mRehab is the future: the upper limb perspective

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Disclosures

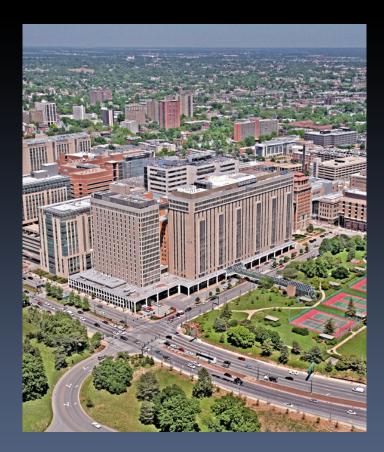
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Chris Gnip, Sara Francois, Sage Tarter, Hillary Smith, Monica Ratner, Caitlin Burbank, Jenna Washabaugh, Katherine Hutson, Katherine Poppin, Jill Seelbach, Ana Abendschein, Brittany Hill, Elyse Aufmann, Steven Babcock, Lisa Simone, Erin Lamb, Nuo Cheng, Danae Vachata, Ellie Smith, Gina Malito, Caitlin Doman, Allison Tsui, Ellen Sutter, Shelby Wilson, Alice McGhee, Allyson Getty, Rowena Messamore

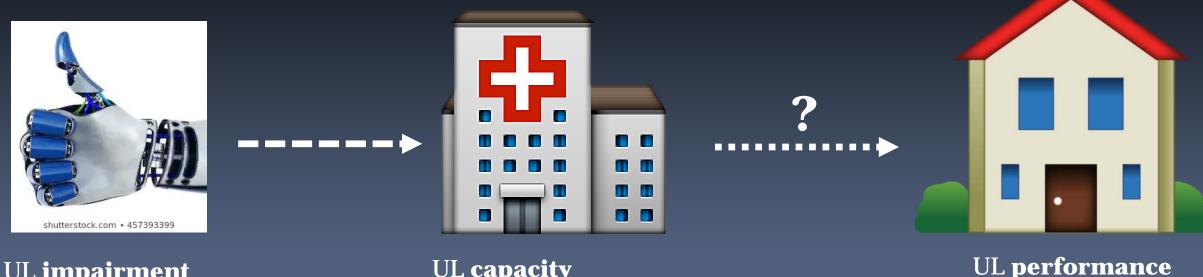
Barnes Jewish Hospital, the Rehabilitation Institute of Saint Louis, Michelle Whitson, Hillary Harris, Robert Fucetola, Audra Sturmoski, George Hornby, Jenni Moore, Lara Boyd, Keith Lohse, Teresa Kimberley, Darcy Reisman, Marco Santello, Patricia Scheets, Sheila Schindler-Ivens, Kathryn Hayward, Terry Ellis

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- 1. The purpose of rehabilitation is to improve performance in daily life
- 2. We can measure performance in daily life with wearable sensors
- 3. Data from daily life are full of surprises:
- 4. We will be better at this in the future.

Why would you go to (& pay for) your rehab appointments?

Definitions from WHO ICF, 2002



UL **impairment** (ROM, spasticity, strength) UL **capacity** (capable of doing in-clinic) UL **performance** (use in daily life)

88% of self-identified goals are for better performance of activities in daily life (Waddell et al. 2015)

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Data are easy to collect, but it is hard to figure out what to do with it...







