



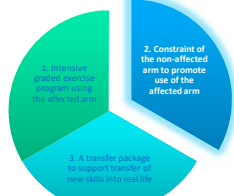
Mitt-wear in CIMT

TIDE Group

Sound on

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2. Constraint of the non-affected arm to promote use of the affected arm



1. Intensive trained exercise program using the affected arm
2. Constraint of the non-affected arm to promote use of the affected arm
3. A transfer package to support transfer of new skills into real life


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Learning Objectives

- To describe the purpose of mitt wear as a core component of a CIMT program
- To identify and describe key safety considerations when planning for mitt wear during a CIMT program
- To be able to identify the differences between forced used therapy and CIMT

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Component 2: Constraint or forced use of the affected upper limb by placing the non affected upper limb in a mitt or restraint¹



- Any method to continually **remind** the participant to use the more-affected upper limb²
- Range of different restraints used- **mitt preferred for safety**.
- If restraint mitt not available- consider alternatives
- Ensure "cheating" is avoided
- Mitted hand is used as little as possible **including** as a stabiliser or support.
- Use of adaptive equipment to enhance independence
- Importance of involving the broader MDT

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Mitt on? Mitt off? What's the difference?

- Taub and Wolf, 1997³: Nil significant difference between immobiliser sling versus hand restraint.
- Brogardh et al., 2006⁴: 6 hr group CIMT followed by 3 months mitt wear (total 21 days) or nil further treatment

Outcome: Statistically significant improvement on Motor Assessment Scale and MAL AoU and QoM after 2 weeks Rx for all. Nil differences at 3 month follow up with mitt wear vs. no mitt wear

- Brogardh et al., 2009⁵: RCT: 3 hours CIMT for 2 weeks- Group 1- mitt use 90% waking hours for 12 days, Group 2 nil mitt use

Outcome: BOTH groups significantly improved.

- Brogardh et al., 2010⁶: 1 year follow up: BOTH groups still improving but statistically significant improvements **only in mitt wear group**

Stroke Med 2006; 41: 231-236
ORIGINAL REPORT
SHORTENED CONSTRAINT-INDUCED MOVEMENT THERAPY IN SUBACUTE STROKE - NO EFFECT OF USING A RESTRAINT: A RANDOMIZED CONTROLLED STUDY WITH INDEPENDENT OBSERVERS
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CIMT versus Forced Use Therapy

- Placing a mitt or restraint on the person's non-affected arm to increase the amount of use of the affected arm
- Kwakkel et al., 2015⁷ - review of 6 RCTs (n=165) investigating forced use therapy- nil benefit in self reported amount of arm and hand use and quality of arm movement in daily life.
- CIMT effectiveness = combination of all three core components

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References

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