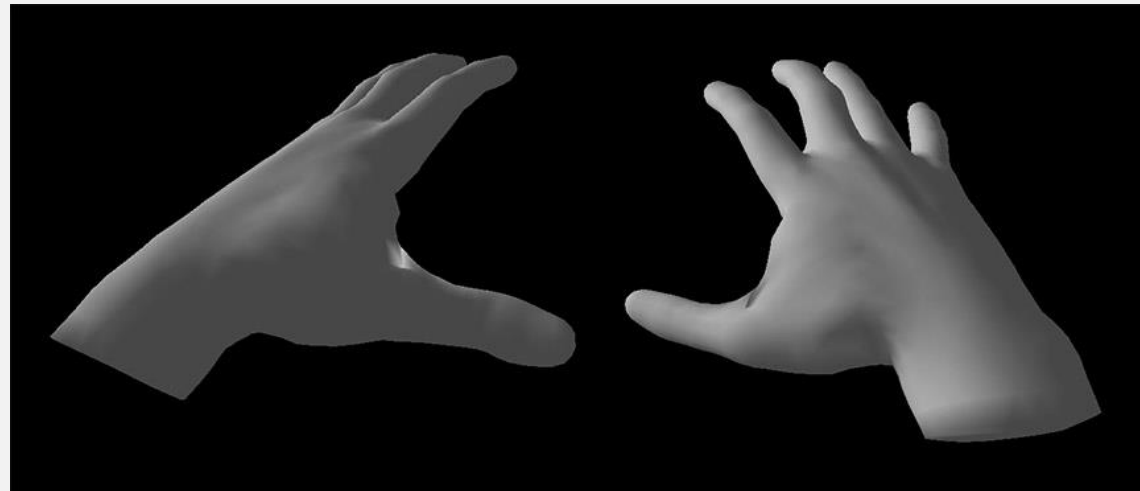


VIRTUAL REALITY FOR UPPER LIMB REHABILITATION AFTER STROKE

Rationale – Patient and Therapist Experiences - Evidence

Iris Brunner, PT, PhD, associate professor



What is Virtual Reality (VR)?



“Virtual reality typically refers to the use of interactive simulations created with computer hardware and software to present users with opportunities to engage in environments that appear to be and feel similar to real world objects and events” Weiss et al. 2004

