Using The Nintendo Wii As An Adjunct To Conventional Rehabilitation Of Patients With Post-Stroke Upper Limb Weakness

Gregory Ott, OT Reg. (Ont) Grey-Bruce Health Services, Owen Sound

Breanne Lindsay, TRS SJHC-Parkwood Hospital, London

- Overtime, patients may find upper extremity exercises monotonous and boring and may lose motivation.
- Nintendo Wii (NW) gaming can make exercise fun.
- Use of NW gaming can engage patients who otherwise lack interest or motivation to complete normal exercise regimens.
- Once the patient is taught and becomes familiar with the NW, the patient can use the NW gaming system to continue upper limb exercise/activation in the evenings and on weekends (after hours).
- The use of the NW after hours offers patients an opportunity to work on their upper limb goals as well as socialization and leisure.
- Easy to modify existing games or customize games to adjust difficulty level and increase intensity.
- NW gaming also addresses: hand-eye coordination, memory, concentration, balance/endurance, communication, cognition, planning and thinking.

The Nintendo Wii In Action:



Nintendo Wii Helps Stroke-Patients Recover

 Combines all aspects of effective rehab: High intensity Task specific Improved QOL



NuSteppin' It Up

Susan Wentworth

Grey Bruce Health Services

- Patients are able to utilize the Nustep when physio gym is closed
- Those patients who want therapy on the evenings/weekends are able to participate
- Family are encouraged to be with patient
- Nursing is able to provide supervision
- No longer a complete break in therapy intensity over the weekends

NuStep After Hours...Extending the Fun



Balance Class

Jennifer Ames
GBHS Owen Sound Rehab

- Additional 30 minutes of standing balance exercises with varying levels of assistance
- Promotes socialization
- Encourages families to participate
- Fun with lots of opportunity for laughter
- Opportunity to notice improvements in each others progress

Having Fun with Balance



Experience with using a LEAN process to increase therapy time

Nancy Brockenshire and John Norton Windsor Regional Rehabilitation



Focused on patient's day – not the work day

7am – 9pm (not 8am- 4pm)

Reviewed the opportunity to provide 'Group Classes' to supplement 1:1 therapy offered

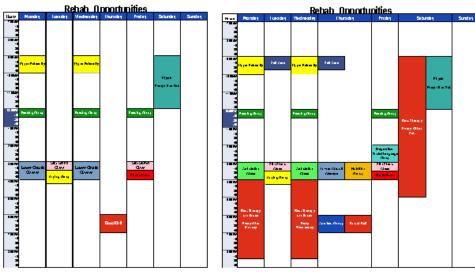
Speech, Dressing & Grooming, Sit & Stand, Ambulation, Eating

Reviewed the opportunity to combine various disciplines in rehabinterventions

Pragmatics Group

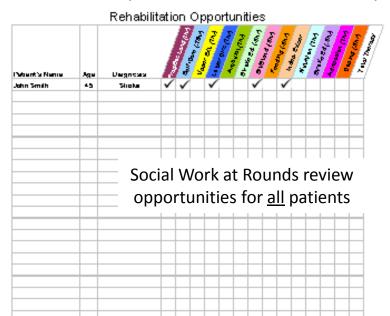
Adapted Standards for ALC patients - allowing Allied Health to focus more on appropriate cases

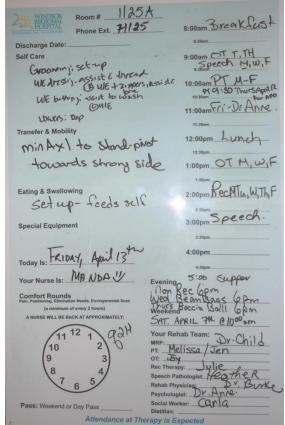
Calendar of Weekly Additional Classes



Before Lean Project

After Lean Project





New patient boards

Communication Tools

Deb Willems SWO Stroke Network

- Patient/family/other team members able to reinforce therapy goals outside of therapy time
- Engages patients/families to a greater extent in their recovery
- Helps bring meaning and meaningful activity into rehabilitation
- Increased practice/repetition/effort when the patient really cares about the activity
- Promotes the practice of skills gained in therapy into the patient's daily routine more consistently

Communication Tools



Rehab Notebook

Jane Doe 108C

Whiteboard Communication

Today is:_____

Your Nurse is:______

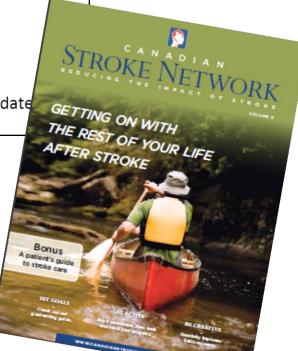
Your Doctor is:_____

Your therapist is:_____

Goals:

Safety:

