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Implementation of a sustainable publicly funded constraint induced movement therapy (CIMT): The ACTIveARM Project

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Introduction: Constraint Induced Movement Therapy (CIMT) is an effective intervention for arm recovery following stroke and traumatic brain injury. Despite strong evidence for CIMT, there is a knowledge translation gap between research and practice.

Objectives: To establish if a 2-week publicly funded CIMT program can be translated into practice and sustained over two years across multiple health services in South Western Sydney Local Health District (SWSLHD), Australia.

Method: A before and after study was conducted, involving 65 occupational therapists, physiotherapists and assistants across nine teams in SWSLHD.

Intervention: Teams received a CIMT Implementation Package including; a) a 2 day training workshop, b) regular audit feedback about their practice, c) poster reminders, d) support and mentoring from a community of practice about CIMT delivery.

Data Collection: Medical record audits were used at baseline and three-monthly intervals to provide feedback to teams about CIMT delivery. Staff focus group interviews at baseline and post intervention were used to explore CIMT knowledge, attitudes and organisational barriers.

Primary Outcome: The proportion of eligible patient participants that received CIMT during rehabilitation.

Results: Baseline file audits (n=180) indicated that 38% of patients were eligible for CIMT during their rehabilitation however less than 2% of patients were offered and provided with CIMT. Baseline audit data suggested that CIMT was not delivered with fidelity. Results of file audits completed following delivery of the implementation package will be explored.

Conclusion: Therapy teams will overcome an evidence-practice gap and accelerate upper limb recovery through routine delivery of a highly effective intervention.