

8-18-2015

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Recommended Citation

Bland, OTS, Carlisle; Bucciero, OTS, Molly; Hankins, OTS, Shelby; Krevitz, OTS, Blair; and Matyas, OTS, Nicole, "Reach for the Stars: Improving Upper Extremity Function After Spinal Cord Injury" (2015). *Collaborative Research and Evidence shared Among Therapists and Educators (CREATE Day)*. Paper 34. <https://jdc.jefferson.edu/createday/34>

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Reach for the Stars: Improving Upper Extremity Function After Spinal Cord Injury
Carlisle Bland, Molly Bucciero, Shelby Hankins, Blair Krevitz, Nicole Matyas
Faculty/Librarian Mentor(s): Bobby Walsh

Presented in Partial Fulfillment of the Master of Science in Occupational Therapy degree at Thomas Jefferson University

Objectives of Presentation:

- 1.) **Describe** how cervical spinal cord injury affects UE functioning necessary for activities of daily living.
- 2.) **Describe** occupational therapy interventions used to increase UE functioning in cervical SCI.
- 3.) **Discuss** how current evidence supports implementing occupational therapy interventions into clinical practice for individuals with cervical SCI, in order to maximize independence in activities of daily living.

PICO: What is the evidence supporting occupational therapy interventions to increase upper extremity function in order to improve ADL performance following Cervical Spinal Cord Injury?

Methods		Results											
<p>Databases: CINAHL, OT Seeker, PubMed</p> <p>Search Terms: Spinal cord injury [mesh], spinal cord injuries [mesh], quadriplegia [mesh], adult [mesh], young adult [mesh], spinal cord injur*, tetraplegia, Occupational therapy [mesh], occupational therap*, therapy, electrical stimulation, motor learning principles, Activity of daily living, activity of daily living performance, independence, hand function*, upper extremity function*</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: center;">Theme 1: Functional Electrical Stimulation (FES)^{7,8,10,14,18}</th> <th style="width: 25%; text-align: center;">Theme 2: Neuroprosthesis/ Neuromuscular Electrical Stimulation-assisted grasp^{11,15,18}</th> <th style="width: 25%; text-align: center;">Theme 3: Robotic Training^{3,21,22}</th> <th style="width: 25%; text-align: center;">Theme 4: Massed Practice and Somatosensory Stimulation^{2,5,6}</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p>-Moderate evidence supports the inclusion of FES for best practice in providing occupational therapy services for individuals with Cervical Spinal Cord Injury</p> <p>-5/5 articles (Level I, Level III, and Level IV) reported outcomes in favor of FES as effective intervention for improving hand function</p> <p>-3/5 articles included statistical analyses</p> </td> <td style="vertical-align: top;"> <p>-Limited evidence supports the use of neuroprostheses/ NMES</p> <p>-3/3 studies included statistical analyses</p> <p>2/3 studies showed statistically significant results immediately after intervention^{11,18}</p> </td> <td style="vertical-align: top;"> <p>-Limited evidence to support the use of robotic training</p> <p>-2/3 found significant improvements after intervention</p> <p>-3/3 studies reported functional improvements</p> </td> <td style="vertical-align: top;"> <p>-Moderate evidence to support combining massed practice and somatosensory stimulation as an intervention approach</p> <p>-3/3 studies found significant improvements after intervention</p> <p>-2/3 studies included statistical analyses</p> <p>-1/3 studies reported functional improvements</p> </td> </tr> </tbody> </table>				Theme 1: Functional Electrical Stimulation (FES) ^{7,8,10,14,18}	Theme 2: Neuroprosthesis/ Neuromuscular Electrical Stimulation-assisted grasp ^{11,15,18}	Theme 3: Robotic Training ^{3,21,22}	Theme 4: Massed Practice and Somatosensory Stimulation ^{2,5,6}	<p>-Moderate evidence supports the inclusion of FES for best practice in providing occupational therapy services for individuals with Cervical Spinal Cord Injury</p> <p>-5/5 articles (Level I, Level III, and Level IV) reported outcomes in favor of FES as effective intervention for improving hand function</p> <p>-3/5 articles included statistical analyses</p>	<p>-Limited evidence supports the use of neuroprostheses/ NMES</p> <p>-3/3 studies included statistical analyses</p> <p>2/3 studies showed statistically significant results immediately after intervention^{11,18}</p>	<p>-Limited evidence to support the use of robotic training</p> <p>-2/3 found significant improvements after intervention</p> <p>-3/3 studies reported functional improvements</p>	<p>-Moderate evidence to support combining massed practice and somatosensory stimulation as an intervention approach</p> <p>-3/3 studies found significant improvements after intervention</p> <p>-2/3 studies included statistical analyses</p> <p>-1/3 studies reported functional improvements</p>
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<p>Inclusion Criteria</p> <ul style="list-style-type: none"> -2005-present -English language -15+ years of age -Male and Female -History of Spinal Cord Injury -Quadriplegia/Tetraplegia -ASIA levels A, B, C, D -Inpatient and Outpatient Services 	<p>Exclusion Criteria</p> <ul style="list-style-type: none"> -Animal Research -Systematic Reviews, Literature Reviews, Expert Opinions -History of cerebrovascular accident (CVA) or -Traumatic Brain Injury (TBI) -Paraplegia -Surgical Interventions (ex. tendon transfers) Pain as outcome measure 												
<p>Critique</p> <p>-2 researchers reviewed each article using: Evaluation of Quality of an Intervention Study: Law, M. & McDermid, J. (2003). Appendix M and N (pp 414-423). In <i>Evidence-Based Rehabilitation</i>. Thorofare, NJ: Slack, Inc.</p>		<p>Identified 617 articles through database searching with duplicates removed</p> <p>14 articles included in quantitative synthesis</p>											

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