Jintronix



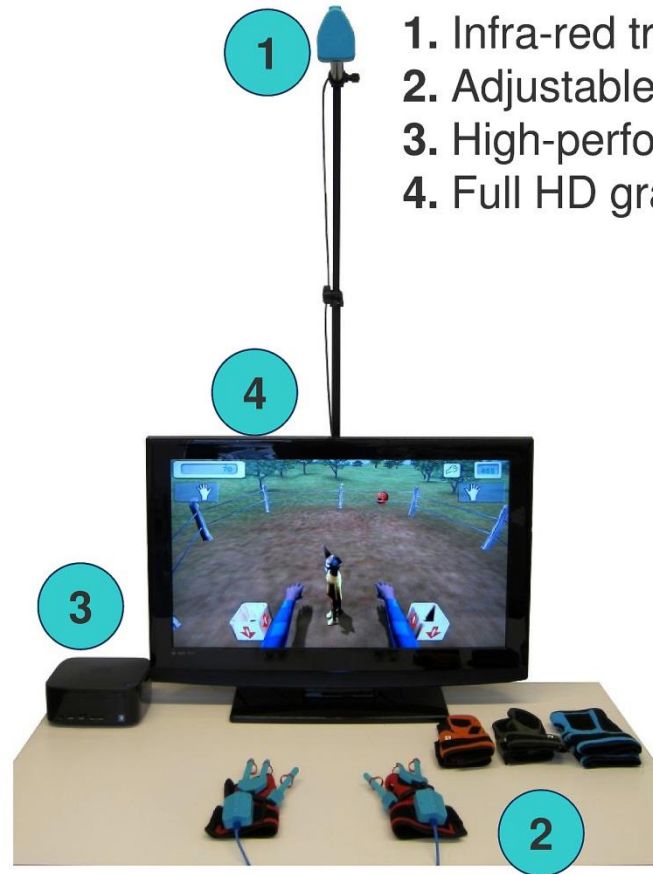
Neuro@home



Saebo-VR- Activities of daily living

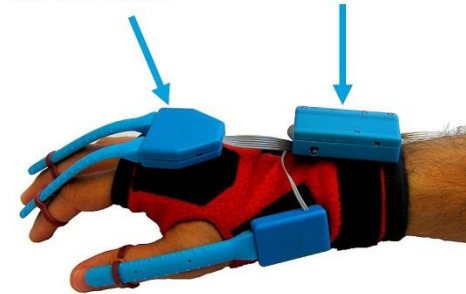


YouGrabber® Overview



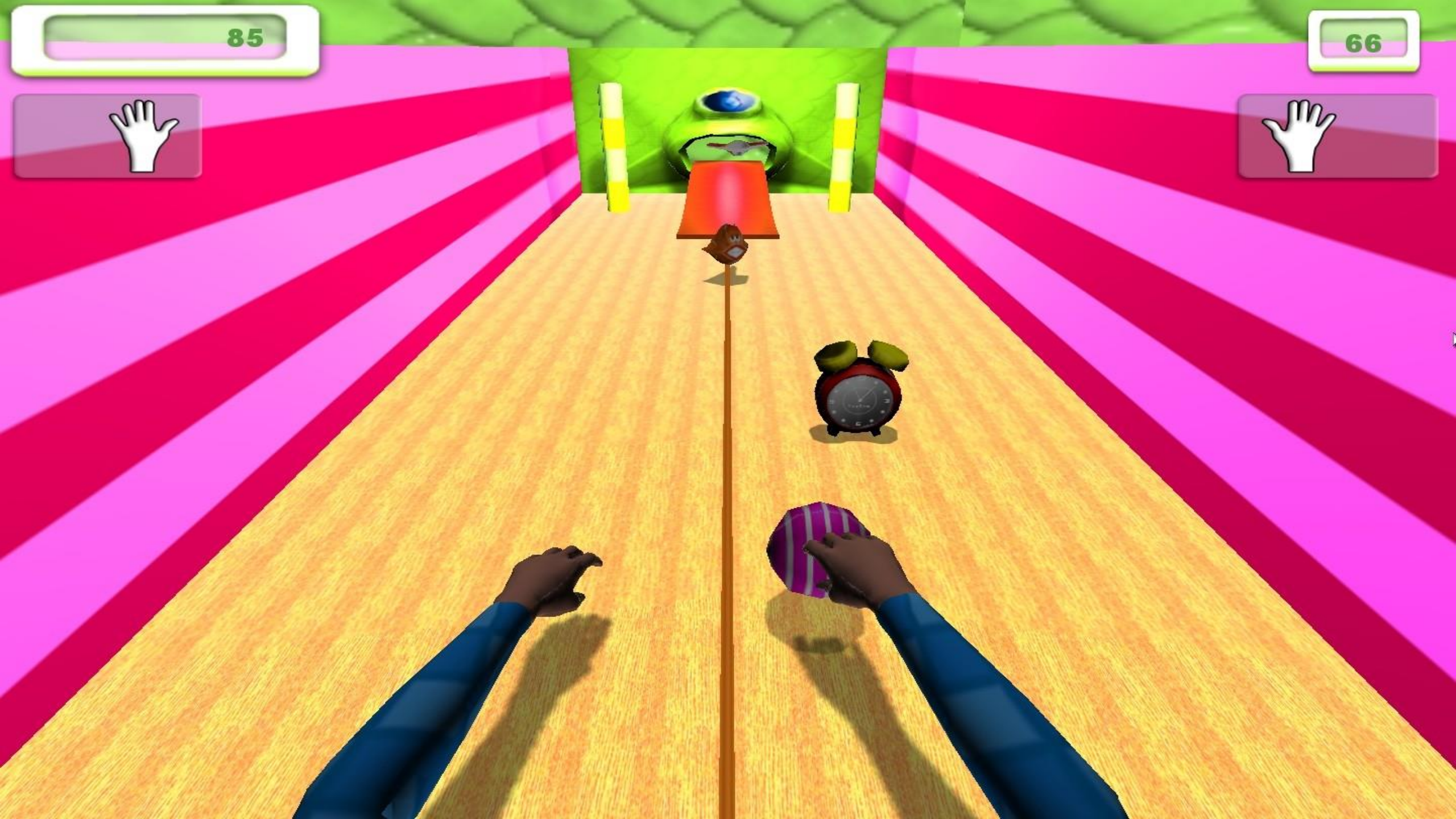
Finger bending
Vibration feedback

Full 3D
movement



85

66



95

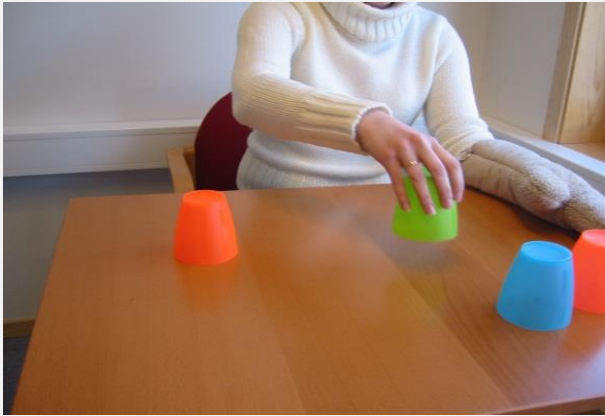
43



Why apply VR in upper limb rehabilitation?

- **Playful character**
- **Repetitions**
- **Saliency**
- **Motivation**
- Multimodal stimulation and feedback
- Quantification of progress or decline
- Partially independent training

Intensity and repetitions – How much is enough?



