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## A Pilot Study of a Hand Robotic Device for Post-Stroke Rehabilitation



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Methods	
•Participants were evaluated at baseline, midpoint and conclusion of a 6-week training program.	Figure 3: Mean MAL Raw Scores in Amount and How Well scales at baseline,
•Training sessions were held 3 times/week.	midpoint and completion of training.
•Sessions included active assisted finger movement, and isometric finger contractions in both flexion and extension to control games.	55 50 50 50 50 50 50 50 50 50 50 50 50 5
•Primary outcome measures was the Upper Extremity component of the Fugl-Myer (UEFM)	25 20 Baseline Midpoint Post-Therapy Baseline Midpoint Post-Therapy
•Secondary outcome measures included, the Motor Activity Log (MAL), the Manual Ability Measure-36 (MAM 26) the 0 Hole Beg Test, the Johann Test of	<b>Figure 4:</b> UEFM individual scores at baseline, midpoint and completion of training. <b>Figure 5:</b> Jebsen Test of Hand Function individual total time at baseline, midpoint and completion of training.
Hand Function, and the Stroke Impact Scale.	Conclusion
Results	Results suggest:
Significant improvements were seen in:	•Improved speed in performing functional tasks.
•UEFM mean score of 37.9(baseline) to 43.0 (end) ( <i>p</i> =0.0004).	•Increased use of affected hand and
•MAL Amount of Use mean score 37.8 (baseline) to 55.7 (end) (p=0.001); MAL Quality of Use mean	improved quality of use in affected hand.•Overall improvements in hand function.
score 40.2 (baseline) to 54.2 (end) (p=0.004).	Clinical Relevance
•Improved speed in Jebsen Test of Hand Function with a mean of 701.5 seconds (baseline) to a mean of 649.0 seconds (end) ( <i>p</i> =0.007).	Hand robotic training with the Amadeo Hand Robot System is feasible and well tolerated in individuals with chronic stable deficits
•No significant improvements were noted in the MAM-36, 9-Hole Peg Test and Stroke Impact Scale.	post-stroke.
	<ul> <li>Participants were evaluated at baseline, midpoint and conclusion of a 6-week training program.</li> <li>Training sessions were held 3 times/week.</li> <li>Sessions included active assisted finger movement, and isometric finger contractions in both flexion and extension to control games.</li> <li>Primary outcome measures was the Upper Extremity component of the Fugl-Myer (UEFM)</li> <li>Secondary outcome measures included, the Motor Activity Log (MAL), the Manual Ability Measure-36 (MAM-36), the 9-Hole Peg Test, the Jebsen Test of Hand Function, and the Stroke Impact Scale.</li> <li>Results</li> <li>Significant improvements were seen in:</li> <li>UEFM mean score of 37.9(baseline) to 43.0 (end) (<i>p</i>=0.0004).</li> <li>MAL Amount of Use mean score 37.8 (baseline) to 55.7 (end) (p=0.001); MAL Quality of Use mean score 40.2 (baseline) to 54.2 (end) (p=0.004).</li> <li>Improved speed in Jebsen Test of Hand Function with a mean of 701.5 seconds (baseline) to a mean of 649.0 seconds (end) (<i>p</i>=0.007).</li> <li>No significant improvements were noted in the</li> </ul>