

# Can electrical stimulation of muscles be used to improve walking for people with Parkinson's disease?

<b>Submission date</b> 27/03/2017	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 05/04/2017	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 16/08/2022	<b>Condition category</b> Nervous System Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Parkinson's disease (PD) is a long-term medical condition which is caused by the gradual loss of nerve cells (neurons) in a part of the brain called the substantia nigra. These neurons are normally responsible for producing dopamine, a chemical messenger (neurotransmitter) which carries signals around the brain that help to coordinate movement. In people suffering from PD, these neurons gradually die over time, causing the level of dopamine in the brain to gradually fall. As the levels of dopamine become lower, the brain is unable to coordinate movement as effectively, causing abnormal movements such as stiffness, tremor (uncontrollable shaking) and slowness of movement (bradykinesia). People with Parkinson's disease (PD) often have difficulty in walking, which causes them to walk slowly and fall, leading to a reduced quality of life. Functional Electrical Stimulation (FES) is a technique which uses low energy electrical impulses to trigger useful movements in underactive muscles through small battery powered device worn on the leg. Previous studies have shown that patients with PD have been able to walk faster and have reduced symptoms after using FES. In order to carry out a large study to investigate whether FES would be beneficial to patients in the longer term when compared to routine care and whether it would be value for money for the NHS, it is important to run a small study to ensure the dull study is designed properly. The aim of this study is to look at the feasibility of conducting a study looking at the effectiveness to FES to see if a larger study would be possible.

### Who can participate?

Adults with Parkinson's disease who have walking difficulties.

### What does the study involve?

Participants are first screened for their suitability for the study. If suitable they are invited back for an initial assessment which takes about 2 hours. Participants are then randomly allocated to one of two groups. Those in the first group continue to receive their usual care only for the duration of the study. These participants return for follow up appointments after six, eight and 22 weeks at which the initial assessments are repeated. Those in the second group are invited to attend two appointments to learn how to use the equipment and followed up by the FES clinician at 6 and 18 weeks. At the 18 week appointment the FES device is returned to the clinic.

As with those in the first group, these participants are also asked to attend assessment sessions at six, 18 and 22 weeks. At the end of the study, the number of participants who took part and those who completed all assessments is recorded to see if a larger study would be possible.

What are the possible benefits and risks of participating?

At the start of this study it is not known if people with Parkinson's disease will benefit from using FES but reports from small short term studies indicate that walking may be made easier, faster and safer. While the long term safety of the technique has not been assessed for people with Parkinson's, the technique has been extensively used in other patients groups such as multiple sclerosis and stroke. No serious side effects have been reported. The only regularly reported side effect from using FES is skin irritation under the electrodes (sticky pads via which the electric current is administered), affecting between 2.5% to 5% of device users.

Where is the study run from?

1. Salisbury District Hospital (UK)
2. The National Hospital for Neurology and Neurosurgery (UK)

When is the study starting and how long is it expected to run for?

April 2016 to April 2018

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Dr Paul Taylor

p.taylor@salisburyfes.com

## Contact information

**Type(s)**

Scientific

**Contact name**

Dr Paul Taylor

**Contact details**

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## Additional identifiers

**Protocol serial number**

30475

## Study information

## **Scientific Title**

The effectiveness of peroneal nerve functional electrical stimulation (FES) for the reduction of bradykinesia in Parkinson's disease: A pragmatic feasibility study for a single blinded randomised control trial (STEPS)

## **Acronym**

STEPS

## **Study objectives**

The aim of this study is to investigate the feasibility of conducting a randomised controlled trial to demonstrate that functional electrical stimulation (FES) applied to the common peroneal nerve while walking has a beneficial effect for people who have Parkinson's disease.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

South West - Cornwall & Plymouth Research Ethics Committee, 18/07/2016, ref: 16/SW/0041

## **Primary study design**

Interventional

## **Study design**

Randomised; Interventional; Design type: Treatment, Device

## **Study type(s)**

Treatment

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

Specialty: Dementias and neurodegeneration, Primary sub-specialty: Parkinson's Disease; UKCRC code/ Disease: Neurological/ Other disorders of the nervous system

## **Interventions**

Sixty-eight people with gait deficit due to idiopathic PD will be recruited. All participants will continue with usual care. In general, this comprises medication, attendance at medical clinics or visits from PD nurses. Exercise therapy may be accessed by individuals although this is not routinely prescribed. Participants will record usual care during the 22 week study.

The participants will be randomly allocated using computer generated randomisation to one of two groups.

