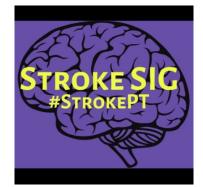
Abstract of the Month





January 2018

Hello again final update on apraxia.

Some dates to keep in mind. We hope to see you at CSM.

Please join us for the **Myelin Melter, Friday, February 23, 6:30pm - 9:30pm.** Stop by our awesome fun display to win some prizes.

Please join us at the Stroke SIG business meeting, Saturday, February 24, 6:45am - 7:45am. Yes early, but come find out the plans for 2018 and WE WANT TO HEAR YOUR IDEAS.

This months article. West C, Bowen A, Hesketh A, Vail A. Interventions for motor apraxia following stroke. Cochrane Database Syst Rev. 2008(1):CD004132.

Abstract.

BACKGROUND: Apraxia is a cognitive disorder that can occur after stroke. It prevents a person from carrying out a learned movement. Various interventions are used to treat apraxia but evidence of their benefit has been lacking. OBJECTIVES: To determine which therapeutic interventions targeted at motor apraxia reduce disability. SEARCH STRATEGY: We searched the Cochrane Stroke Group Trials Register (last searched November 2006). In addition, we searched the following databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 3, 2006), MEDLINE (1966 to November 2007), EMBASE (1980 to November 2006), CINAHL (1982 to November 2006), PsycINFO (1974 to November 2006), the Research Index of the Occupational Therapy Journal (searched November 2006), REHABDATA (1956 to November 2006), the National Research Register (searched November 2006) and Current Controlled Trials Register (searched November 2006). We reviewed the reference lists of all articles that we identified as relevant. We made efforts to find both published and unpublished trials by writing to key authors and journals. SELECTION CRITERIA: Randomised controlled trials of therapeutic intervention for motor apraxia in stroke. DATA COLLECTION AND ANALYSIS: One review author searched the titles, abstracts and keywords. Four review authors extracted data and analysed trial quality. We contacted investigators for further details of trials if necessary. MAIN RESULTS: Three trials including a total of 132 participants were included in the review. There was evidence of a small and short-lived therapeutic effect in the two studies that reported change in activities of daily living (102 participants) but this was not considered clinically significant and did not persist at the longer-term follow up. AUTHORS' CONCLUSIONS: There is insufficient evidence to support or refute the effectiveness of specific therapeutic interventions for motor apraxia after stroke. Further research of higher quality is required. As we did not review whether patients with apraxia benefit from rehabilitation input in general, they should continue to receive general stroke rehabilitation services.

Full text available:

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004132.pub2/abstract

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Nominations are open for joining the Stroke SIG, visit our webpage our contact our nominating committee. <u>http://www.neuropt.org/special-interest-groups/stroke</u>

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