

Arm's Reach

Occupational Therapy



Functional Task Retraining: A Movement Science Approach

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About AROT

Arm's Reach Occupational Therapy (AROT) provides assessment, goal setting, treatment and information provision for people living with an affected arm and hand after stroke. AROT covers in and around the Bristol area and is run by Occupational Therapist Jessamy Boydell (MSc; MRCOT).

What Is Movement Science?

Movement Science is a motor learning therapy approach developed by Carr and Shepherd for individuals experiencing neurological difficulties. Detailed assessment is required to analyse where movement breaks down for the individual e.g. which muscles are struggling and why. Once this is identified, a bespoke, repetitive task-based therapy programme is carried out.

The programme addresses areas of movement difficulty in a very systematic way. Practice is always built around a task, or part of a task which is meaningful to the individual to improve e.g. reaching for, grasping and picking up an object. The aim of the approach is to build on missing movement components to enable whole task practice. The ultimate goal is to transfer movement skills learned to other tasks.

How Does Movement Science Work?

It is now well-known that the brain is able to reorganise itself after injury. Movement Science (MS) follows the idea that the type and amount of practice we do correlates with how we learn. The more we practice, the more opportunity there is for necessary changes to occur in the brain for relearning.

Therapists using the MS approach use a “hands-off” approach, meaning the therapist never physically facilitates movement during practice. This is to allow neural relearning to occur in the client's brain, not the therapist's. Graded feedback by the therapist on the individual's quality of movement is important, as the person gradually learns how to rely less on the therapist and guide their own practice.

Who is Movement Science Suitable For?

Functional task retraining using the MS approach is suitable for people who can identify daily tasks and activities they want to improve, and who are motivated to engage in large amounts of repetitive practice. They need to be able to actively engage and understand the basic concept that practice improves the potential for relearning movement. Movement Science can work with different levels of movement return after neurological injury, although this is assessed on a case-by-case basis. It can complement other arm and hand rehabilitation approaches also, such as the use of Saebo products, Mirror Therapy or Motor Imagery. Someone who has no movement in the arm at all would be better suited to other therapy approaches.

I'm interested. How do I find out more?

Please contact AROT to learn more about a range of arm and hand neurological therapy approaches, and for information on prices:

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