Your planned discharge date

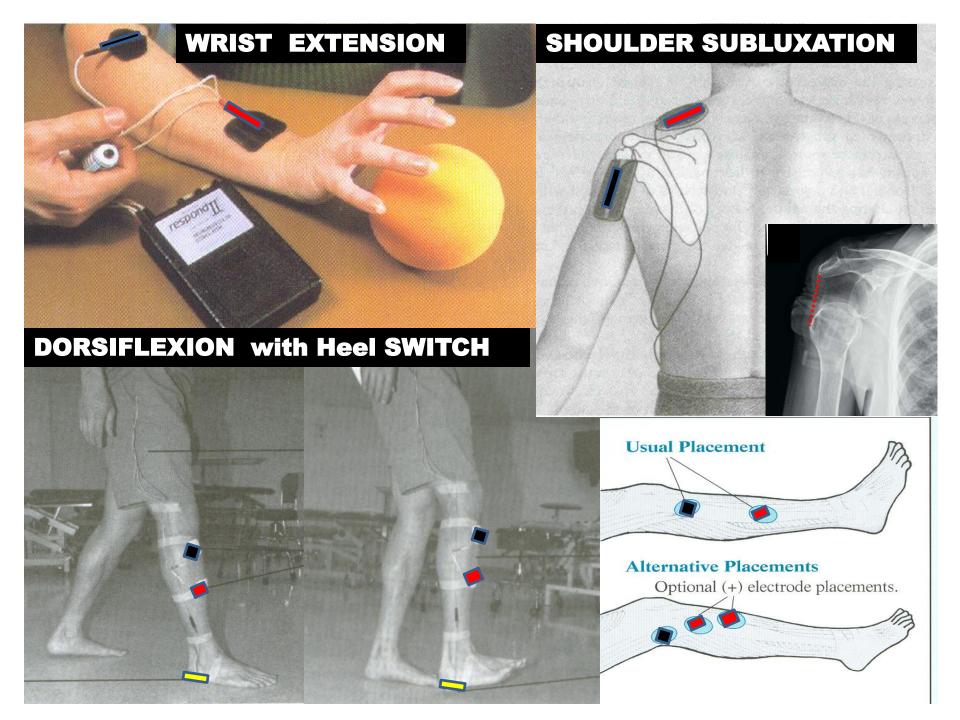




Functional Electrical Stimulation FES

Janet L. Brown PT MEd

- Level 1 evidence supporting effectiveness of Rx
- Allows patient to work independent of Therapist
- Develops volitional control with electrical stim support
- Progress treatment by altering ramp &/or intensity
- Portable for home, hospital, clinic application
- Adds hours / week of therapy & repetition
- Easily applied by patient, caregiver or therapist



Mental Practice / Mental Imagery

Paula Gilmore SWO Stroke Network

- The same musculature and neurons are activated during MP as during physical practice of the same task.
- Repeated MP use can allow for a practice effect to occur and provide a means to receive additional therapy.
- No risks, easy to do and can be completed in any treatment setting (e.g. hospital room, therapy department, home etc.).
- Fun and relaxing for stroke survivors



MOTOR IMAGERY Information for Patients and Families

Authors*: Erica Kader; Emilie Belley, BA Psychology, BSc PT; Josee-Anne Filion; Alison Nutter; Mathide Parent-Vachon; Marie Saulnier; Stephanie Shedieur, Bsc PT; Tsz Ting Wan, BSc PT; Elissa Sitcoff, BA BSc; Nicol Korner-Bitensky, PhD OT

What is motor imagery?

Motor imagery is a form of therapy that can be used to strengthen arms, hands, feet and/or legs that may have been weakened by stroke. In motor imagery, we mentally rehearse the movement of the affected body parts, without ever actually attempting to perform the movement. In other words, you imagine doing the movement in your mind. For example, you may imagine hitting a golf ball or drinking a cup of tea. Researchers have shown that this "mental rehearsal" actually works, as it stimulates the brain areas responsible for making the weaker arm or leg move.



Graded Repetitive Arm Supplementary Program (GRASP)

Sandra Connolly OT Reg.(Ont.)
Community Stroke Rehabilitation Team
Huron Perth Healthcare Alliance

- Increased time spent doing therapy exercises
- Each exercise can be done with increased frequency and number of repetitions
- Very portable, can be done in a variety of settings
- Encourages client self-management
- Clients of varying abilities can be successful

GRASP Kit Items



A Model of Care to Enhance Therapy Intensity

Eileen Britt

Parkwood Hospital

St. Joseph's Health Care, London

Occupational Therapy/Physiotherapy Assistant Model

- Creation of new OT/PTA positions provide extended hours of therapy, 0700-1830 weekdays and 0700-1500 on weekends; providing 7 days/week of therapy.
- Dual trained assistants enable provision of interdisciplinary treatment thereby creating efficiencies, continuity of care and enhanced communication.
- Provision of enhanced morning and evening ADL's collaborative with nursing
- Improved communication between assistants and therapists especially from evenings and weekends

Therapeutic Recreation Specialist Model

- One evening/week focused on group community integration activity
- Functional and collaborative goal setting in a realistic environment
- Reduced competition for prime time treatment hours
- Supports higher level patient goals and reduced evening downtime

Possible New PTA/OTA Schedule

| | Day Shift 7:00-15:00 | | Afternoon Shift 10:30-18:30 |
|-------|----------------------|-------|-----------------------------|
| TIME | | TIME | |
| 7:00 | PREP | | |
| 7:30 | ADL | | |
| 8:15 | ADL | | |
| 9:00 | ADL | | |
| 9:30 | OT | | |
| 10:00 | OT | , | |
| 10:30 | OT | 10:30 | PT |
| 11:00 | OT | 11:00 | PT |
| 11:30 | OT | 11:30 | PT |
| 12:00 | BREAK | 12:00 | BREAK |
| 13:00 | PT | 13:00 | PT |
| 13:30 | PT | 13:30 | PT |
| 14:00 | PT | 14:00 | OT |
| 14:30 | PT | 14:30 | OT |
| 15:00 | DONE | 15:00 | OT |
| | | 15:30 | OT |
| | | 16:15 | BALANCE GROUP |
| | | 16:45 | Amb pt's to DR |
| | | 17:00 | NP care/stats/ help in DR |
| | | 17:30 | ADL |
| | | 18:30 | DONE |

Daily Treatment- new schedule

4-ADL's

9-OT sessions

9-PT sessions

Balance group- 4x weekly

Bean Bag Baseball -1x weekly Tuesday at 1600

Daily treatment -old schedule

4 ADL's

7 PT sessions

7 OT sessions

Balance group -4x weekly