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The Treatment Contract is a component of the protocol used in assessment for the Heather Gillibrand Research Center at Columbia University. The primary goal of the Treatment Contract is to provide all participants with the skills necessary to perform the Activities of Daily Living. Participants are taught the basic concepts of handling, coordination, postural control, and endurance with the more affected upper extremity during 2 hour sessions. Participants are taught to make specific goal directed movements and maneuvers and are provided with movement re-education exercises to improve the function of the weakened muscle groups. Participants continue to complete the Treatment Contract after the initial 10 sessions. Ancillary goals of the protocol are to prevent further muscle wasting, maximize the use of the less affected upper extremity, and to preserve the use of the affected upper extremity. The latter objective is achieved by making explicit the disparity in functional use between the 2 upper extremities and providing assistance during ADLs through the use of devices, such as elbow crutches or a walking aide that is worn for ambulation. A goal of the protocol is to re-establish the ability to sustain hand and finger motions. In terms of specific rehabilitation techniques, time under force, relaxation therapy, motor learning, and neuromotor task training are used to enhance the function of the hand and fingers. Motor learning involves repetition of specific motor patterns with gradually increasing force using a resistance that can be changed throughout the course of rehabilitation, to challenge the participant to alter the motor task and develop adaptive strategies to perform the task. Motor learning is achieved through the use of the Theraband®. Theraband is used to initiate, execute, and monitor motor task, motor learning, and rehabilitation. It is a continuous passive elastic band, which is placed around the hand and wrist of the more affected upper extremity. The Theraband can be adjusted to achieve various resistance levels throughout the course of rehabilitation. Theraband can be custom programmed to assess, teach, train, or resist specific motor movements. Simple motor tasks can be programmed to achieve multiple physical functions, such as flexibility, muscle strengthening, arm abduction, and reaching. The functions of the Theraband are programmed by the lead therapist, with input from the participant's physiotherapist, and are agreed upon with the participant prior to initiation of the Theraband program. In order to control the Theraband, participants are taught a variety of different grips and motor patterns and are taught how to activate the Theraband without the therapist assistance. To reinforce motor learning, motor tasks are physically executed with Theraband in place and with the participant's weaker hand (frequently when Theraband is wrapped around the hand and wrist of the affected upper extremity). The Theraband is then removed and the participant tries the motor task alone without Theraband. Participants are taught how to effectively deliver the resistance to the Theraband using minimal force through repeated practice and execution of motor tasks. The goal is to achieve maximal motor movement while retaining a strong grasp on the Theraband without significant force to the hand. Motor tasks using the Theraband can be implemented in a variety of settings, including the clinic, office, gymnasium, and home, with the goal of enhancing the adaptive and functional use of the more affected extremity. A mid-level quality coaching program is provided at the one-year and two-year follow-up visit. The components of the coaching program include specific goals for participation in ADLs, goal setting, technical and motor skills training, coordination of the weak extremity, and exercise advice to increase overall fitness.

Rehabilitation Of The Hand And Upper Extremity By Hunter Free Download

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