Impact of Conductive Education on Individuals with Stroke Syndrome

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CONDUCTIVE EDUCATION FOR INDIVIDUALS WITH CHRONIC STROKE: A PILOT STUDY

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BACKGROUND

Purpose/Hypothesis: The purpose of this study was to investigate the impact of Conductive Education (CE) on adults with chronic stroke, replicating and expanding upon the study at Cannon Hill House (CHH) by Brown et al. We hypothesized that completing the CE program would improve function and change neural connectivity.

METHODS

SUBJECTS AND METHODS

All research protocol were with the approval of the GSU IRB.

CONDUCTIVE EDUCATION PROGRAM

10 weeks, 2-hour CE program sessions lead by a DPT and a certified CE Teacher.

FINDINGS

Collectively the group decided to focus their efforts more on upper extremity return to function. This resulted in the majority of the sessions focused on improving strength and agility of the hemiparetic upper extremity with less focus on balance and ambulation. Participants showed a more dramatic improvement in fine motor skills than gross motor skills.

RESULTS

For the study, 10 adult, 3M, Lesions: pontine-level (n = 2/4); subcortical (n = 2/4)

CONCLUSIONS

1. The positive findings from our study support the CHH study findings. Additionally, our imaging results supported our subjects’ functional improvements. The subjects reported improved quality of life and function around their home and community. For some patients with chronic stroke, a 10-week Conductive Education intervention may provide them with peer support and improved functionality.

2. All participants entered the program with a goal of improving hand function. This goal was achieved after the 10-week program. Participants increased awareness of their past form, better gait patterns were demonstrated (possibly contributing to slower TUG and 10 MWT times). This indicates a shift in focus from speed to form and gait pattern after the study.

3. This study did support the Cannon Hill study findings of improved hand function and social participation on the SIS and the trend towards improvement on the Barthel.

REFERENCES AND ACKNOWLEDGEMENTS


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