Slide Presentation
93rd AOTA Annual Conference & Expo, April 2013, San Diego, CA

Preliminary Findings From the Systematic Review on
Occupational Therapy Interventions for Stroke

Focused question: What is the evidence for the effectiveness of interventions to improve occupational performance for those with motor impairments after stroke?

Note. Data presented in the slides are preliminary and may differ from that in the final evidence review.
Focused Question

What is the evidence for the effectiveness of interventions to improve occupational performance for those with motor impairments after stroke?


Guided Research Process

- Updating of: Occupational Therapy Practice Guidelines for Adults with Stroke (Sabari, 2008)
- AOTA Collaboration
  - Marian Arbesman, Ph.D., OTR/L
  - Deborah Lieberman, MHSA, OTR/L, FAOTA
- Focused on Level I – III studies published between 2003-2012

Guided Research Process

- Included in Systematic Reviews: 96
- Sufficient Level II & III Evidence: 52
- Inclusion/Exclusion Criteria: 186

Interventions: TOT Using Objects in Natural Environments

Interventions: TOT Combined with Cognitive Strategies

Main Themes:
- Task Oriented Training Using Objects in Natural Environments
- Task Oriented Training Combined with Cognitive Strategies
- Task Oriented Training Facilitated by Devices or Combined with Accessory Interventions
- Adjunctive Interventions

4,930 Abstracts Reviewed

485 Articles Reviewed

151 Articles Included

151 Articles Excluded

http://dx.doi.org/10.5014/ajot.2015.691007
Results of Search Process

- **TOT Using Objects in Natural Environments**

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>LEVELS OF EVIDENCE</th>
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<tbody>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Repetitive Task Practice (RTP)</td>
<td>15</td>
</tr>
<tr>
<td>Constraint Induced Movement Therapy (CiMT/mCiMT)</td>
<td>16</td>
</tr>
<tr>
<td>Bilateral Training (excluding BATRAC)</td>
<td>3</td>
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- **TOT Combined with Cognitive Strategies**

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<thead>
<tr>
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<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Mental Practice</td>
<td>9</td>
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<tr>
<td>Virtual Reality</td>
<td>4</td>
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<td>Mirror Therapy</td>
<td>3</td>
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<tr>
<td>Action Observation</td>
<td>2</td>
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- **TOT Facilitated by Devices or Combined with Accessory Interventions**

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<thead>
<tr>
<th>INTERVENTION</th>
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<tbody>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Electrical Stimulation</td>
<td>21</td>
</tr>
<tr>
<td>Robotics</td>
<td>11</td>
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<td>Botox</td>
<td>4</td>
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<tr>
<td>Brain Stimulation</td>
<td>5</td>
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<tr>
<td>BATRAC</td>
<td>3</td>
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- **Adjunctive Interventions**

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<tr>
<td></td>
<td>I</td>
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<tr>
<td>Strengthening/Exercise</td>
<td>15</td>
</tr>
<tr>
<td>Positioning Devices &amp; Orthotics</td>
<td>7</td>
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Results: Types of Outcome Measures

- **UE Function:**
  - Action Research Arm Test
  - Wolf Motor Function Test
  - Motor Activity Log

- **Balance/Mobility:**
  - Berg Balance Scale
  - 10 Minute Walk Test
  - Timed-Up-Go Test

- **Activity/Participation:**
  - Functional Independence Measure
  - Barthel Index
  - Stroke Impact Scale

Preliminary Results: TOT Using Objects in Natural Environments

- **Constraint Induced Movement Therapy:** (Strong Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 16 Level I studies, 3 Level II studies | NA
  - Activity/Participation | 4 Level I studies, 1 Level II studies | 1 Level I study

- **Bilateral Training** (excluding BATRAC): (Limited Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 1 Level I study | 2 Level I studies
  - Activity/Participation | NA | 1 Level I study

Preliminary Results: TOT Combined with Cognitive Strategies

- **Repetitive Task Practice:** (Strong Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 7 Level I studies, 3 Level II study | 3 Level I study
  - Balance/Mobility | 7 Level I studies, 1 Level II study | 1 Level I study
  - Activity/Participation | 3 Level I studies | NA