- There is strong evidence for PT interventions favoring intensive high repetitive task-oriented and task-specific training. Effects are mostly restricted to the actually trained functions and activities. (Verbeek et al. 2014)
- More is better, generally speaking....(Lohse et al. 2014)

- Increasing the amount of usual rehabilitation improves activity after stroke (240%)
(Schneider et al. 2016)

- Evidence from animal research suggests 300 – 800 repetitions a day to induce plastic changes
(Nudo et al 1996, 2001)



What is intensive training?

- Total amount of training
- Total amount of active time
- Number of repetitions
- Active time per time unit

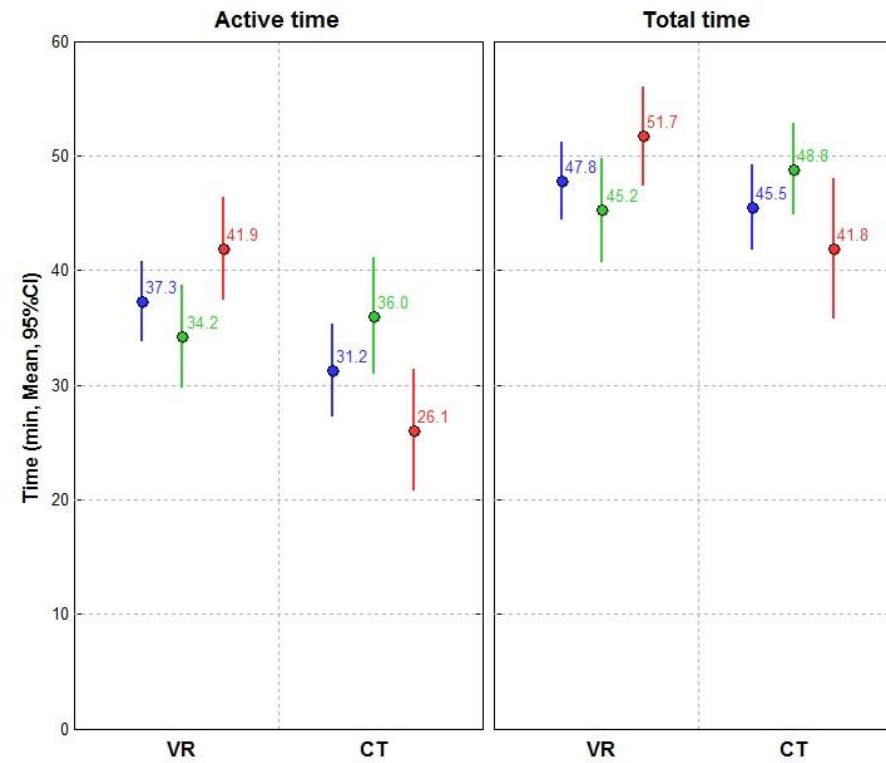
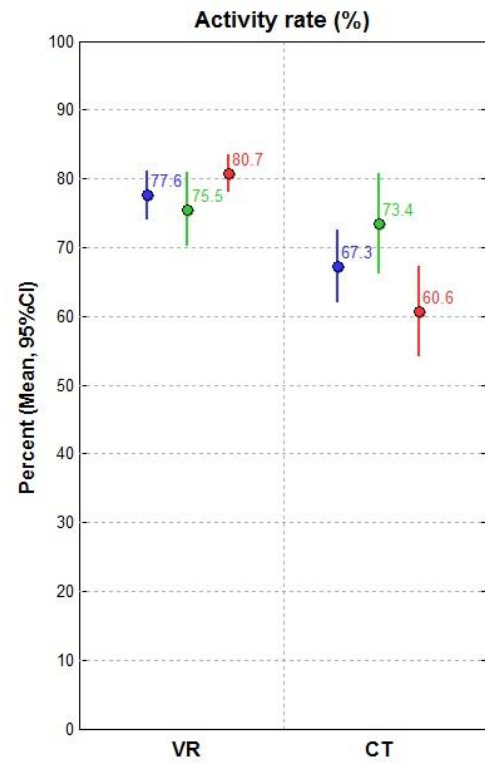


