

Translational research on spinal cord injury and cell-based therapies : a focus on pain and sensorimotor disturbances

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Propositions

1. Whether or not a SCI patient will develop pain is best predicted by the definition of pain (chapter 2).
2. Decreased below-level withdrawal thresholds for painful stimuli in preclinical thoracic SCI models are a better model for spasms than for pain (chapter 3).
3. Backward locomotion in preclinical SCI models is more relevant for clinical translation of motor deficits, or the recovery of motor function, than forward locomotion (chapter 4).
4. The focus in studies on therapeutic applications of cell-based SCI therapies should be on secondary complications, such as syringomyelia, pain, or spasticity (chapter 1, 6 & 9).
5. Studying pain without assessing the sensory system is like appreciating a concert through a keyhole.
6. Further integration of regenerative and rehabilitation research is needed for the benefit of SCI patients.
7. Chronic pain is an often used diagnosis, but the clinical relevance is very limited as it is a heterogeneous condition and has an unclear definition of the term chronic.
8. To reduce bias and improve research quality, the conclusion (and the results providing the proof for the conclusion) should be blinded in manuscripts before submission and peer-review.
9. Being amazed more frequently is often just a matter of disbelieving less.