for 24 or more hours



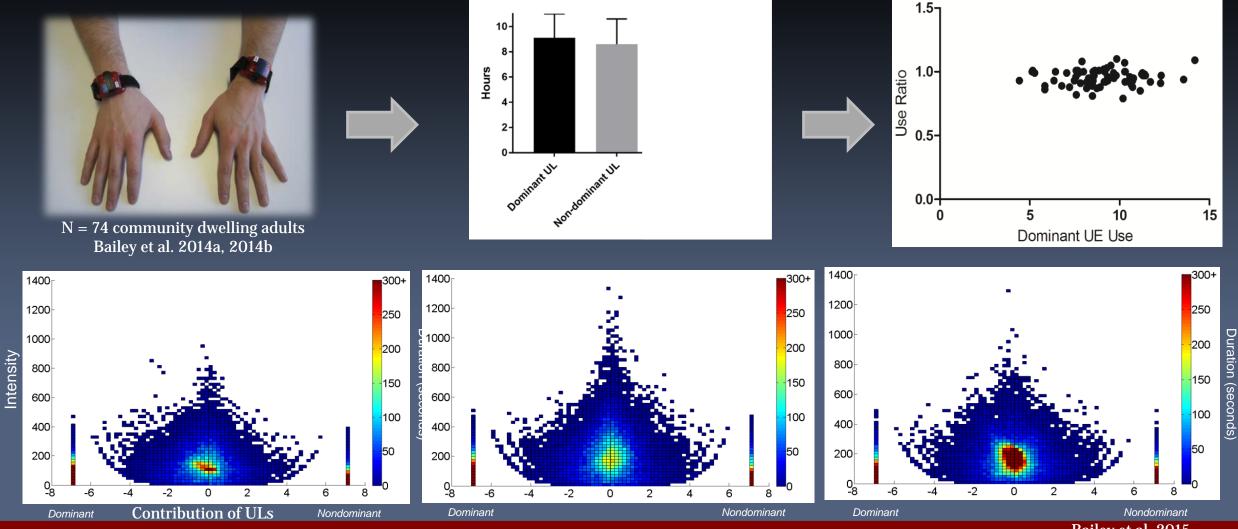


Accelerometry is a valid, reliable measure of upper limb performance

(Uswatte et al. 2000, 2005, 2006; Welk et al. 2004; Lang et al. 2007, 2012; Rand & Eng 2010; Van der Pas et al. 2011; Michielsen et al. 2012)

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UL activity in daily life is bilateral



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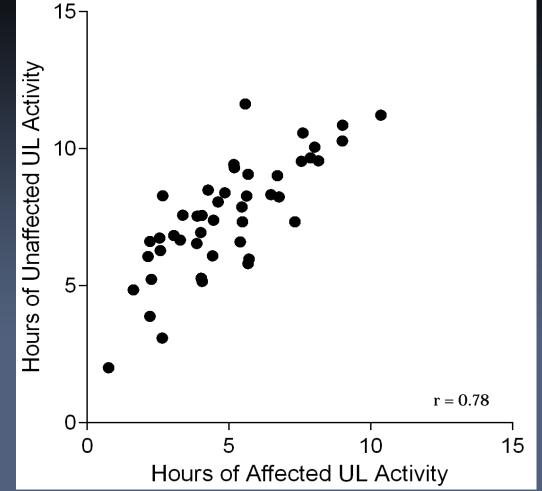
Bailey et al. 2015 Program in Physical Therapy

UL activity in daily life is bilateral



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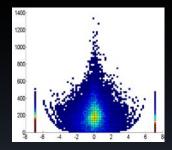
An early indicator that out-of-clinic measurements are critical



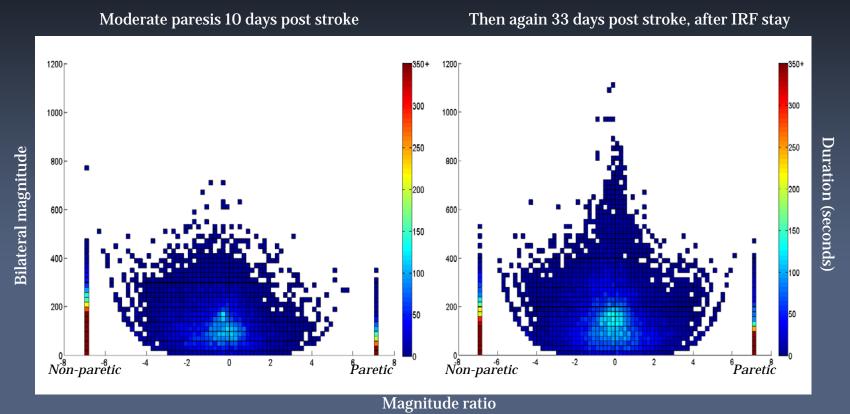
After stroke, hours of use with each limb are POSITIVELY correlated

