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Efficacy of a modified constraint induced movement therapy protocol in the clinical setting

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Constraint induced movement therapy (CIT) is an intervention strategy used by rehabilitation therapists for people who have experienced stroke. Traditional CIT protocols require participants to wear a restraint on their arm and hand unaffected by the stroke which forces them to use their affected arm in hand in functional activities. While a traditional CIT protocol is efficacious for acute and subacute stroke rehabilitation, it is not clinically feasible due to its high demands and level of intensity. In addition, there is limited research available on effective treatments for people with chronic stroke (when the onset of stroke occurred at least one year prior). The purpose of this study is to examine the efficacy and feasibility of a modified CIT (mCIT) protocol. The mCIT protocol used in this study consists of restraint-wear schedule of five hours a day, five days a week for six weeks and participation in therapy sessions twice a week for 75 minutes each session. Three established outcome measures are being used to examine the pre- and post-test level of impairment, functional outcome, and participant satisfaction with the outcome in six study participants with chronic stroke. The four outcome measures utilized are the Wolf Motor Function Test (WMFT), the Motor Activity Log (MAL), and the Canadian Occupational Performance Measure (COPM). A post-survey is being used to show trends in satisfaction with the protocol across participants. Due to researcher and participant limitations, the anticipated date of completion is December 2008, and data is unavailable at this time. Therefore, the intent of this poster is to highlight the progress of the study thus far including literature review, data analysis on two participants, and participant and therapist report on the modified protocol.