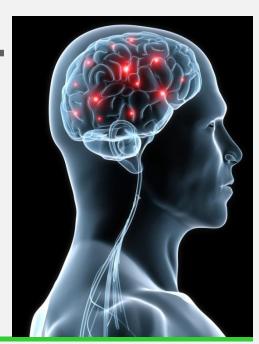


FEEDBACK IN PHYSICAL REHABILITATION



Dr. Avraham Cohen
Chief Clinical Officer MediTouch Ltd.







OPTIMAL REHABILITATION













DISABILITY

NEUROMUSCULAR / MUSCULOSKELETAL INJURIES



SENSORIMOTOR IMPAIRMENTS



DISABILITIES



DISABILITY

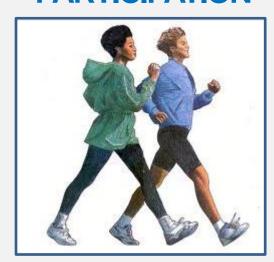
BODY FUNCTION



FUNCTIONAL ACTIVITIES



SOCIAL PARTICIPATION





APPROACHES



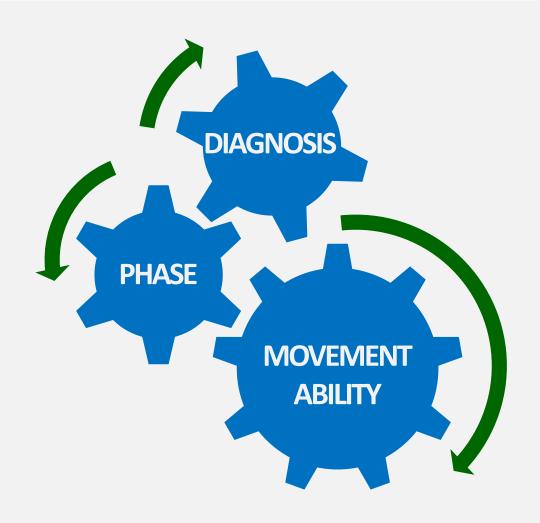


APPROACHES





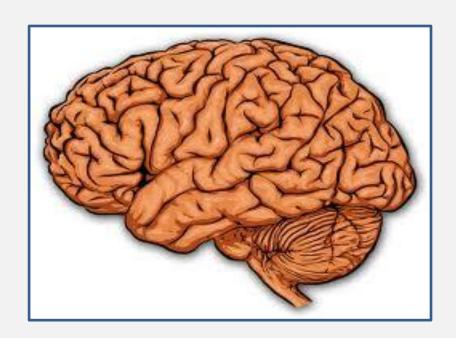
CLINICAL REASONING





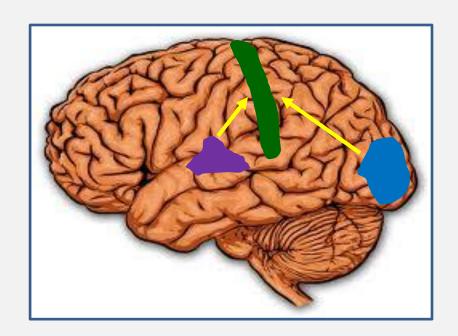
BRAIN PLASTICITY

BRAIN'S ABILITY TO CHANGE PHYSICALLY, CHEMICALLY AND FUNCTIONALLY THROUGHOUT LIFE.





