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Introduction: Modified constraint-induced movement therapy (mCIMT) is proved an effective approach that encourage active and goal directed learning targeting for children with hemiplegic cerebral palsy. It aim to overcome “developmental disregard” of affected upper limb and to improve its function through active participation and facilitating motivation. Previous studies mainly focused on pre-school children. They were conducted in non authentic laboratory or clinical setting, which were resource-intensive and both treatment and the school routine of children involved were often disturbed. This study was the first on school based mCIMT and which mCIMT were integrated into the school CE system. It was a qualitative study and was a part of collaboration research. In this study, a protocol of mCIMT were developed which fit for routine of school, furthermore a set of activities for structured training was developed which was age-appropriate for school children. Finally, survey and questionnaire for students involved, as well as interview with parent and staff were conducted to study their subjective perspectives on mCIMT.

Materials and Methods: A three-week mCIMT program was carried out in two schools for children with physical handicapped. During the period, affected upper limb of ten students with hemiplegic cerebral palsy was restrained by a sling for six hours per day. And an one-hour structure training was conducted each day. The activities of structure training were selected by school children, which covered five major domains of their life. Weekly survey and questionnaire at the end of program were conducted to monitor students’ perspective toward program. Parent interview was used to collect parents’ comment on students’ performance at home. Staff interview was conducted to collect teachers’ comment on student’s performance in school and feasibility of conducting school based mCIMT.

Results and Discussion: After treatment, all student perceived improvement of affected upper limb in functional tasks and they (85.1%) believed they would increase the amount of use of affected upper limb in future. The mCIMT program was well accepted, which included length of program (100%), duration of structured training (100%), as well as format and regime of restraint (71.43%). Most of students (85.71%) preferred more mCIMT program in future. Parents reported increased autonomy and frequency of using affect upper limb of their children at home. Teacher commented treatment was effective but lasting effect was short. They believed mCIMT was feasible to carry out in school without huge extra resources.

Conclusion: School based mCIMT was perceived effective and was accepted by students, parents and school staff. It was cost effective and feasible to be conducted in school setting without causing much disturbance to children’s regular study.