



# Journal of Neurotherapy: Investigations in Neuromodulation, Neurofeedback and Applied Neuroscience

## Clinical Corner

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## CLINICAL CORNER

**D. Corydon Hammond, Associate Editor**

*The purpose of the Clinical Corner is to provide space for clinically oriented material which may not, in many cases, have been evaluated yet by controlled research. Therefore, the personal opinions expressed in the column are exactly that, the opinions of the individual authors, often based on their clinical experience. The opinions shared belong to the authors and are not necessarily those of the International Society for Neurofeedback and Research or the Journal of Neurotherapy. Nonetheless, it is hoped that the diversity of opinion expressed in this column will stimulate thought and the further exchange of ideas. Readers are invited to send clinically oriented articles or questions for consideration to D. Corydon Hammond, PhD, University of Utah School of Medicine, PM&R, Salt Lake City, UT 84132, USA. E-mail: d.c.hammond@utah.edu*

The initial article in this Clinical Corner presents the second case report to be published on the potential of neurofeedback in the treatment of fetal alcohol spectrum disorder. This extensive problem can be one of the causes for problems with attention deficit/hyperactivity disorder, mental retardation, and conduct disorder. The second article represents the first published reports on the use of neurofeedback in the treatment of restless leg syndrome and periodic limb movements in sleep. These are widespread conditions, cause great misery in persons who suffer with them, and are generally only partially helped with existing medical treatments. The final article is a contribution on LORETA neurofeedback. It notes both positive changes associated this newer methodology for doing neurofeedback, and importantly it adds to our literature (Hammond & Kirk, 2008; Hammond, Stockdale, Hoffman, Ayers, & Nash, 2001; Lubar et al., 1981; Lubar & Shouse, 1976, 1977; Todder, Levine, Dwolatzky, & Kaplan, 2010; Whitsett, Lubar, Holder, &

Natelson, 1982) pointing out the potential for side effects—something for which clinicians must maintain vigilance.

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