

A new robot-assisted therapy for stroke survivors: Effects of long-term stretching exercises on ankle range of motion, balance and gait



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Dongyual Yoo, Beom-Chan Lee, and Younsun Son Department of Health and Human Performance, University of Houston, Houston, Texas, USA

Introduction

Stroke, a leading cause of severe, chronic, and longterm disability, affects at least 15 million people worldwide every year [1,2]. Limited ankle range of motion (ROM) is common in stroke survivors, which in turn leads to impaired balance and gait ability and reduced independence in daily activities [3,4]. Physical therapy involving stretching exercise is widely prescribed, but cost, limited availability of physical therapists, and labor-intensive efforts to deliver manual therapy hinder participation in clinical therapeutic regimens [5,6,7]. Multiple robotic systems for ankle stretching exercises are being developed, but in general they are complex and expensive.

- <Research objectives>
- ✓ Quantitatively assess the effects of long-term ankle stretching exercises with the MAS
- Investigate the carry-over effects of improved ankle ROM on balance and gait performance in stroke survivors.



Methods

- Participants: 10 stroke survivors < Inclusion Criteria >
 - ✓ Age: 40-80 yr
 - √ Hemiparesis caused by a cerebrovascular accident
- √ Cerebral hemorrhage or cerebral infarction
- ✓ At least 6 months post-stroke ✓ Mild to moderate stroke
 - National Institutes of Health Stroke Scale (NIHSS): 5 - 14
 - Functional Ambulation Category (FAC): 4 - 6

<Intervention>

- ✓ Received dorsiflexion ankle stretching 2 days a week for consecutive 4 weeks
- Each ankle stretching exercise was 10 min long

Assessment

Pre-Assessment

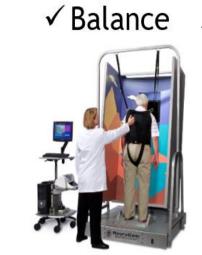
Intervention

Post-Assessment

Retention Assessment

After 1 month





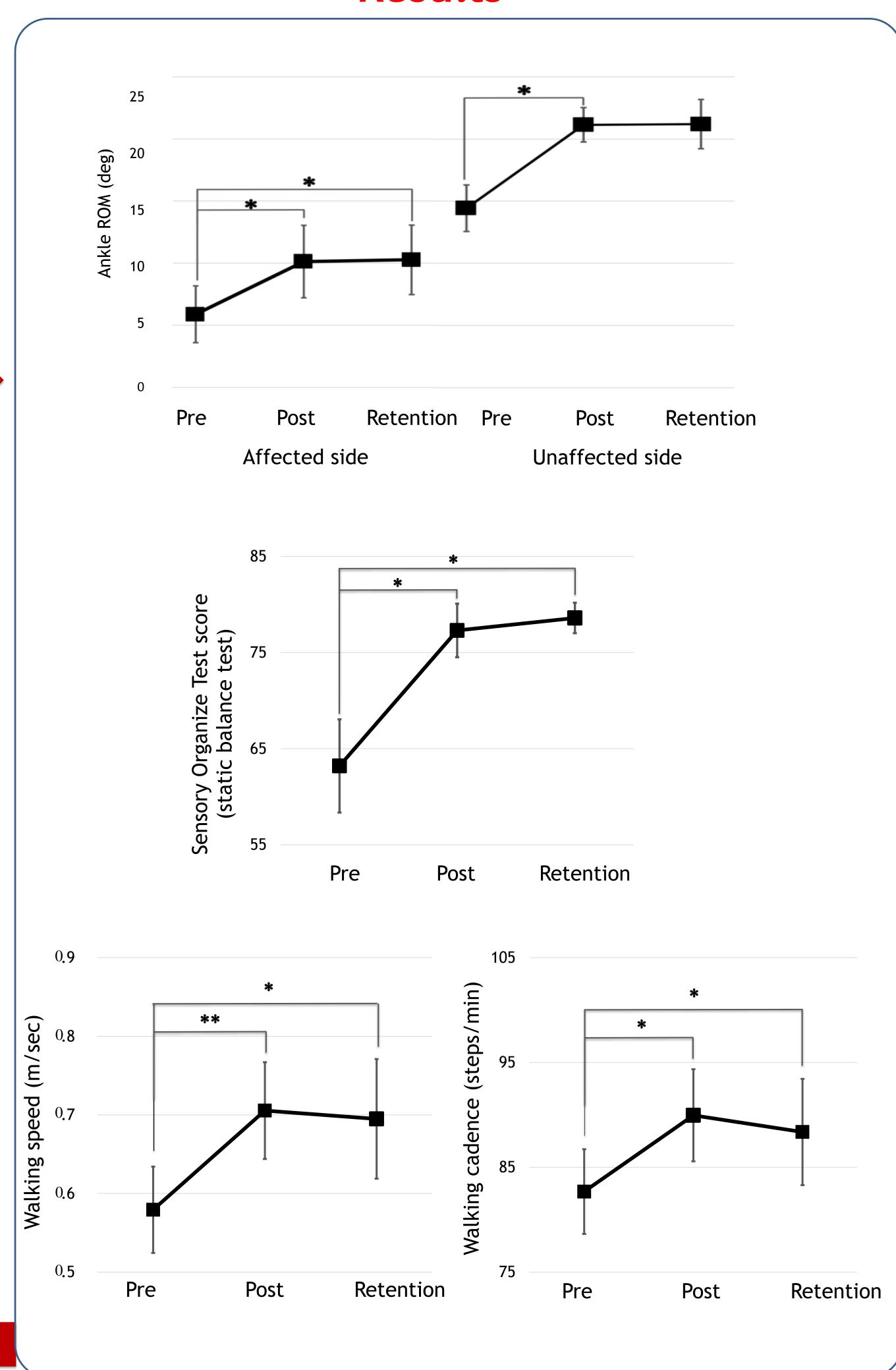
ROM, balance, and walking performance were measured at pre-, post-, and retentionassessment

Conclusion

Our study has demonstrated that stroke survivors received ankle stretching exercises with the MAS for 4 weeks improved ankle range of motion, balance, and gait ability. These improvements remained relatively constant through the retention period (i.e., 1 month after the completion of the exercises).

The findings have two important clinical implications: 1) stroke survivors could use the MAS in clinical or home environments, and 2) physical therapists could prescribe or adapt the MAS exercise sessions as needed.

Results



References

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