Lang et al. 2009; Bailey et al. 2015

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Performance measures are responsive to change

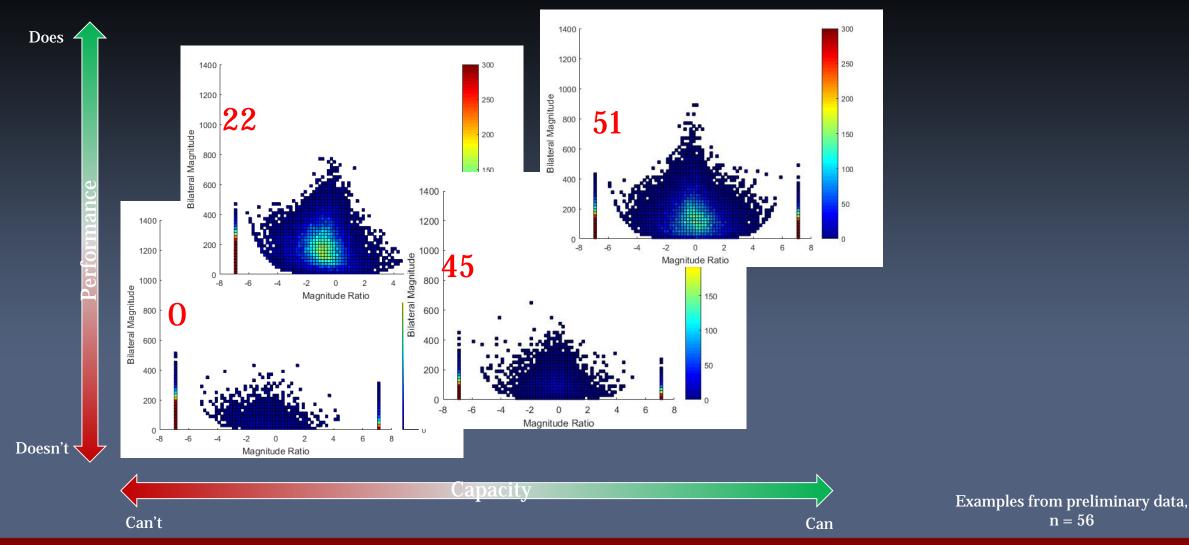


Data from Waddell et al. 2014; also see Urbin et al. 2015

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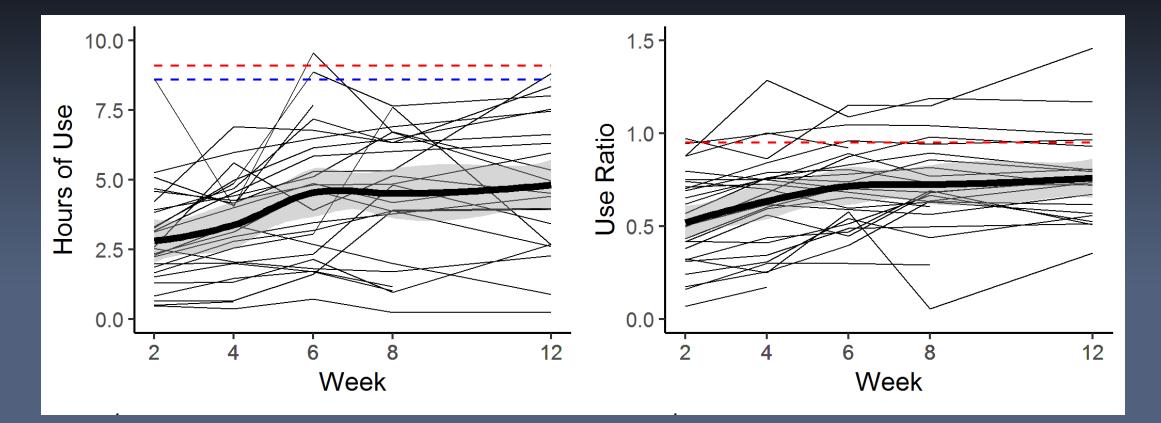
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Capacity may not ≠ Performance post stroke