- **Mental Practice:** (Mixed Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 3 Level I studies | 3 Level I studies
  - Activity/Participation | 3 Level I studies | 3 Level I studies

- **Virtual Reality:** (Moderate Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 3 Level I studies, 1 Level II study | 1 Level I study
  - Activity/Participation | 1 Level I study | 1 Level I study

Preliminary Results: TOT Combined with Cognitive Strategies

- **Mirror Therapy:** (Moderate Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 2 Level I studies | 1 Level II studies
  - Activity/Participation | 1 Level I studies | 1 Level II studies

- **Action Observation:** (Moderate Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 2 Level I studies | NA
  - Activity/Participation | NA | NA

Preliminary Results: TOT Facilitated by Devices or Combined with Accessory

- **Electrical Stimulation:** (Moderate Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 15 Level I studies, 8 Level II studies | 8 Level I studies
  - Activity/Participation | 1 Level I study | 2 Level II studies

- **Robotics:** (Limited Evidence)
  - Level of Analysis | Significant Effects | Non-Significant Effects
  - UE Function | 1 Level I studies, 1 Level II study, 1 Level III study | 5 Level I studies
  - Activity/Participation | 4 Level I studies, 1 Level II study | 6 Level I studies

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Preliminary Results: TOT Facilitated by Devices or Combined with Accessory Interventions

- **Botox**: (Mixed Evidence)
  
<table>
<thead>
<tr>
<th>Level of Analysis</th>
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</thead>
<tbody>
<tr>
<td>UE Function</td>
<td>2 Level I studies</td>
<td>1 Level I study</td>
</tr>
<tr>
<td>Activity/Participation</td>
<td>1 Level I study</td>
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- **Brain Stimulation**: (Mixed Evidence)
  
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<tr>
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<td>NA</td>
<td>2 Level I study</td>
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Preliminary Results: Adjunctive Interventions

- **Strengthening/Exercise**: (Strong Evidence)
  
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<tbody>
<tr>
<td>UE Function</td>
<td>4 Level I studies</td>
<td>1 Level I studies</td>
</tr>
<tr>
<td>Balance/Mobility</td>
<td>7 Level I studies</td>
<td>4 Level I studies</td>
</tr>
<tr>
<td>Activity/Participation</td>
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- **Positioning Devices/Orthotics**: (Limited Evidence)
  
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<td>3 Level I studies</td>
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</tbody>
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Limitations of Review

- Heterogeneity of studies within intervention categories:
  - Participant characteristics
  - Intervention protocols
  - Outcome measures
- Many studies with small sample sizes
- Possible duplication of studies across intervention categories (e.g., RTP & CIMT; BT/BATRAC & E-Stim)
- Limited the search to journals published in English
- Possibility of missing studies because of combinations of search terms

Future Directions of the Review

- Where do we go from here?
  - Consideration is being given to the following:
    - Rating the methodological quality of the individual studies included in the review (e.g., PEDro Scale)
    - Pooling data related to specific outcomes (e.g., UE function; Activity) to determine overall effect sizes
    - Alternative methods to systematically grade the strength of the evidence (e.g., GRADE)
tentative counts - still need to cross reference

Dawn, 3/22/2013
Evidence suggests there are multiple interventions that are effective at improving occupational performance for those with motor impairments after stroke.

**Intervention Commonalities:**
- Goal oriented activities (i.e. OCCUPATION!)
- Provide just the "right" amount of challenge
- Repetition *without* repetition (i.e. VARIABILITY)
- Use it to improve it:
  - PRACTICE!
  - PRACTICE!!
  - PRACTICE!!!

**Implications for Practice/Education**

- Which interventions should be used with which stroke survivors?
  - Time post-stroke (e.g., acute vs chronic)
  - Motor impairment level (e.g., severe vs mild)
  - Lesion location
- Dosing: how much is enough?
- Long term effects needs to be evaluated
- Cost efficiency: how much does it cost to integrate the intervention into clinical practice?
- Underlying mechanisms of the treatment effects

**Implications for Research**