

**Freedom of Information Act 2000 - Request Reference FoI/23/161**  
**Rehabilitation**

**Information Requested:**

Enquiry for Post Acute Inpatient & Community Stroke Rehabilitation teams.

**REHAB IN COMMUNITY SETTINGS**

**1. Do you currently use a device for repetitive task training (RTT) as part of upper limb rehabilitation? If so, please indicate device name and supplier.**

- Saeboflex
- Saeboglove
- Saebo Mobile Arm Support
- Saebo Stim pro
- Saebo stim one (Saebo UK)
- Odstock microstim2 (Odstock Medical Limited)
- MOTOMed Viva2 for UL (MOTOMed)
- Various UL equipment (cones, ladders, balls, pegs etc) tailored to individual.
- NeuroPheonix Ball
- iPad cognitive apps including memory, attention, executive functioning
- GRASP Levels 1-3
- Individualised upper and lower limb exercise treatment plans.
- Theraputty resistance exercise work sheets

**2. What is the average length of therapy per patient per session (in minutes)?**

Cardiff and Vale University Health Board (the UHB) does not hold this information. However, under Section 16, which provides us with the duty to advise and assist, the UHB can inform you that the aim is for self-practice with these devices so would be controlled by user. Length is very much dependent on user and their level of fatigue and clinical presentation. Programs are individually tailored. Product guidance advice for each individual session time.

**3. Do you monitor outcomes: intensity and adherence (%) for this type of therapy?**

Outcome measures: Motor Assessment Scale, AuSTOMs measure, Modified Ashworth Scale, SAFE score.

If it is carried out in therapy sessions then we would record minutes but not repetitions unless the device records the user activity. Users are encouraged to keep record diary of use per day. Recording of level of assistance is documented (strength of elastic, amount of stimulation)

**4. What are the limitations of current devices?**

The UHB does not hold this information. The Freedom of Information Act creates a right of access to recorded information. A public authority does not have to create new information or provide opinions or judgments that are not already held in recorded form.

- 5. What are the funding sources (Allocated budget? Spend limit before panel approval?) and procurement routes (direct purchase, rental, framework, tender...) for this type of rehabilitation devices?**

Charitable bids, end of year capital bids.  
Usually direct purchase.

- 6. What are the criteria of selection for this type of devices?**

Usually having a degree of active muscle movement in finger flexors/extensors, wrist extensors and elbow flexor/extensors. Caution with subluxed/painful shoulders and user/carer education essential. Skin condition.  
Can use SAFE score for targeted UL intervention.

#### REHAB AT HOME

- 7. Do you provide devices to patients for remotely monitored RTT at home? If not, please explain why?**

TACTUS therapy; REACT programme (Speech and Language therapy)  
RTT device listed previously are loaned to patients at home but no programme to remotely monitor repetitions.  
Requires direct patient contact for therapy review. Often able to review patient recorded repetition sheets or review of electronic scoring i.e. neuroball / iPad apps.

- 8. If yes, are these devices portable and would they be suitable for diverse environment (chair, table, wheelchair, or bed)?**

Yes portal devices that are mostly suitable for diverse environments. Have stock of some portable tables should there be no therapy surface to work on in some homes.

- 9. Alternatively, do you recommend devices or services to patients, for home RTT therapy? If so, please indicate device name and supplier.**

Neuro Phoenix upper limb balls. Supplier: Neuro Pheonix

- 10. What is the average length of therapy per patient per session (in minutes)?**

Please refer to question 2.

- 11. Do you monitor outcomes: intensity and adherence (%) for this type of home therapy?**

Outcome measures: Motor Assessment Scale, AuSTOMs measure, Modified Ashworth Scale, 9 hole peg test, Dynamometer grip testing

**12. What are the limitations with current home devices?**

Please refer to question 4.

**13. What are the funding sources (Allocated budget? Spend limit before panel approval?) and procurement routes (direct purchase, rental, framework, tender...) for this type of home rehabilitation devices?**

Charitable bids, end of year capital bids.

Usually direct purchase. Purchase through NHS approved suppliers. Requires sign off from authoriser in professional team

**14. What are the criteria of selection for this type of devices?**

Usually having a degree of active muscle movement in finger flexors/extensors, wrist extensors and elbow flexor/extensors. Caution with subluxed/painful shoulders and user/carer education essential. Skin condition.

Individualised assessed for tailored programme and issue or equipment