

Introduction to TeleCIMT

TIDE Group September 2020




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Learning objectives

- To understand:
 - the TeleCIMT program design
 - the basis for TeleCIMT
 - eligibility for the program
 - the TeleCIMT screening criteria
- To be aware of:
 - evidence underpinning the rationale for TeleCIMT




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What is TeleCIMT?

- Mode of CIMT delivery that does not require face to face contact
- Can be run 100% remotely or a combination of face to face and remote contact
- Communication predominantly via video calls, telephone & written communication e.g. text / email




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TeleCIMT program design




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TeleCIMT program design



- 2 x weekly therapy sessions (1 hour)
- Brief daily communication with therapist / TA / student
- Daily supervision by TeleCIMT supporter
- Transfer package



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TeleCIMT therapist resources




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TeleCIMT therapist resources

1. Screening

2. Assessment

3. Program Prep

4. Intervention

5. Post Program

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TeleCIMT therapist resources

TeleCIMT assessment:

Assessment form



Additional items for assessment (for video call assessment)



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TeleCIMT therapist resources

Additional Resources & Outcome Measures:

Additional assessment info:



Outcome measure table:



Motor Assessment Log Items

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TeleCIMT resources

My TeleCIMT
Preparation
Pack

TeleCIMT
Therapist
Pack

My TeleCIMT
Program
Pack

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Why was TeleCIMT developed?

TIDE Group	Aim	Provision
TIDE group set up in response to pandemic	Aim for CIMT to be accessible to patients even when face to face contact is limited or impossible	Provision of comprehensive set of free learning & delivery resources to facilitate TeleCIMT

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The basis for TeleCIMT

- TeleCIMT design runs in line with summarised findings of Cochrane review (Corbetta et al., 2015)¹
- TeleCIMT structure reflects minimum recommendations by the Australian National Stroke Guidelines (Stroke Foundation, 2017)²



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The basis for TeleCIMT

- TeleCIMT based on Lin et al. (2009) protocol ³
- This study found CIMT produced greater functional gains for weaker UL compared to BAT group and control group
- 30 hours training in line with EXCITE trial (Wolf et al., 2006; 2010) ^{4,5}



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The basis for TeleCIMT

- Opportunity for 90 hours of weaker arm practice is in line with aspiring intensive arm programs ⁶
- Key CIMT 'ingredients' included in TeleCIMT to assist participants in overcoming perceived barriers to weaker arm use ⁷
- Key CIMT 'ingredients' can influence positive behavioural change ⁷



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The basis for TeleCIMT



- Stake holders preference for:
- 'intensive compressed CIMT' programs
 - 3 week programs over 2 weeks duration ⁸



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The basis of TeleCIMT



- Recognition of supporter role in home delivery & importance of supporter guidance and education ⁹
- Benefits of partner / significant other in CIMT witnessing capabilities
 - learning to be encouraging
 - engaging in problem solving
 - stepping back from 'doing the task' for the person ¹⁰



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The basis for TeleCIMT

- Telehealth CIMT previously been delivered, combined with group therapy, with better attendance on video calls than face to face group sessions ¹⁰
- Past remote CIMT programmes (not currently available to utilise) have provided effective intervention using reduced direct therapy supervision ^{11,12}



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Who is TeleCIMT suitable for?

CIMT is suitable for people with.....



(Meharg and Kings, 2015) ¹³



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TeleCIMT screening Additional criteria for consideration

Screening criteria to consider Use appendix 1 to assist with decision-making if answering 'yes' to any of the following questions

1. Does the participant experience extreme fatigue currently?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the participant have significant pain which prevents them from engaging in ADLs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the participant have a falls history or describe being unsteady on their feet often?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the participant have any significant mental or emotional health difficulties ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the participant have any communication needs ?	<input type="checkbox"/>	<input type="checkbox"/>



TeleCIMT brochure ('Participant and Supporter Resources' on website)

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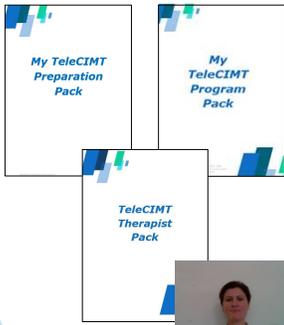
Screen appendix: criteria to consider



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In summary

- TeleCIMT can be used in any health care setting using Telehealth - including for remote populations
- Use resources as a program package OR select / adapt for your practice
- TeleCIMT resources will continue to be developed with user feedback
- Contact TIDE to feedback on using TeleCIMT resources



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12. Lum, P. S., Taub, E., Schwandt, D., Postman, M., Hardin, P., & Uswatte, G. (2004). Automated Constraint-Induced Therapy Extension (AutoCITE) for movement deficits after stroke. *Journal of Rehabilitation Research and Development*, 41(3A), 249-258.
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Thanks for watching!

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