that were even only 10 minutes a day." Some expressed their
dislike to the point of experiencing a cold sweat while per-
forming the exercises. This reaction likely occurs because per-
forming at a level in which the memories are missing induces
some subconscious rejection, and it seems to offer evidence to
specify the location of the missing memories.

Excellent treatment outcomes were obtained in the cur-
rent study through SDE therapy for musician's cramps,
which is one of the most difficult types of focal dystonia to
treat. A likely reason for this effectiveness is that the subjects
routinely rehearsed the performance using a metronome,
which made it easy to maintain the controlled speed of move-
ment. It is conceivable that SDE therapy could be applied to
the treatment of other occupational cramps, such as writer's
or typist's cramp; however it will be necessary to devise a
method to measure the speed of the movement.

REFERENCES

2. Fahn S: Dystonia: phenomenology, classification, etiology, genetics,
3. Lederman RJ: Neuromuscular problems in the performing arts.
4. Proceeding of the 10th European Congress of Musician's Medicine,
ioral treatment for focal hand dystonia of pianists and guitarists. Arch
7. Fahn S: Assessment of primary dystonias. In Munat TL (ed). Quan-
tification of Neurologic Deficit. Boston, Butterworths, 1989, pp
241–270.
8. Tabian R, Chamagne P: Les affections professionnelles du membre
9. Poore GV: Clinical lecture on certain conditions of the hand and arm
which interfere with the performances of professional arts, especially
13. Jankovic J: Botulinum toxin therapy for focal dystonia. Med Probl Per-
tonias of the hand with botulinum toxin injections. J Neurol
16. Marsden CD: Investigation and treatment of dystonia. Med Probl Per-