
Neurosensory Testing
with the
Pressure-Specified
Sensory Device™

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DELLON INSTITUTES FOR PERIPHERAL NERVE SURGERY®

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NEUROSENSORY TESTING WITH THE PRESSURE-SPECIFIED SENSORY DEVICE™

There needed to be a *painless* method for a doctor to determine if a person's complaints of numbness or pain were due to compression (entrapment or pressure) of a nerve, injury to a nerve, or due to a neuropathy.

There needed to be a *painless* method for a doctor to determine if a person's nerve was dying or coming back to life (regenerating).

In 1989, A. Lee Dellon, MD, a Plastic Surgeon, Hand Surgeon, and Peripheral Nerve Surgeon, worked with an Aerospace Engineer to develop a computer-based device to measure how hard the skin had to be pressed to decide if one or two rounded objects were in moving or constant contact on that skin's surface.

NO NEEDLES OR ELECTRIC SHOCKS ARE USED.

NEUROSENSORY TESTING IS PAINLESS.

The device is now called the Pressure-Specified Sensory Device™ (PSSD).

The PSSD can be used to test any piece of skin.

WHY SHOULD I HAVE PSSD TESTING?

The PSSD can identify nerves that are causing:

- Numbness, tingling, or pain in the fingers or toes.
- Night time awakening from hand or foot problems.
- Clumsiness, weakness, or dropping things.
- Facial pain after injury or previous surgery.
- Heel pain or pain in the ball of the foot.

Following surgery, the PSSD can identify painful nerves that are:

- Failing to heal (continued degeneration).
- Healing properly (regenerating).

IS THE PSSD CLEARED BY THE FDA?

YES!

The PSSD is cleared for use by the Food and Drug Administration of the United States Government, and furthermore, it is approved by the National Institute for Standards and Testing.

HOW AM I TESTED WITH THE PSSD?

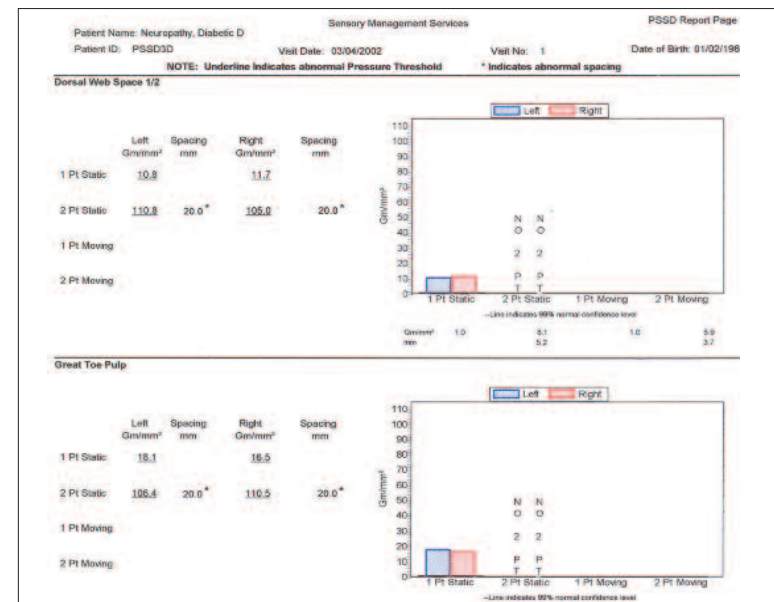
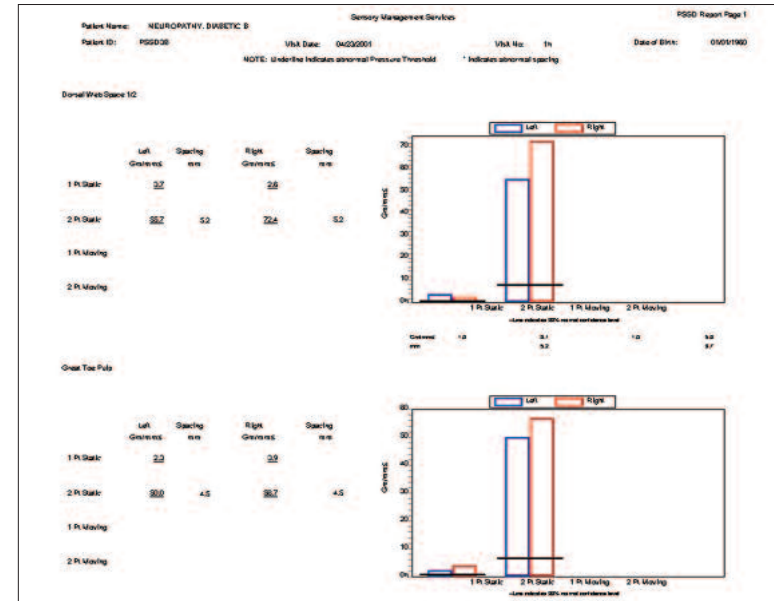
You are seated comfortably in a reclining chair. The small blue PSSD is hand held by the person doing the testing, and the two small metal probes are touched gently to the skin area being tested.



WHAT DOES A PSSD REPORT SAY?

Computer reports of neurosensory testing with the PSSD for *Diabetic Neuropathy* are shown below.

The report shows the *left* side of the measured area in BLUE and the *right* side of the same area in RED.



In the report on the TOP, both blue and red bars are elevated for a nerve on the top of the foot (peroneal nerve) and bottom of the foot (tibial nerve), which is the pattern for a neuropathy. Two points can still be discriminated from one point touching the skin, but the distance at which this is determined is abnormal, which is the pattern for nerve degeneration. This person is at risk now for an ulceration. Recovery after nerve decompression can occur within three months.

In the report on the BOTTOM, two points can no longer be distinguished. Only one point touch can be felt. This degree of neuropathy is severe. Recovery after nerve decompression may take one year.

PSSD testing. The person being tested rests in a chair.

Testing the lip with the PSSD.

Testing a foot with the PSSD.

Testing a hand with the PSSD.

DOES PSSD TESTING HAVE RISKS?

Published outcomes of neurosensory testing with the Pressure-Specified Sensory Device™ document that the PSSD offers the best hope to identify the source of your symptoms, to document the stage or degree of nerve compression or neuropathy, and to determine if your nerves are regenerating. There are risks, including identifying a problem which is not actually present, or failing to identify a problem that is present. Every neurosensory test relies upon the cooperation of the patient during the testing procedure, the ability of the person doing the testing, and the interpretation of the PSSD results by the doctor in terms of the entire context of your clinical history and physical examination.

Please be aware that A. Lee Dellon, MD, invented the PSSD, and keep this conflict of interest in mind when accepting having the testing done, and when reading the published scientific articles listed on the next page of this brochure. There are, through the end of the year 2005, 78 published scientific articles. Some of these are available on the internet at DELLONINSTITUTES.COM

WHO SHOULD DO NEUROSENSORY TESTING WITH THE PSSD?

Only people certified by a two day formal training program in neurosensory testing with the Pressure-Specified Sensory Device™ should do this testing.

Neurosensory testing with the PSSD is available at all *Dellon Institutes for Peripheral Nerve Surgery*®.

BEING ACADEMIC IN PRIVATE PRACTICESM

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**BROCHURES
IN THIS SERIES:**

Carpal Tunnel Syndrome

Cubital Tunnel Syndrome

Foot Drop

Groin Pain

Heel Pain

Joint Pain

Nerve Injury and Repair

Neuropathy

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