Is upper limb Virtual Reality training more intensive than conventional training for patients in the subacute phase after stroke?

An analysis of 50 video recordings

Brunner I, Skouen J, Hofstad H, Assmus J, Pallesen H, Becker F, Verheyden G.

Results



- All patients
- Patients with mild paresis
- Patients with severe paresis

75.1



Is VR training for upper limb motivating?

Patients' and Health Professionals' Experiences of Using Virtual Reality Technology for Upper Limb Training after Stroke: A Qualitative Substudy

Pallesen H, Andersen BM, Hansen GM, Lundquist CB, and Brunner I

- Focus group interviews with patients and therapists
- Questionnaires for patients and therapists in the VR group

Conclusion:

Basically, yes

However, some frustration about technical issues

Some quotes

- Patients

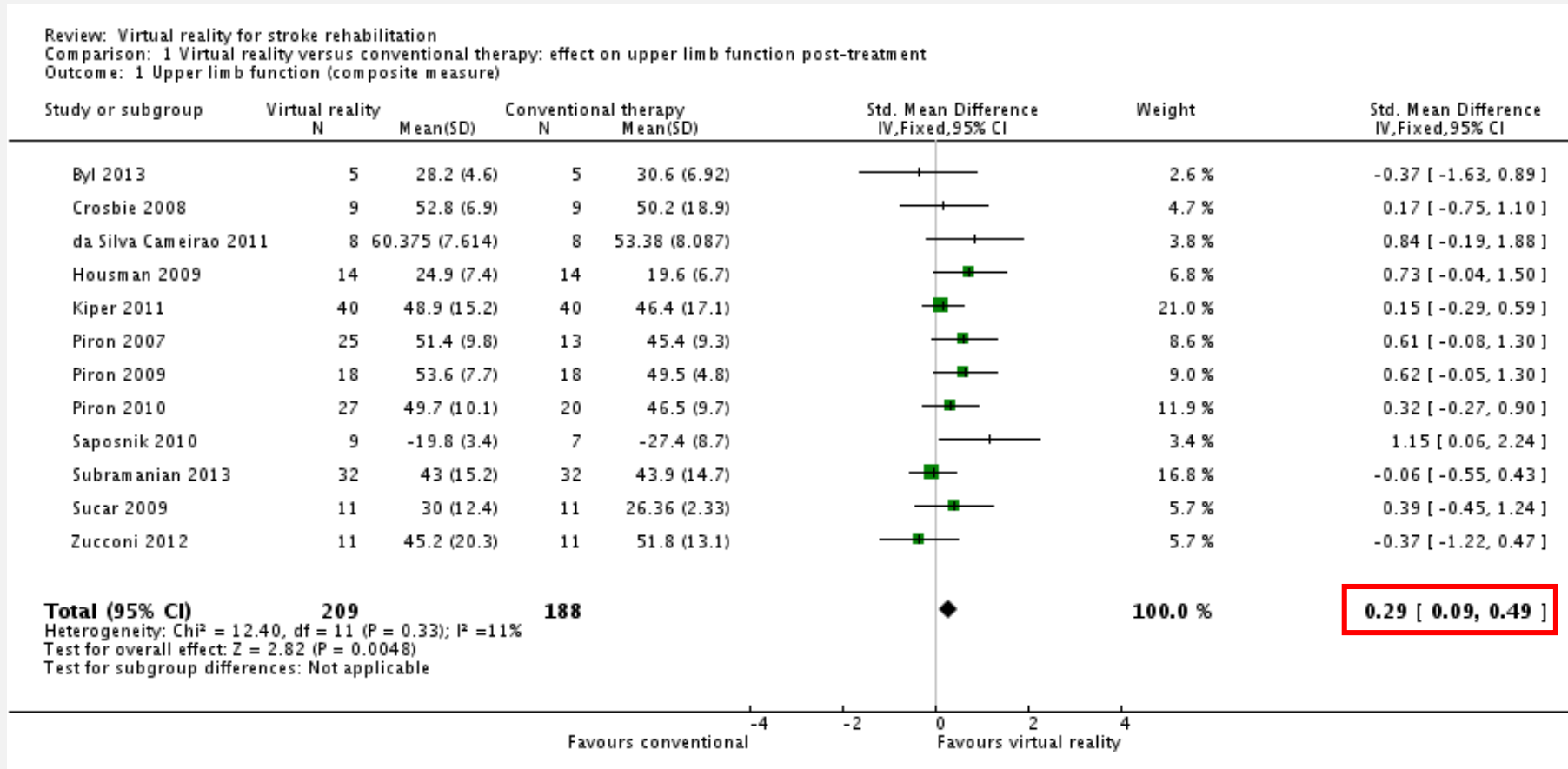
- *I played against myself and enjoyed that, like, to improve myself.*
- *Then, suddenly, the eggs appeared, and they gave points.....Well, I was high for the rest of the day.*