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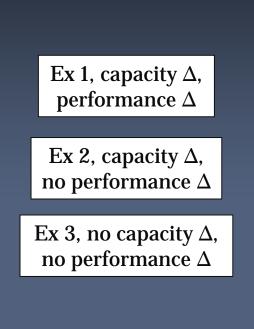
Performance trajectories early after stroke are highly variable

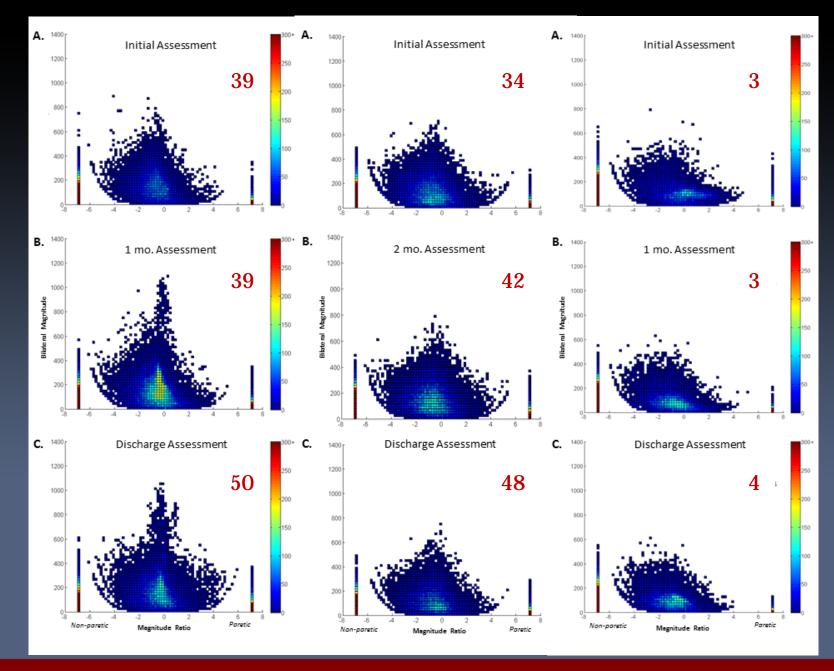


Waddell et <u>al. in review</u>

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Δ Capacity may not = Δ Performance





Outpatient sample, Doman et al. 2016

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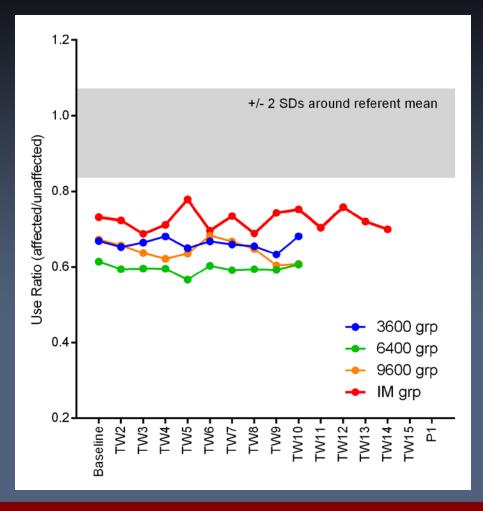
Sensor data may question the clinician view of 'success'



Preliminary data; N=93 participating in outpatient therapy at 5 clinics around the USA

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No change in performance in our Phase II RCT \geq 6 mo. post stroke



Examined 6 accelerometer metrics

→ Use Ratio Hours Aff. Use

> Bilateral Magnitude Magnitude Ratio

Aff. Magnitude Aff. Variability $\frac{Slope^{*}}{-0.0005 \pm 0.0009}$ -0.027 ± 0.01

 -0.15 ± 0.09 -0.023 ± 0.013

 -0.03 ± 0.06 -0.04 ± 0.05

*Mean±SE for all groups combined, none are different from zero

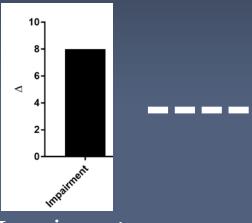
Waddell et al., 2017

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Change in one domain ≠ change in another domain



