



THERAPEUTIC EFFICACY OF FUNCTIONAL TASK WITH UNILATERAL AFO AND KNEE GAITER VERSUS BOBATH INTERVENTION ON PATIENTS GAIT DYS FUNCTION IN STROKE POPULATION- A COMPARATIVE STUDY

¹KARTHIKEYAN T, ²SHANTI PRAKASH ARYA, ³PRADNYA D, ⁴BHADRI NARYAN

Heart&Stroke.
Learn the signs of stroke

Face is it drooping?
Arms can you raise both?
Speech is it slurred or jumbled?
Time to call 9-1-1 right away.

Act **FAST** because the quicker you act, the more of the person you save.

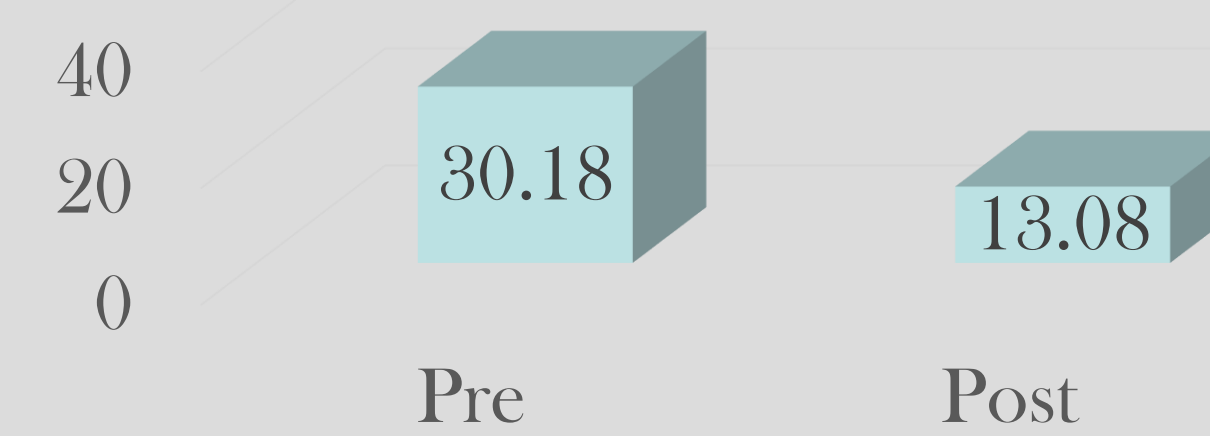
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INTRODUCTION

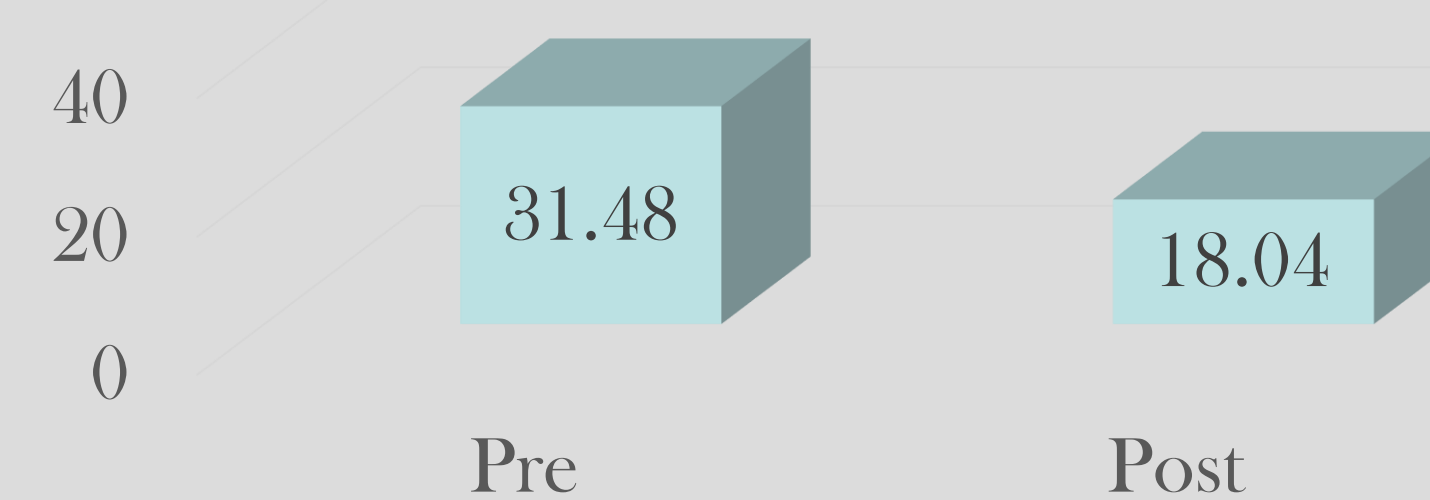
1. Stroke is defined as sudden onset of focal neurological deficit lasting more than 24 hours duration.
2. Bobath considered abnormal co-ordination of movement patterns and abnormal tone to be the main problems in hemiplegia. Bobath's concept believe that abnormal tone which can be lower or higher than normal, influences the patient's movement patterns adversely.
3. Task related training approach views the patient as an active participant.
4. The goal in stroke rehabilitation is to improve functional performance by developing effective strategies for approaching and mastering motor challenges of new activities.

