Measuring conscious motor processing and movement self- consciousness in stroke patients using a Dutch version of the Movement Specific Reinvestment Scale.

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON23295

Source
NTR

Brief title
MSRS in stroke

Health condition

stroke, reinvestment, functional mobilitiy, CVA, herinvestering, functionele mobiiteit, MSRS, Movement Specific Reinvestment Scale

Sponsors and support

Primary sponsor: De hogeschool Zuyd gevestigd in Heerlen heeft opdracht gegeven voor het ond=
erzoek en neemt de primaire verantwoordelijkheid voor het design van de stu=
die=2C de voortgang en rapportering
Source(s) of monetary or material Support: De hogeschool Zuyd gevestigd in Heerlen heeft opdracht gegeven voor het ond=
erzoek en neemt de primaire verantwoordelijkheid voor het design van de stu=
die=2C de voortgang en rapportering

Intervention

Outcome measures

Primary outcome

1. Conscious motor processing and movement self- consciousness measured by the Movement Specific Reinvestment Scale;

2. The locomotion measured by the Rivermead Mobility Index.

Secondary outcome

1. The amount of ADL- independence and mobility measured by the Barthel Index and the Rivermead Mobillity Index;

2. Random Movement Activity measured by the Motricity Index;

3. Fear and depression measured by the Hospital Anxiety Depression Scale.

Study description

Background summary

Rationale:

Movement disruption and reinvestment have been investigated in athletes and in the healthy population. It has been shown that the ‘Reinvestment Scale’ (RS) may predict whether someone will fail when performing movements under (psychological) pressure.

The adapted version of the RS, the ‘Movement Specific Reinvestment Scale’ (MSRS) has been developed for the use in rehabilitation and has recently been used in two exploratory studies in patients with Parkinson’s disease and Stroke. This scale has been translated into Dutch according to the guidelines for cross cultural adaptation processes.

Objective:

The aim of this study is to investigate the predictive validity of the MSRS for functional mobility in patients after stroke 15 weeks after onset.

Study design:

Observational longitudinal design.

Study population:

Adult stroke patients in the acute and subacute phase will be recruited from the neurological ward of the Orbis Medical Centre located in Sittard.

Main study parameters/endpoints:

Measurement dates are at entry (baseline- T0) and after 15 weeks (T1). The following patient characteristics will be collected: age, gender, brain lesion site, co-morbidities or complications. The primary outcome is the 'Movement Specific Reinvestment Scale'. As additional measurements on functional outcome are used: the Rivermead Mobility Index (and the Barthel Index. To build the prediction model the following possible predictors will be measured: random motion activity (measured with the Motricity Index) and the level of fear and depression (measured with the Hospital Anxiety Depression Scale).

Study objective

Main question:

What is the value of the propensity for reinvestment (measured by the Movement Specific Reinvestment Scale) in predicting the functional mobility (measured with he Rivermead Mobility Index) of stroke patients after 15 weeks of rehabilitation?

The hypothesis is that a high propensity for reinvestment has a negative influence on the motor learning process and will thus affect the level of mobility negatively.

Subquestion:

Does the degree of reinvestment of stroke patients (measured by the Movement Specific Reinvestment Scale = MSRS) change during the rehabilitation period of fiteen weeks?

The expectation is that the stroke patients will score high on the MSRS scale at baseline because of their high degree of awareness of their movements immediately after the stroke.

the expectation is that the scores will be lower at the end of the rehabilitation period caused by a better body image and a higher self-esteem of the patient.

Study design

1. Baseline measurement on the moment of intake in the rehabilitation clinic;

2. The second measurement is fifteen weeks after the baseline measurement.

Intervention

No intervention given. The stroke patients only received care as usual.

Contacts

Public
Nieuw Eyckholt 300
Melanie Kleynen
Heerlen 6419 DJ
The Netherlands
+31 (0)45 4006366
Scientific
Nieuw Eyckholt 300
Melanie Kleynen
Heerlen 6419 DJ
The Netherlands
+31 (0)45 4006366

Eligibility criteria

Inclusion criteria

1. Adult;

2. Clinically diagnosed stroke;

3. Patients <6 weeks after stroke.

Exclusion criteria

Severe additional impairents prior to stroke.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	12-12-2011
Enrollment:	53
Type:	Anticipated

Ethics review

Positive opinion

Date:	05-12-2011
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL3027
NTR-old	NTR3175
Other	METC HsZuyd/Orbis : 11-N-92
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A