



Hemiparesis

The hemiparesis is an incomplete paralysis of one half of the body due to a damage to the of the brain of the opposite side of the body. The most common cause of hemiparesis is a stroke (cerebral infarction, apoplexy, insult). The hemiparesis simulator simulates this unilateral paralysis, which is usually accompanied by spasticity of the paralysed extremities.

The simulated effects are:

- paralysis of one leg
- paralysis of one arm
- unilateral vision impairment
- unilateral hearing impairment
- speech and swallow disorders



You will find all information about the hemiparesis simulator and the age simulation suit **GERT** including price list at:
www.age-simulation-suit.com



Hemiparesis simulator

The hemiparesis simulator simulates an incomplete unilateral paralysis, e.g. caused by a stroke.

Stroke is the leading cause of moderate and severe disability.

The simulation creates real understanding for those concerned and supports stroke prevention.

The hemiparesis simulator is independent from size and side of the body and can be used both alone and in combination with the age simulation suit **GERT**.

The overshoes to simulate an unsteady gait are also a useful addition to the hemiparesis simulator.



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Fields of application

The hemiparesis simulator can be used in numerous fields due to its impressive simulation and simple and self-explanatory application:

- training and further education of physicians
- training and further education of nursing staff
- education and motivation for prevention
- creating empathy for the people concerned
- lobbying for associations and organisations
- media and public relations work
- accessibility and design for all
- operational reintegration
- and many more areas



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Hemiparesis simulator

Wernicke-Mann gait

The neurologist and psychiatrist Carl Wernicke (1848 - 1905) and his assistant Ludwig Mann investigated the paralysis type after unilateral brain damage. The typical gait pattern due to unilateral paralysis has since been referred to as the Wernicke-Mann gait.

It is characterised by a flexion of the arm pressed to the upper body with a hanging shoulder and an extensor spasticity of the leg with weak foot dorsiflexion.

When walking, the paralysed leg is rotated outside in the hip joint and thus guided forward in an arcuate movement. The hip is lifted and the weight is shifted to the healthy side of the body. The foot is hardly lifted from the ground when walking.



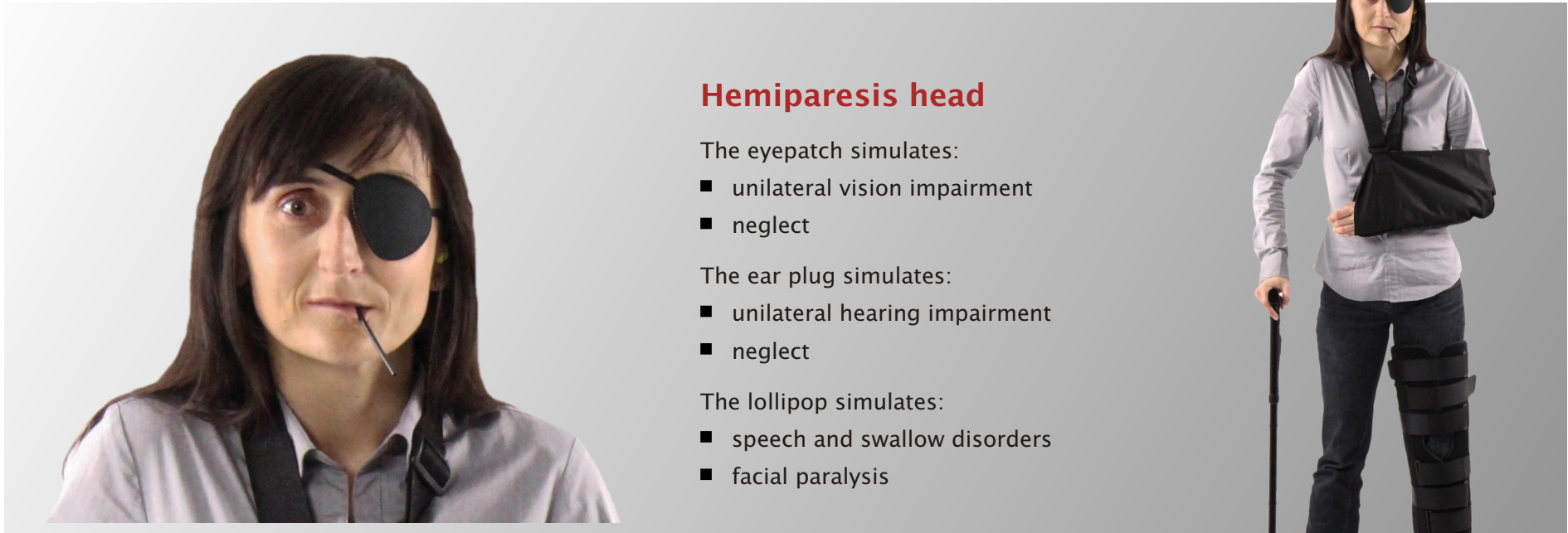
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Hemiparesis simulator



Hemiparesis head

The eyepatch simulates:

- unilateral vision impairment
- neglect

The ear plug simulates:

- unilateral hearing impairment
- neglect

The lollipop simulates:

- speech and swallow disorders
- facial paralysis

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Hemiparesis arm

The arm sling simulates:

- flexor spasticity
- paralysis



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Hemiparesis simulator



Hemiparesis leg

The knee splint simulates:

- extensor spasticity
- paralysis

The weight cuff simulates:

- loss of strength
- loss of coordination skills
- weak foot dorsiflexion

The walking stick enables:

- stabilisation during weight shift

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