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Abstract

This paper discusses some convergence properties in fuzzy ordered proximal approaches defined by $\{(g_n, T_n)\}$ —sequences of pairs, where $g : A \rightarrow A$ is a surjective self-mapping and $T : A \rightarrow B$, where A and B are nonempty subsets of an abstract nonempty set X and $(X, M, *, \preceq)$ is a partially ordered non-Archimedean fuzzy metric space which is endowed with a fuzzy metric M , a triangular norm $*$ and an ordering \preceq . The fuzzy set M takes values in a sequence or set $\{M_{\sigma_n}\}$ where the elements of the so-called switching rule $\{\sigma_n\} \subset Z_+$ are defined from $X \times X \times Z_{0+}$ to a subset of Z_+ . Such a switching rule selects a particular realization of M at the n th iteration and it is parameterized by a growth evolution sequence $\{\alpha_n\}$ and a sequence or set $\{\psi_{\sigma_n}\}$ which belongs to the so-called $\Psi(\sigma, \alpha)$ -lower-bounding mappings which are defined from $[0, 1]$ to $[0, 1]$. Some application examples concerning discrete systems under switching rules and best approximation solvability of algebraic equations are discussed.

KEYWORDS: Best proximity points; Fixed points; Fuzzy metric; Fuzzy set; Optimal fuzzy best proximity coincidence points; Proximal; Switching rule; $\Psi(\sigma, \alpha)$ -Lower-bounding mapping; $\Psi(\sigma, \alpha)$ -Lower-bounding asymptotically contractive mapping

PMID: 27652052 PMCID: [PMC5010563](#) DOI: [10.1186/s40064-016-3116-2](#)

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PLAIN-LANGUAGE-SUMMARY: People with brain injuries often report memory problems. These difficulties can continue long after the injury, causing complications in daily life. Many people do not receive specific help for these memory problems after leaving hospital. Our study explored whether receiving 'memory rehabilitation' (a group treatment to help people deal with memory difficulties) was better than the treatment that people usually receive to help reduce the frequency of forgetting in daily life. We recruited 328 people who had memory problems following brain injury. About half were allocated at random to receive memory rehabilitation and half did not have any extra memory treatments, but everyone continued to receive their usual care. Those who had memory rehabilitation were offered 10 group sessions at which strategies were taught to help them cope with memory problems. We asked all participants to complete memory tests and questionnaires at the start of the study and again 6 and 12 months afterwards to find out whether the memory rehabilitation had any effect. Some participants were also interviewed about the study. At the 6- and 12-month assessments, there were no differences between those who received memory rehabilitation and those who did not in terms of how often participants reported memory problems in their daily lives or how well they performed on memory tests. We also did not find any differences in participants' mood or quality of life. However, individual goals set by the participants at the start of the study were a little better met by those who received memory rehabilitation than by those who did not. The memory rehabilitation did not represent value for money. In interviews, participants reported positive experiences of taking part in the study and of attending the group sessions. This group memory rehabilitation programme is unlikely to help people with memory problems following a brain injury more than the usual treatment that people receive. Some people may benefit more from memory rehabilitation than others, but this needs further investigation.

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L Tetreault et al. Neurosurgery 85 (5), 642-647. 2019.

☐ 1 **Is Preoperative Duration of Symptoms a Significant Predictor of Functional Outcomes in Patients Undergoing Surgery for the Treatment of Degenerative Cervical Myelopathy?**
Tetreault L. et al. Neurosurgery 2019. PMID 30445506
BACKGROUND: **Preoperative duration of symptoms** may **significantly** impact **outcomes** in **patients** treated surgically for **degenerative cervical myelopathy** (DCM). ...**Patients** with a **duration** of **symptoms** shorter than 4 mo had **significantly** better **functional outcomes** on the mJOA than **patients** with a longer **duration** of **symptoms** (>4 mo). ...

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Tetreault L. et al. J Bone Joint Surg Am 2015 - Clinical Trial. PMID 26677238
BACKGROUND: **Cervical** spondylotic **myelopathy** (CSM) is a progressive **spinal** condition that is often managed surgically. Knowledge of important **predictors** of **surgical outcome** can provide decision support to surgeons and enable them to effectively manage their **patients'** expectations. ...CONCLUSIONS: **Patients** were more likely to achieve a score of ≥ 16 (indicating minimal impairment) if they were younger, had milder **preoperative myelopathy**, did not smoke, had fewer and less severe comorbidities, did not present with impaired gait, and had shorter **symptom duration**....

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Is Preoperative Duration of Symptoms a Significant Predictor of Functional Outcomes in Patients Undergoing Surgery for the Treatment of Degenerative Cervical Myelopathy?

Tetreault L, et al. Neurosurgery 2019. PMID 30445506

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Functional Outcomes in Patients Undergoing Surgery for the Treatment of Degenerative Cervical Myelopathy: Analysis of an International Cohort Study.

Tetreault L, Wilson JR, Kotter MRN, et al. Is Preoperative Duration of Symptoms a Significant Predictor of Functional Outcomes in Patients Undergoing Surgery for the Treatment of Degenerative Cervical Myelopathy? Neurosurgery. 2019;185(1):1-10. PMID 26677238

(DCM) is a progressive **spinal** condition that is often treated surgically. **Factors of surgical outcome** can provide decision makers with information to manage their **patients'** expectations. The purpose of this study was to determine if a score of ≥ 16 (indicating minimal impairment) if patients had shorter **symptom duration**....


CITE

Tetreault L, Wilson JR, Kotter MRN, et al. Is Preoperative Duration of Symptoms a Significant Predictor of Functional Outcomes in Patients Undergoing Surgery for the Treatment of Degenerative Cervical Myelopathy? Neurosurgery. 2019;185(1):1-10. PMID 26677238


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