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# Developing stroke care for adults in the community: rehabilitation through conductive education

| Submission date | Recruitment status | [_] Prospectively registered |
|---|---|---|
| 12/05/2010 | No longer recruiting | [_] Protocol |
| **Registration date** | **Overall study status** | [_] Statistical analysis plan |
| 04/03/2011 | Completed | [X] Results |
| **Last Edited** | **Condition category** | [_] Individual participant data |
| 09/11/2017 | Circulatory System | |

**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**

N/A

# Study information

### Scientific Title
Conductive education as a method of post-stroke rehabilitation: a randomised controlled trial

### Study objectives
Conductive Education (CE) is a specialised rehabilitation system developed in Hungary in the late 1940s by András Petö. The CE approach is used with adults and children with motor disorders subsequent to neurological damage. CE aims to help stroke survivors to maintain and/or increase range and control of movement, teaching components of everyday skills and strategies that each individual can apply to their daily activities. Functional tasks are broken down into a series of components that are repeatedly and rhythmically practiced with verbal reinforcement ('rhythmical intention'). Task series are designed to allow participants to develop an increased awareness of their own movement and to learn the basic rules of movement solutions which can then be applied through regular daily activity.

Previous research has shown some improvements in stroke survivor's activities of daily living and well-being (Brittle et al., 2008), as well as a reduction in carer burden (Laver & Brown, 1995) following CE intervention. However, no previous study has examined CE outcomes for stroke participants in comparison with a control group. We are therefore examining a broad range of quality of life outcomes across physical, cognitive and psychological domains using a randomised design. We are also measuring carer well-being in relation to CE.

### Ethics approval required
Old ethics approval format

### Ethics approval(s)
Birmingham City Council Research Governance Advisory Committee, 02/02/2010

### Study design
Single-centre interventional randomised waiting list controlled cross-over trial

### Primary study design
Interventional

### Secondary study design
Randomised cross over trial

### Study setting(s)
Hospital

### Study type(s)
Treatment

### Participant information sheet
Not available in web format, please use contact details below to request a patient information sheet

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

## Interventions
The conductive education intervention will be administered as a 1.5 hour session once per week for 10 weeks. Intervention takes place in a small group setting (maximum of 5 participants) led by two conductors. Control (waiting list) participants will attend two introductory sessions during the wait period in which they will receive standard written and visual materials.

All participants will be followed up 3 months after completion of the conductive education programme.

Participants in the waiting list group will be offered intervention after 3 months.

## Intervention Type
Other

## Phase
Not Applicable

## Primary outcome measure
1. Mobility will be assessed using a timed up and go test and a 10 metre walking test:
The timed up and go test requires participants to stand from a chair, walk forward 3 metres, turn around, return to the chair and sit down. Completion time (in seconds) is recorded. The 10 metre walking test requires the participant to walk forwards 10m at their normal pace, and completion time (seconds) is recorded.
2. Activities of daily living will be measured using the Barthel Index:
A 10 item questionnaire examining activities such as walking and dressing. Higher scores represent greater functional independence.
3. Quality of life will be measured using the Stroke Impact Scale:
A 59-item stroke-specific questionnaire covering 8 domains of well-being. Higher scores indicate better well-being.
4. Participants are also asked to complete the EQ-5D quality of life scale for use in an economic evaluation linked to the study

All measures are taken at baseline (before commencing the intervention/wait period), after 3 months (on completion of the intervention/waiting list period) and at follow up 3 months after intervention. Waiting list participants are also assessed on completion of the CE course.

## Secondary outcome measures
1. Cognitive performance will be measured using the following:
1.1. Test of Everyday Attention, which tests selective, sustained and divided attention
2. Wisconsin Card Sorting Test (WCST-64 version), a measure of planning, problem solving and cognitive flexibility.
2. Anxiety and depression will be measured using the Hospital Anxiety and Depression Scale (HADS):
A 14-item questionnaire. Higher scores indicate higher levels of anxiety and depression.
3. Carers will be asked to complete the following at each assessment point:
3.1. SF-36, a general health-related quality of life measure
3.2. HADS

All measures are taken at baseline (before commencing the intervention/wait period), after 3 months (on completion of the intervention/waiting list period) and at follow up 3 months after intervention. Waiting list participants are also assessed on completion of the CE course.

### Overall study start date
01/04/2010

### Completion date
31/07/2012

## Eligibility

### Key inclusion criteria
1. Individuals who have suffered a stroke and are in the post-acute stage of recovery
2. Participants should be medically well enough to follow the programme and be capable of giving informed consent.
3. Male or female, age ≥ 18 years

### Participant type(s)
Patient

### Age group
Adult

### Lower age limit
18 Years

### Sex
Both

### Target number of participants
The total target sample size is 120. Participants will be recruited in cohorts of 20; 10 of each cohort will be allocated to immediate intervention and 10 to the waiting list control group.

### Key exclusion criteria
1. Individuals who are medically unfit to participate or unable to give informed consent
2. Participants must not be receiving regular physiotherapy input

### Date of first enrolment
01/04/2010

### Date of final enrolment
31/07/2012

## Locations

### Countries of recruitment
England

United Kingdom

**Study participating centre**
**National Institute of Conductive Education**
Birmingham
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B13 8RD

# Sponsor information

**Organisation**
Birmingham City Council (UK) - Adults and Communities

**Sponsor details**
Birmingham Social Services
Level 5, Louisa Ryland House
44 Newhall Street
Birmingham
United Kingdom
B3 3PL

**Sponsor type**
Government

**ROR**
https://ror.org/04dm6ed68

# Funder(s)

**Funder type**
Government

**Funder Name**
Birmingham City Council (UK) - Department of Health Stroke Care Grant (May 2009)

# 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

### Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Results article | results | 01/02/2016 | | Yes | No |