

Constraint Induced Movement Therapy (CIMT)

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

What is CIMT?

Following a stroke, many patients have weakness in one arm. Constraint induced movement therapy (CIMT) is a technique used to improve the use of the weaker arm or hand.



How does CIMT work?

Following a stroke, individuals tend to use their stronger arm because it is easier. This can lead to learning not to use the weaker arm even when it has potential to be used. This is known as learned non-use. CIMT works by undoing the process of learned non-use.

The use of a mitt on the stronger arm prevents use of this arm and forces or 'promotes' the use of the weaker arm. Carrying out intensive exercises and day-to-day tasks with the weaker arm helps to develop the strength and ability of the weaker arm.

What happens during the CIMT programme?

During the CIMT programme you will agree with your therapist a timetable of mitt-wearing, intensive exercises and day-to-day tasks to practice. You and your supporter will be asked to sign a contract to demonstrate that you fully understand what a CIMT programme involves.

Is CIMT safe?

Yes, CIMT is safe. It has been tested extensively in studies with people with stroke and other neurological conditions for many years. It is now recommended in current guidelines for stroke management (2016) for those individuals who meet the criteria.

What am I expected to do?

You will be expected to discuss and agree with your therapist a programme of CIMT that you feel you will be able to manage. Your therapist will be available by telephone and email to provide support and answer queries. They will also arrange regular face-to-face visits throughout the programme to check on your progress.

What will my supporter be expected to do?

Your supporter will be expected to consent to supporting and encouraging you throughout the programme to help ensure that it is as successful as possible for you.

How often will I see my therapist?

Your therapist will agree times to visit you during the programme.

What if I don't want to carry on once I have started?

You may withdraw from the programme at any time and do not need to give a reason. This will not affect your ongoing therapy or care in any way.

Further information

For further information, please contact your therapist.

Name of your therapist:

Tel:

Email:

References

Intercollegiate Stroke Working Party (2016).

<https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5th-ed.aspx>

Pollock A, Baer G, Campbell P, Choo Pei L, et al, (2014). Physical rehabilitation approaches for the recovery of function and mobility following stroke. *Cochrane Database of Systematic Reviews*, CD001920.

Wolf et al (2006). Effect of constraint-induced movement therapy on upper extremity function 3 to 9 months after stroke: the EXCITE randomized clinical trial. *JAMA*. 2006 Nov 1;296(17):2095-104.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple. Alternatively, it may be possible for us to arrange an appointment in your area.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the ward staff or the PALS team in the first instance.

'Patient Opinion' comments forms are on all wards or online at www.patientopinion.org.uk.

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