

# Pilot study to investigate the effectiveness of combining physiotherapy and electrical stimulation to improve mobility in recently discharged stroke patients

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|----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>09/03/2007   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol            |
| <b>Registration date</b><br>16/07/2007 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>18/04/2016       | <b>Condition category</b><br>Circulatory System   | <input type="checkbox"/> Individual participant data                                              |

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

Version 1

## Study information

**Scientific Title**

Pilot study to investigate the effectiveness of combining physiotherapy and electrical stimulation to improve mobility in recently discharged stroke patients

**Acronym**

EPIC - Electrical stimulation as Part of Integrated Physiotherapy

**Study objectives**

Electrical stimulation improves mobility, when delivered as an integrated part of outpatient physiotherapy for people less than 6 months post stroke.

This pilot study will investigate the use of electrical stimulation integrated into physiotherapy to improve gait in early stroke rehabilitation. The study will take place in a realistic clinical setting using techniques appropriate to a typical outpatient physiotherapy department. Stimulation will be applied to improve gait directly during walking. By using electrical stimulation in gait it is hoped to facilitate a more normal muscle activation pattern. It will also be used on various lower limb muscle groups as exercise to promote muscle strength, reduce antagonist spasticity and improve range of movement. During exercise and walking multiple muscle groups could be stimulated guided by the patient's particular problems.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved by Wiltshire Ethics Committee (ref: 07/Q2004/19)

**Primary study design**

Interventional

**Study design**

Randomised controlled pilot study.

**Study type(s)**

Treatment

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

Cerebral vascular accident/stroke

**Interventions**

A randomised controlled pilot study model will be used. 30 people who have had a stroke less than 6 months previously with a Rivermead Mobility Index score between 6 and 10 will be randomly assigned to a treatment or control group. The control group will receive physiotherapy appropriate to their needs while the treatment group will receive physiotherapy with the addition of electrical stimulation. All subjects will receive 2 physiotherapy sessions of duration 1 hour a week for 6 weeks. Subjects will be instructed in exercises to perform at home, which will include electrical stimulation in the treatment group.

**Intervention Type**

Other

**Phase**

Not Applicable

### **Primary outcome(s)**

Walking speed over 10 m assessed at Week 1, Week 8 and Week 20. This has been shown to correlate well with more sophisticated measures of gait and is used routinely in the Salisbury Functional Electrical Stimulation Systems (FES) Clinic for comparison and audit purposes.

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

The following will be assessed at Week 1, Week 8 and Week 20:

Walking:

1. Effort as measured by Physiological Cost Index over 10 m. Polar heart rate monitor is used for non-invasive estimation of effort during the walking tests.
2. Visual gait analysis from video by blinded assessor using Rivermead Visual Gait Assessment from video when participants are able to walk sufficient distances. This measure should reflect changes in gait quality.

Function:

3. Six-minute walk. This simple test is suggested as way of quantifying change in walking ability with less floor or ceiling effects than walking tests over shorter distances. Six and 12 minute walks have been shown to be responsive to change and useful in documenting gait outcome over an inpatient stay.

Participation:

4. Canadian Occupational Performance Measure. This measures change in activities of daily living and assesses self-perceived satisfaction and performance. This outcome measure allows trial participants to focus on relevant personal problems and concerns.
5. Hospital Anxiety and Depression Scale, a widely used indicator of mood.
6. Rivermead Mobility Index to measure changes in mobility and to inform one of the selection criteria.

### **Completion date**

15/04/2009

## **Eligibility**

### **Key inclusion criteria**

1. Participants will be over 18 years
2. Participants will be medically fit enough to undertake physiotherapy (consultant and GP approval will be sought prior to starting the trial)
3. Current inpatient stay will be for rehabilitation following first stroke
4. During the inpatient period participants will have demonstrated they have sufficient motivation, memory and cognitive ability to participate in treatment within physiotherapy and practice outside of treatment sessions
5. Patients will be able to understand spoken instructions
6. Participants' goals must include improving gait
7. Suitable patients will be returning home after hospital discharge with a Rivermead Mobility Index of between 6 and 10
8. Participants will be able to attend the hospital for twice weekly physiotherapy i.e. will have suitable transport and live within 25 miles of the hospital

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

All

**Key exclusion criteria**

1. Unable to tolerate sensation of stimulation (assessed prior to acceptance onto the trial)
2. Poor skin condition making stimulation unsuitable
3. Previous neurological conditions likely to influence response to treatment
4. Orthopaedic/other health problems limiting ability to participate or use stimulation /physiotherapy
5. Score of 25 or under on Mini Mental Test
6. Pacemaker and other active implant users
7. Poorly controlled epileptics
8. Pregnancy

**Date of first enrolment**

15/04/2007

**Date of final enrolment**

15/04/2009

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

United Kingdom

England

**Study participating centre**

The National Clinical Functional Electrical Stimulation Systems Centre  
Salisbury  
United Kingdom  
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**Sponsor information**

**Organisation**

Salisbury NHS Foundation Trust (UK)

**ROR**

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

## Funder(s)

**Funder type**

Charity

**Funder Name**

Stroke Association (ref: TSA 2006/2007) (UK)

**Alternative Name(s)**

TheStrokeAssociation, TheStrokeAssoc

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Associations and societies (private and public)

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary****Study outputs**

| Output type                                   | Details                       | Date created | Date added | Peer reviewed? | Patient-facing? |
|-----------------------------------------------|-------------------------------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a>               | results                       | 01/11/2015   |            | Yes            | No              |
| <a href="#">Participant information sheet</a> | Participant information sheet | 11/11/2025   | 11/11/2025 | No             | Yes             |