

Use of Canadian Occupational Performance Measure (COPM) in Constraint Induced Movement Therapy (CIMT) for Stroke patients

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Introduction

In 2008 CIMT was introduced at HNRC as a 2 weeks intensive training programme for adults after apoplexia cerebri having dysfunctions of the upper extremity (UE). Until now 95 patients have participated in the programme.

Aim

To enable a client centred practice with focus on goal setting and the patient's perspectives in the CIMT training program, the COPM was introduced to supplement Wolf Motor Function test (WOLF). COPM was chosen because it is a standardised tool and can be used for measuring the patients' self-assessment before and after the CIMT programme.

Use of COPM

Before the patient begins the CIMT programme, the OT performs a narrative interview, focusing on limitations in activities of everyday living (ADL) caused by dysfunction in UE. The patient scores the meaningfulness of the activities.

5 limitations in ADL are chosen and scores of performance and satisfaction are measured.

Day-programmes for CIMT training are based on results from the COPM and the WOLF.

At the end of the 2 weeks of CIMT training the patient evaluate the 5 limitations in ADL and new scores of performance and satisfaction are made.

Results

Experiences from a systematic use of COPM in CIMT:

COPM is an **effective** tool for measuring training results before and after the CIMT programme. Scoring before and after enables the patients to see a distinct change in and understanding of their improvements in abilities.

Most of the patients' scores are significantly higher in the evaluation compared to the scores in the beginning of the programme concerning performance as well as satisfaction with their abilities.

COPM-interview helps the patient in **reflections** of the UE dysfunction in relation to limitations in activity performance and meaning of relevant activities. It enables the patient's **awareness** of what he/she is able to do and to be more **specific** in formulating limitations in activities.

Quotations from participants at CIMT:

"I am writing much nicer and quicker; all my fingers can now be fully stretched out and I can start to play the piano again"

"It becomes concrete and tangible because the training is based on my daily life and my limitations"

"The 2 week CIMT programme made me feel good about myself and about what I can do"

"Now I don't have to think about using my arm in my daily life – I just do it"

The patient is feeling **motivated** by performing activities of importance in daily life. During the training programme the patient has the feeling of **being heard** and the feeling of **being involved**.

During the interview and scores in COPM, it is possible to **clarify the patient expectations** of the CIMT programme.

The limitations in activities are **analysed by the OT and the patient**. Hereby it becomes clear to the patient which parts of the activity are necessary to master in the activity as an integrated whole.

Using the COPM enables the patient to **see possibilities** in how training in the CIMT programme can be overpassed to daily living as well as it provides insight into how limitations in daily activities can be trained further on.



CIMT Programme

- CIMT is based on the theory "learned non use" (Edward Taub; 2006).
- The patient is prevented using the non-affected UE by carrying a firm glove for 90 % of his/her time awake.
- Activity oriented training is performed 6 hours daily for 2 weeks (10 days of training).
- The patients participate in groups of 4 and are trained by 1 occupational therapist and 1 physiotherapist in repeated, adjusted activities.
- Inclusion criteria must be met to participate in the CIMT.