Group 1 (control group): Participants will not receive any additional intervention over their usual care.

Group 2 (FES): Participants will use the device in addition to their usual care. FES will be delivered using a device called the ODFS Pace. Self-adhesive electrodes are placed over common peroneal nerve at its most superficial point just below the head of fibula. Stimulation is timed to the gait cycle using a pressure sensitive footswitch placed in the shoe and cause a contraction in

the muscles that lift the foot and stabilise the ankle. As the foot is brought forward. The stimulator will be used daily when walking, throughout the intervention period. Participants will be taught to use the device over two clinic appointments with follow up 6 and 18 weeks.

Both groups will be assessed at weeks 0, 6, 18 and 22, (4 weeks after withdrawal of the device from group 2), by an assessor blind to the group allocation.

## **Intervention Type**

Other

## **Primary outcome(s)**

1. Recruitment rate is determined by comparing the number of people with PD in each service, the number of people approached and issued with an information sheet and the number of people who come forward for assessment with the number of people who are consented on to the study at baseline
2. Willingness to be randomised will be assessed by recording the number of people who drop out of the study because of what they consider unfavourable group allocation will be recorded, and through qualitative interviews with potential participants who do not wish to take part at or around baseline
3. Loss-to-follow rates will be determined by comparison of the number of participants who are consented for the study with the number of participants who complete the 22 week assessment
4. Participant views on obstacles to recruitment and retention in study using semi structure qualitative interviews at the beginning and end of the study
5. Participant views on what would constitute a meaningful primary outcome measure using semi structure qualitative interviews at the beginning and end of the study and study questionnaire at week 18

## **Key secondary outcome(s)**

No secondary outcome measures.

## **Completion date**

30/04/2018

# **Eligibility**

## **Key inclusion criteria**

1. Aged 18 years and above (no upper age limit)
2. Idiopathic Parkinson's disease
3. Hoehn and Yahr stages I to IV under medication
4. Difficulty with gait (clinical observation by experienced clinician):
  - 4.1. Reduced dorsiflexion or eversion at any point in the swing or weight acceptance phase of gait,
  - 4.2. Bradykinesia demonstrated by a measured 10m walking speed of less than 1.25ms<sup>-1</sup>
  - 4.3. Festination demonstrated by walking with short rapid strides
  - 4.4. Akinesia demonstrated by exhibiting freezing episodes while walking. This may be in restricted areas such as doorways.
  - 4.5. Hypokinesia demonstrated by walking with a short stride length
5. Able to walk 10m with appropriate walking aids but without assistance from another person
6. Able to obtain standing from sitting without the assistance of another person.
7. Medically stable defined as no significant changes in the participants condition over the last 3 months

8. Able to understand and comply with the treatment and assessment procedures
9. Able to give informed consent
10. Able to start using FES within 2 weeks

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

All

**Total final enrolment**

64

**Key exclusion criteria**

1. Able to walk 10m in less than 8s (walking speed  $>1.25\text{ms}^{-1}$ ) indicating non limited functional walking
2. Other treatment than standard drug therapy (FES, deep brain stimulation, duodopa, apomorphine)
3. Atypical or secondary parkinsonism or parkinsonism related to other neurodegenerative diseases
4. Dropped foot due to any neurological condition other than Parkinson's Disease
5. Untreated or refractory epilepsy
6. Pregnancy
7. Cardiac pacemaker, or other active medical implanted devices
8. Denervation of the common peroneal nerve
9. Malignancy or dermatological conditions in the area of the electrodes
10. Major cognitive impairment or dementia

**Date of first enrolment**

01/05/2016

**Date of final enrolment**

20/10/2017

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**  
**Salisbury District Hospital**  
Odstock Road  
Salisbury  
United Kingdom  
SP2 8BJ

**Study participating centre**  
**The National Hospital for Neurology and Neurosurgery**  
Queen Square  
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United Kingdom  
WC1N 3BG

## **Sponsor information**

**Organisation**  
Salisbury NHS Foundation Trust

**ROR**  
<https://ror.org/00ja2ye75>

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
National Institute for Health Research

**Alternative Name(s)**  
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
National government

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Paul Taylor (p.taylor@salisburyfes.com)

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		01/12/2020	12/08/2022	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Preprint results</a>			12/08/2022	No	No
<a href="#">Protocol file</a>	version 2.6.0	05/04/2017	12/08/2022	No	No
<a href="#">Statistical Analysis Plan</a>	version 1		16/08/2022	No	No