# Power Move: a randomized waitlistcontrolled study on a computerized motor intervention program to improve motor function in very preterm children at five years of age'

No registrations found.

**Ethical review** Positive opinion **Status** Recruiting

Health condition type -

Study type Interventional

# **Summary**

#### ID

NL-OMON28071

Source

Nationaal Trial Register

**Brief title** 

**POWER MOVE** 

**Health condition** 

motor problems after very preterm birth

### **Sponsors and support**

**Primary sponsor:** Rotary Gooi en Vechtstreken

Source(s) of monetary or material Support: Rotary Gooi en Vechtstreken

Intervention

#### **Outcome measures**

#### **Primary outcome**

#### **Secondary outcome**

Secondary study parameters include visual-motor performance, executive and attentional functioning, language skills, school performance, and behavior of the child

# **Study description**

#### **Background summary**

Rationale: At early school age, motor problems occur frequently in children born very preterm. Existing effective interventions, such as physical therapy, yield short term benefits only and require parents and child to visit health care institutions. Home-based, child-friendly computer training to remediate motor problems in this population may be at least as effective.

Objective: To investigate whether a computerized, motor intervention program, titled 'Timocco' yields significant and clinically reliable improvements in motor function in very preterm children at five years corrected age (CA).

Study design: randomized waitlist-controlled intervention study.

Study population: Children <320wk and/or <15000 grams, at 5 years CA with a standard score <8 (i.e. <1.0 SD) on the total scale or one of the subscales of the Movement Assessment Battery for Children-II-NL (MABC-II-NL).

Participating Centers: Academic Medical Centre Amsterdam, The Netherlands; VU University Medical Centre Amsterdam and University Medical Center Groningen

Intervention (if applicable): Timocco® home-based computerized motor training program. Main study parameters/endpoints: Total score on the M-ABC-II-NL.

Nature and extent of the burden and risks associated with participation, benefit and group relatedness: Children whose parents provided informed consent will be assessed three times: at follow-up (FU) at the outpatient clinic for follow-up assessment at five years CA, at home before start of the first training session (T1) and within one week after the last training session (T2). Both assessments include administration of tests for motor function, visual-motor function, attentional functioning, and behavior. For the latter, parents and teachers will be asked to complete a questionnaire. The Timocco home-based motor training program will entail a 12 week period with three training sessions (±30 minutes each) per week. During a session, children have to move a colorful gaming ball in order to successfully accomplish game levels of various attractive games that are displayed on a computer screen. As a parent is required to support the child during the playful training session, this program is family-integrated.

The study examines an intervention that we hope yields positive effects for children and parents. There is no risk related to participation and all study and Timocco related activities are non-invasive. The risk of participation is negligible.

#### Study objective

Motor training with Timocco Training Program significantly improves motor function assessed by the M-ABC.

#### Study design

T0, T1

#### Intervention

Timocco® home-based computerized motor training program.

### **Contacts**

#### **Public**

Amsterdam University Medical Centre Cornelieke Aarnoudse-Moens

0031205661088

#### Scientific

Amsterdam University Medical Centre Cornelieke Aarnoudse-Moens

0031205661088

# **Eligibility criteria**

#### Inclusion criteria

- a standard score of <8 (i.e.,<1.0 SD) on the total scale or one of the subscales of the M-ABC-II-NL (a standard score of <8 on the M-ABC-II-NL indicates difficulties with handwriting, aiming and catching, and poor balance skills. Children with severe motor impairments such as CP are not assessed with the M-ABC-II).

#### **Exclusion criteria**

- severe vision problems
- diagnosis cerebral paresis, GMFCS II or higher
- IQ-score <70

# Study design

#### **Design**

Study type: Interventional

Intervention model: Other

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: N/A, unknown

#### Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 01-01-2017

Enrollment: 84

Type: Anticipated

#### **IPD** sharing statement

Plan to share IPD: No

# **Ethics review**

Positive opinion

Date: 07-03-2019

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 NL7568

Other TIMOCCO Tel: 1-330-968-2879 526 South Main St. Suite 709A Akron, OH 44311 :

METC 2016\_259

# **Study results**

#### **Summary results**

none yet