- *Therapists*

- *There were also several (patients) who said that they didn't notice that they had done so many repetitions, because they were engrossed in looking at the screen and playing the game*
- *The patients have that feeling that they themselves are making a difference in their training.*

EVIDENCE

Virtual reality for stroke rehabilitation Laver et al. 2015



Recent evidence

- Saposnik et al. 2016 – **EVREST trial**

Commercial gaming device «Wii» (n=141)

In patients who had a stroke within the 3 months before enrolment and had mild-to-moderate upper extremity motor impairment, **non-immersive virtual reality as an add-on therapy to conventional rehabilitation was not superior to a recreational activity intervention** in improving motor function

Virtual Reality

- Laver et al. 2017 **Virtual reality for stroke rehabilitation (Cochrane)**



We found evidence that the use of virtual reality and interactive video gaming was not more beneficial than conventional therapy approaches in improving upper limb function. Virtual reality may be beneficial in improving upper limb function and activities of daily living function when used as an adjunct to usual care (to increase overall therapy time).

VIRTUES

Virtual Reality Training for Upper Extremity after Stroke

Brunner I, Skouen JS, Hofstad H, Aßmus J, Becker F, Sanders AM, Pallesen H, Qvist Kristensen L, Michielsen M, Thijs L, Verheyden G



