteen subjects entered the extension period (120 U dose group, n = 103; 240 U dose group, n = 111). In total, 821 Incobotulinumtoxin A injections were included in this analysis: 369 [44.9%] given at 6 weeks. Reinjection occurred when subjects and physicians agreed on the need and subjects had a Toronto Western Spasmodic Torticollis Rating Scale total score of ≥20. Standard safety assessments were performed throughout.

**RESULTS**

At preferred speed: speed, 0.69 ± 0.25 m/s; step length, 0.51 ± 0.12 m; cadence, 1.33 ± 0.31 steps/s. At fast speed: speed, 1.08 ± 0.40 m/s; step length, 0.55 ± 0.15 m; cadence, 1.91 ± 0.39 steps/s. In the parietal ankle: triceps surae spasticity grade, 2.2 ± 0.8; spasticity angle, 13.7 ± 6.5°; dorsiflexion angle of weakness, 13.2 ± 9.3°. At preferred speed, the angle of weakness was negatively correlated with speed (r = -0.48, P = 0.039), step length (r = -0.55, P = 0.014), and at fast speed, with speed (r = -0.56, P = 0.012), step length (r = -0.57, P = 0.010) and cadence (r = -0.47, P = 0.040).

**CONCLUSIONS.** In chronic hemiparesis, ambulation (at preferred and fast speed), is correlated at the ankle with the combination of tibialis anterior paresis and triceps surae cocontraction rather than with triceps surae spasticity.

**REFERENCES**


**INTER-RATER ICC** was moderate (0.62) for the classical method (free or imposed landmarks) at day 1 and day 7; it was mediocre with imposed landmarks at day 1 and day 7 (0.44 and 0.56) and moderate at day 1 and day 7 (0.52 and 0.56) for the S. Index.

**DISCUSSION.** This study confirmed that the intra and inter-rater reliability of goniometric measurements of equinus were not satisfying, whatever the method. Therefore, the search for a method that has better metrological qualities is necessary.

Intra-rater reliability was better with conventional method and free landmarks; however, one coefficient was correct for one judge with the new method, which has to be improved.

Inter-rater reliability didn’t seem to be better for the S Index. http://dx.doi.org/10.1016/j.rehab.2013.07.1020

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