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Increasing the intensity of hand therapy to improve function after stroke.

Leo Ross¹, Natasha Lannin^{2,3}, Lisa Harvey^{2,3}

¹*Ipswich Hospital, Brisbane, Qld, Australia*, ²*Rehabilitation Studies Unit, The University of Sydney, Sydney, NSW, Australia*, ³*Royal Rehabilitation Centre Sydney, Sydney, NSW, Australia*

Background: Much of current best evidence for upper limb therapy following stroke provides only general guidance that training be intensive and task specific. The evidence remains unclear for specific programs other than constraint induced movement therapy, which has not been widely adopted in Australia.

Objective: To determine the benefits of additional therapy specifically directed at the hand in people with acquired brain impairment.

Design: An assessor-blinded randomized controlled trial.

Setting: Rehabilitation hospital.

Participants: A sample of 39 adults with hand impairment following stroke (90%) or traumatic brain injury (10%).

Intervention: The experimental group (n = 19) received an additional one-hour session of task-specific motor training for the hand five times a week over a six-week period. Both groups continued to receive standard care including 30 minutes of occupational therapy directed at the shoulder and elbow.

Results: The mean differences between groups on the Action Research Arm and summed Manual Muscle Tests were -6 points (95% CI, -20 to 8) and 3% (95% CI, -10 to 16), respectively.

Conclusion: Hand and overall arm function of all participants improved over the six-week period however there was not a clear benefit from providing additional hand therapy.