Sunnaas Rehabilitation Hospital

JESSA
ZIEKENHUIS

KU LEUVEN

midt
Central Denmark Region

Single-blinded multicenter RCT

120 patients randomized to

Virtual Reality training

or

Conventional training

16-20 sessions within 4 weeks + standard rehabilitation

Primary end point:
Action Research Arm
Test at 3 months

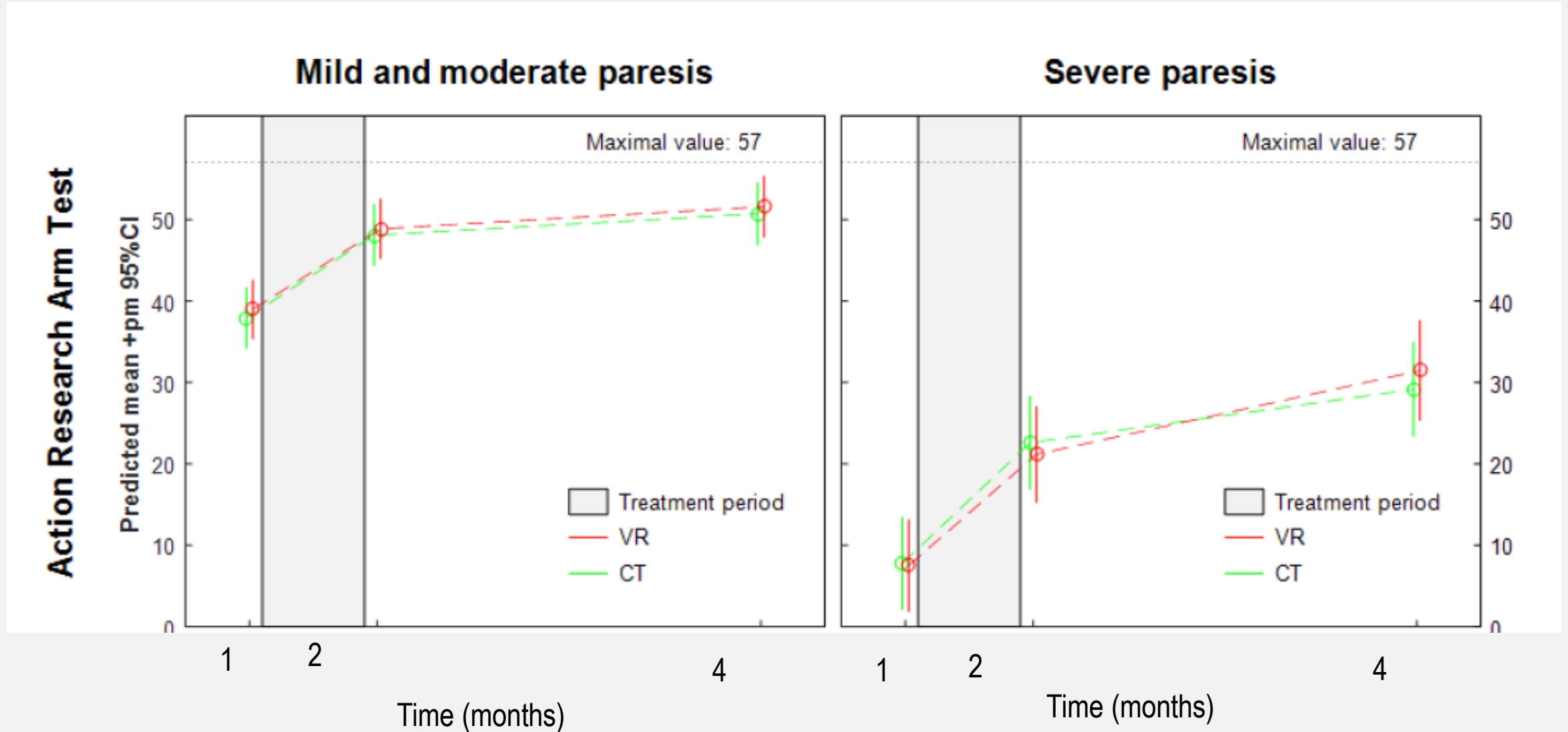
Assessments at

- baseline
- post intervention
- 3 months post intervention follow up

Secondary:
Box and Blocks
FIM
ABILHAND
Questionnaires

	VR	CT	
ARAT	Mean (SD)	Mean (SD)	p-value
Baseline	25.8 (18.3)	24.2 (18.6)	-
Post intervention	37.7 (19.5)	36.8 (18.8)	0.705
Follow-up	43.0 (17.7)	41.5 (18.0)	0.770
BBT	Mean (SD)	Mean (SD)	p-value
Baseline	14.15 (14.23)	13.46 (14.85)	-
Post intervention	26.00 (18.71)	24.98 (19.12)	0.740
Follow-up	33.22 (18.74)	29.25 (18.74)	0.154
FIM	Mean (SD)	Mean (SD)	p-value
Baseline	94.27 (19.56)	96.29 (19.47)	-
Post intervention	107.66 (14.63)	108.69 (14.31)	0.563
Follow-up	111.24 (20.64)	112.73 (15.99)	0.570
FIM-motor	Mean (SD)	Mean (SD)	p-value
Baseline	65.68 (15.91)	66.89 (17.52)	-
Post intervention	78.09 (12.65)	78.96 (13.13)	0.672
Follow-up	86.90 (12.56)	85.46 (15.07)	0.269

Action Research Arm Test



Conclusions

- VR was not superior to CT
- VR and CT were equally effective
- Increased intensity for severely impaired patients in VR didn't result in better UL function compared to CT
- VR may constitute a motivating training alternative as a supplement to CT

To sum up

- VR provides the opportunity for many repetitions
- Is motivating
- Improves upper limb function
- Is not better than conventional training
- Can increase overall intensity of training

Thank you for your attention!
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