May 2018 Neglect, Clinical pearl video

May 2018

Hello members.

This month we focused on neglect and have provided information that neglect results in worse outcomes (abstracts 1) and we have provided outcome measures to help us assess neglect (abstracts 2) and we have provided systematic review of neglect and treatment. Our final segment is a clinical video and discussion of neglect in action and treatment ideas.
STAY TUNED next month is Early Mobility!!

Clinical pearl video on neglect the description below will assist with the video.

NEGLECT Clinical Pearl:
Neglect presents itself in varying levels of severity post-stroke. As a clinician I find people who have "pusher syndrome" to be some of the most challenging to work with on many levels, but their neglect of their impaired side can be glaring and downright dangerous at time. **Video used with permission.**

Video PART 1: Sitting balance.
What stands out to you?
· Profound left hemiparesis, spatial neglect/inattention with his head almost fixed to the right, pushing actively to the weak side, lack of protective response, perseveration on his helmet.

Treatment strategy:
· "Experiential learning": The natural tendency of a therapist is to hold on to this patient for dear life because he can't be trusted. The opposite is actually true. First, move the patient to where you want them to be (their midline) and let go (with you still guarding closely). REPEAT. REPEAT. REPEAT.
· 'Orient to midline': assist patient down onto their strong side with weight bearing through elbow and forearm, assisting with re-wiring their perception of vertical, again, repetition is key

VIDEO PART 2: Standing balance
What stands out to you?
· Inability to orient to midline in standing, patient is resisting correction of foot placement, facilitation techniques, appreciate patient dependence

Treatment Strategy:
· single limb press of impaired LE on low level of total gym with extreme attention

to knee and foot stability and alignment,
- transfers are done to the weak side
- sitting at the edge of an elevated mat and placing the patients feet wide, they won't like it, again back to experiential learning,
- half kneeling with emphasis on proximal stability
- use the mirror or yourself as a tool for midline
- be hands OFF as much as you can

Join us on Facebook and twitter @APTAStrokeSIG and Instagram #StrokePT

Connect with us