UL **impairment** (ROM, spasticity, strength)



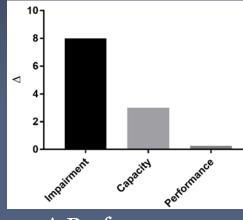
 Δ Impairment



UL **capacity** (capable of doing in-clinic)^{1,2,3}

¹⁰
⁸
⁶
⁴
²
¹⁰
¹





 Δ Performance

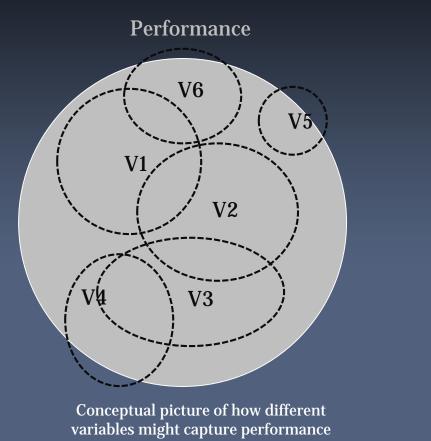
¹Dromerick et al., 2009; ²Wolf et al., 2006; ³Lang et al., 2017; ⁴Rand & Eng, 2015; ⁵Waddell et al., 2017; ⁶Lemmens et al., 2014

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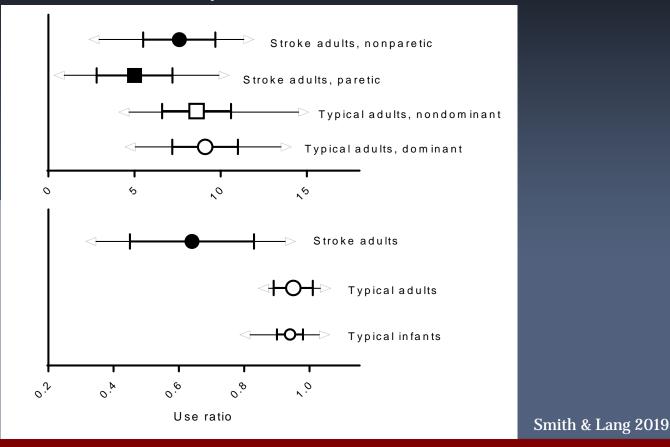
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Capacity may not = performance Δ capacity may not = Δ performance Success of services may not be what we thought (in both directions) Performance will be hard to budge

Accelerometer variables are good but far from perfect...



Narrowly distributed variables help to discriminate better than widely distributed variables



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What sensors can and cannot tell us right now

Construct measured	Present capability	Non-paretic limb	
Duration of limb activity	\checkmark	0.6 ↓ Operating point (TPR = 79%, TNR = 78%)	
Relative activity of one limb to the other	\checkmark	0.4 0	
Intensity of activity	\checkmark	⊕ 0.2 AUC = 87.0%	60- 66-
Relative contribution of limbs during bilateral activities	\checkmark	0 0.2 0.4 0.6 0.8	50 intra-Subject inter-Subject inter-Subject inter-Subject
Average magnitude of activity on one limb	\checkmark	False positive rate Lee et. al. 2018	Control Subjects Stucke Subjects
Variation of activity on one limb	\checkmark		
Distinguishing 'functional' vs. 'non-functional mvts	Х	7 sensors TABLE XIV: Perf Primitive Sensitivity	Specificity PPV NPV
		Rest 0.76	0.98 0.81 0.98
Specific mvts or activities being performed	Х	Dead 0.76	
Specific myts or activities being performed Compensatory movement patterns	X X	Reach 0.76 Transport 0.72	0.940.860.890.810.620.94
			0.94 0.86 0.89

We are still in the lab!

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It is early in the process

e.g. the telephone



- Future sensors and algorithms will probably be beyond what we imagine in the present
- Wearable sensor data opens new questions (and problems)
- Just because we can measure it won't mean that behavior will change!

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