METHODS

- A needs assessment was completed to assess the current need for resources and programs for the neurological population within an inpatient rehabilitation facility.

- Once a gap in service was identified, a survey was created and distributed to therapy staff.

- The survey consisted of:
  - Questions regarding sufficiency of current educational resources
  - Comfort levels for staff providing education
  - Topics to include in educational resources for upper extremity hemiplegia, visual field deficits and spatial neglect

- Results were analyzed and guided a literature review on current research regarding above topics.

- Evidence was interpreted and integrated into the development of spatial neglect and upper extremity motor recovery educational resources and home programs.

RESULTS

Upper Extremity Hemiplegia

- Current educational resources at this inpatient rehabilitation facility for patients and caregivers provided general information on upper extremity motor recovery and hemiparesis.

- The resources did not highlight the importance of neuroplasticity and the role it plays in recovery, nor did it provide any information on ways to foster and enhance function.

- Evidence supports Constraint Induced Movement Therapy (CIMT) as an intervention to improve arm function by capitalizing on neuroplasticity and motor learning principles through repetitive exercises used affected limbs for 80% of daily activities for 2 weeks²

- Traditional CIMT is intensive, difficult to implement and difficult for patients to adhere to schedule, therefore a modified protocol (mCIMT) exists that utilizes a lower treatment dose (i.e. 3hr/day, 3 weeks)

- A modified home program was developed that emphasized the use of affected arm during daily functional tasks (i.e. dressing, grooming, etc.) in conjunction with completing 2-3 tasks additional tasks for a total of 20-30 repetitions per day.

REFERENCES