RESULTS

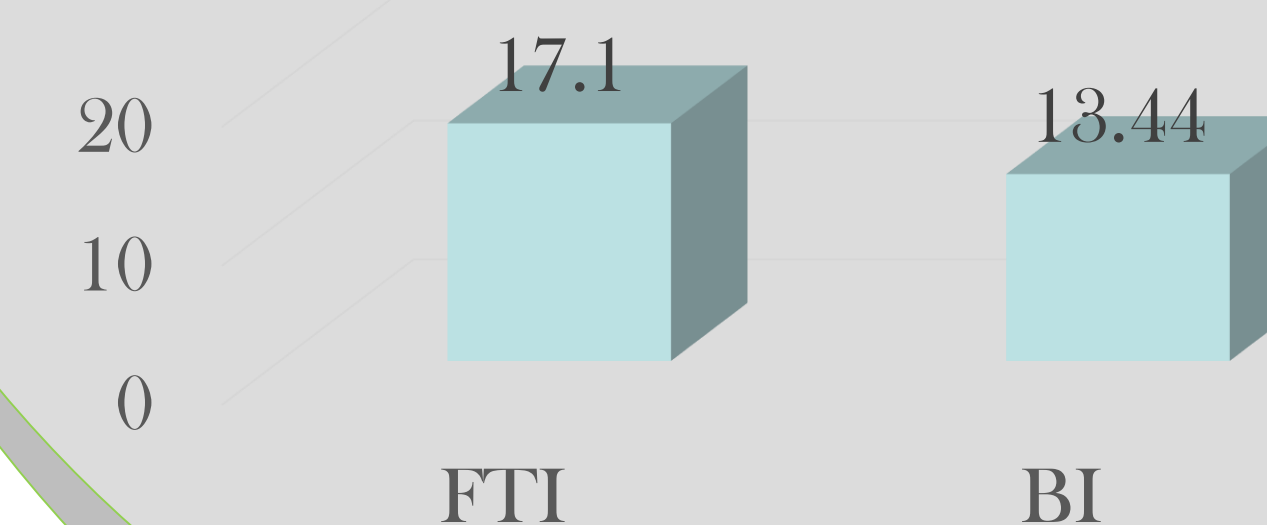
Mean value of Functional task Intervention



Mean value of Bobath Intervention



Mean Difference between FTI & BI



ASSESSMENT
Timed Up & Go (TUG)

Purpose: To assess mobility
Equipment: A stopwatch
Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

Instruct the patient:
When I say "Go," I want you to:
1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

On the word "Go," begin timing.
Stop timing after patient sits back down.
Record time.

Time in Seconds:

© CDC STEADY State and various can help you screen, assess, and intervene to reduce your patient's risk for falls. For more information, visit www.cdc.gov/steadi.

METHODOLOGY

Total 15, Among 15 stroke patients 10 recruited. 5-Undergone FTI along knee gaiter with AFO & 5- Undergone Bobath Tech.

MATERIALS:

Arm rest Chairs, Stop watch, Balance beam, Tape measure, Marking tools, Timed up and go chart, Knee gaiter & AFO.

INCLUSION CRITERIA:

1. Unilateral Stroke patient (5-18 months duration after onset).
2. Unilateral Stroke patient Age limit 45-65 years.
3. Unilateral Stroke patient (both gender)
4. Unilateral Stroke patient Ability to understand the instructions testing procedures.

EXCLUSION CRITERIA:

1. Bilateral stroke patient.
2. Mental dysfunction stroke patient.
3. Non cooperative stroke patient.
4. Cognitive and perceptual dysfunction.
5. Visual and auditory impairment.
6. Orthopedic disorders that impair ambulation.

Duration

Weekly 3 days for 2 months. Totally 24 sessions

OBJECTIVE OF THE STUDY

1. To evaluate the therapeutic efficacy of Functional task intervention on patients with impaired gait function in stroke patients with TUG test.
2. To evaluate the therapeutic efficacy of Bobath intervention on patients with impaired gait function in stroke patients with TUG test.
3. To compare the therapeutic efficacy of Functional task intervention along knee gaiter with AFO and Bobath intervention on impaired gait function in stroke patients with TUG test.

DISCUSSION

S.No	Author name & year	Therapeutic Protocols & Outcomes	Clinical message
1	Eich et al 2001	FTI/ Bobath Weekly 5days for 1months duration N=30(DGI)	This FTI strategy help to improve gait and balance of stroke subjects
2	Salbach et al 2005	FTI/ Bobath Weekly 3 days for 2 months duration N=20(6 Minute walk test)	This FTI strategy help to improve gait and balance of stroke subjects
3	Karthikeyan et al 2019	FTI/ Bobath Weekly 3 days for 2 months duration totally 24 session N=10(TUG)	This FTI with Knee gaiter along AFO strategy help to improve gait and balance of stroke subjects

CONCLUSION/CLINICAL MESSAGE

1. The present study concluded that the unilateral knee gaiter along AFO with functional task intervention is more beneficial than the Bobath intervention for the management of stroke patients based on Timed up and go test.
2. This specific strategy of unilateral knee gaiter along AFO with functional task intervention which help to increase the gait speed of affected stroke subjects.

References

- Maurice Victor and Allen.H.Ropper "Victor Adams Principles of Neurology", 7th edition, 2001.
Warlow C P, Dennis M S, "A practical approach to management of stroke patients, in stroke: a practical guide to management". Blackwells sciences London. 1996; 360-384.

