

# The effect of physiotherapy on development, extent and duration of motor problems in children with acute lymphoblastic leukaemia

<b>Submission date</b> 20/12/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 20/12/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 19/12/2008	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

# Study information

## Scientific Title

### Study objectives

Physiotherapy will diminish the development, extent and duration of motor problems in children with acute lymphoblastic leukaemia.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Received from the local medical ethics committee

### Study design

Randomised single-blind active controlled parallel group trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Hospital

### Study type(s)

Treatment

### Participant information sheet

### Health condition(s) or problem(s) studied

Acute lymphoblastic leukaemia (ALL)

### Interventions

Children who are randomised to the physiotherapy group receive a standardised exercise program, which starts in week 1 of their chemotherapy treatment, is carried out at home and monitored by a physiotherapist.

Children who are randomised to the control group, only receive physiotherapy if motor problems occur. This is current standard practice.

### Intervention Type

Other

### Phase

Not Applicable

**Primary outcome measure**

Motor performance is measured with the Motor Assessment Battery for Children - a standardised test for motor performance - at the onset of chemotherapy, after six weeks, one year after starting chemotherapy and on completion of therapy.

**Secondary outcome measures**

Objective signs of polyneuropathy, i.e. decreased reflexes, sensory disturbance and muscle weakness are assessed.

**Overall study start date**

01/03/2001

**Completion date**

01/10/2006

**Eligibility****Key inclusion criteria**

Children aged 1 - 18 years diagnosed with acute lymphoblastic leukaemia

**Participant type(s)**

Patient

**Age group**

Child

**Lower age limit**

1 Years

**Upper age limit**

18 Years

**Sex**

Both

**Target number of participants**

52

**Key exclusion criteria**

1. Additional medical conditions known to have an effect on motor development
2. Cognitive impairment

**Date of first enrolment**

01/03/2001

**Date of final enrolment**

01/10/2006

**Locations**

**Countries of recruitment**

Netherlands

**Study participating centre**

**Erasmus Medical Centre**

Amsterdam

Netherlands

3000 CB

## **Sponsor information**

**Organisation**

Erasmus Medical Centre (Netherlands)

**Sponsor details**

Sophia Children's Hospital

Dr. Molewaterplein 60

Rotterdam

Netherlands

3015 GJ

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.erasmusmc.nl/content/englishindex.htm>

**ROR**

<https://ror.org/018906e22>

## **Funder(s)**

**Funder type**

Research organisation

**Funder Name**

Erasmus Medical Centre (The Netherlands) - Revolving Fund

## **Results and Publications**

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration