

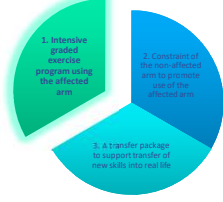
Structured training in CIMT: Task Practice

TIDE Group

Sound on

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1. Intensive graded exercise program using the affected arm



1. Intensive graded exercise program using the affected arm
2. Components 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 and structure of task practice during CIMT
- Understand the importance of the use of feedback, modelling, coaching and encouragement during task practice
- Be aware of some key considerations when selecting and planning task practice including the use of adaptive equipment

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Key component 1: Intensive graded practice using the affected upper limb

2 important sub-components:

a. Shaping: A training method in which tasks are gradually made more difficult- the "just right challenge"¹

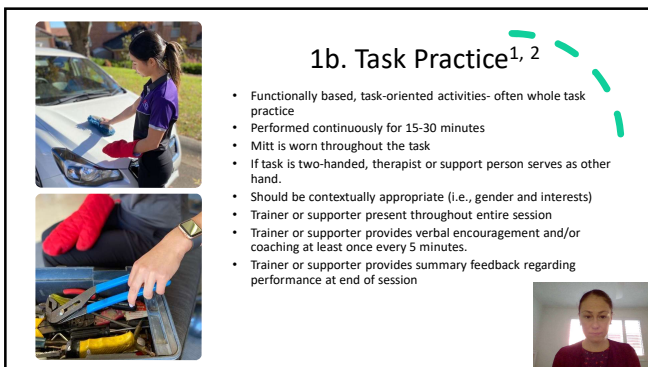
b. Task Practice: Specific functional task training is completed using the affected arm with a focus on whole task completion¹



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1b. Task Practice^{1, 2}

- Functionally based, task-oriented activities- often whole task practice
- Performed continuously for 15-30 minutes
- Mitt is worn throughout the task
- If task is two-handed, therapist or support person serves as other hand.
- Should be contextually appropriate (i.e., gender and interests)
- Trainer or supporter present throughout entire session
- Trainer or supporter provides verbal encouragement and/or coaching at least once every 5 minutes.
- Trainer or supporter provides summary feedback regarding performance at end of session



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The importance of positive feedback and coaching¹

Interaction type	Description	During Shaping	During Task Practice
Feedback	Provide knowledge of results (e.g. number of repetitions completed)	Immediately after each trial	At the end of the entire task
Coaching	Provide specific suggestions to improve movements	Provided frequently throughout all shaping trials	Throughout entire task practice session but not as frequently as in shaping tasks
Modelling	Physically demonstrate the task	At the beginning of the shaping tasks and repeated as needed	At the beginning of a task practice activity
Encouragement	Provide reward to increase motivation and promote maximal effort (e.g. "great work! keep trying")	Provided frequently throughout all shaping trials	Throughout entire task practice session but not as frequently as in shaping tasks

Regressions in performance are not emphasised

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Task practice ideas

- Preparing a hot drink
- Preparing a sandwich
- Using the remote control to change the television channel
- Dusting shelves
- Emptying or stacking a dishwasher
- Washing up plates
- Setting the dinner table
- Folding laundry
- Making the bed
- Eating a meal using affected hand
- Sorting a toolbox
- Completing a puzzle



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Balance between shaping exercises and task practice

- Different combinations in place in the literature
- People with less arm function may benefit from higher proportion of shaping tasks, particularly in the first half of their program
- Progression towards higher proportion of functional task practice in second half of program to support generalisation



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References

1. Morris, D., Taub, E., & Mark, V. W. (2006). Constraint-induced movement therapy: characterising the intervention protocol. *Europa Medicophysica*, 42(3), 257-268.
2. Morris, D., & Fay, P. (2015). *UAB Training for CI Therapy*. Birmingham, USA: CI Therapy Research Group University of Alabama at Birmingham.

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