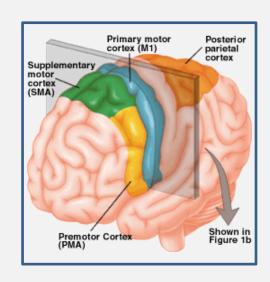
MOTOR CORTEX RECEIVES INSTRUCTION AND FEEDBACK INPUT FROM VISUAL AND AUDITORY CORTEX

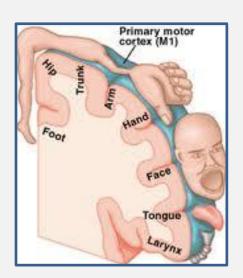




MOTOR CORTEX

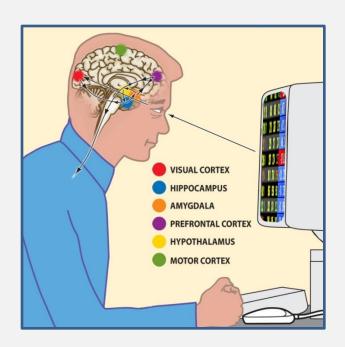
RESPONSIBLE TO PLAN, CONTROL AND EXECUTE VOLUNTARY MOVEMENTS





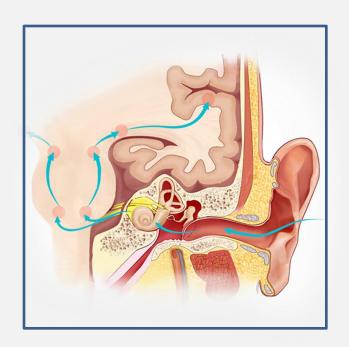


VISUAL INPUT IS RESPONSIBLE FOR SELF OBJECTIVE UNDERSTANDING OF MOVEMENT





AUDITORY INPUT IS RESPONSIBLE FOR SELF SUBJECTIVE UNDERSTANDING OF MOVEMENT





OPTIMAL VOLUNTARY MOVEMENTS ARE EXECUTED BY OBJECTIVE AND SUBJECTIVE INPUTS





SPATIAL ORIENTATION

VISUAL SYSTEM

VESTIBULAR SYSTEM

PERIPHERAL SENSATION

PERIPHERAL MECHANOCEPTORS





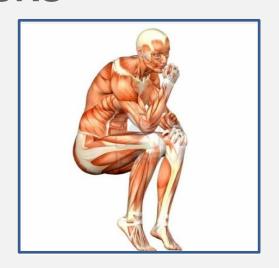
PERIPHERAL MECHANOCEPTORS

MUSCLE SPINDLE

TENDON GOLGI

LIGAMENT ARTICULAR RECEPTORS

SKIN RECEPTORS





PERIPHERAL SENSATION

DEEP SENSATION

PROPERIOCEPTION - JOINT POSITION INFORMATION
KINESTHESIA - JOINT MOVEMENT INFORMATION
JOINT RESISTANCE - FORCE GENERATED WITHIN A JOINT

CUTANEOUS SENSATION

TEMPERATURE

PAIN

PRESSURE



SPATIAL ORIENTATION

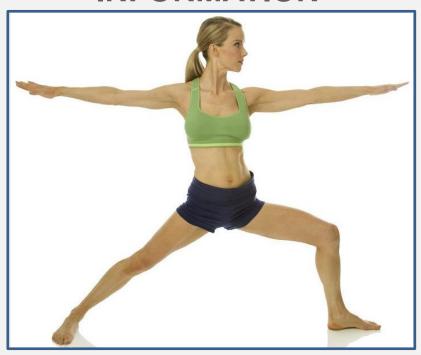
SPATIAL ORIENTATION HELPS TO MAXIMIZE BODY FUNCTION





PERIPHERAL SENSATION

PROPRIOCEPTION JOINT POSITION INFORMATION



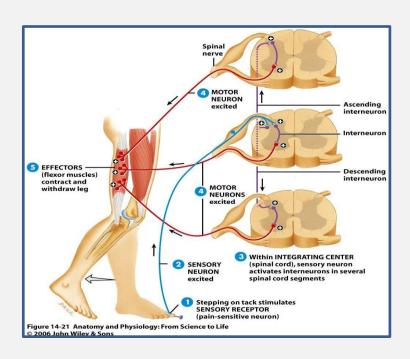
KINESTHESIA JOINT MOVEMENT INFORMATION





PERIPHERAL SENSATION

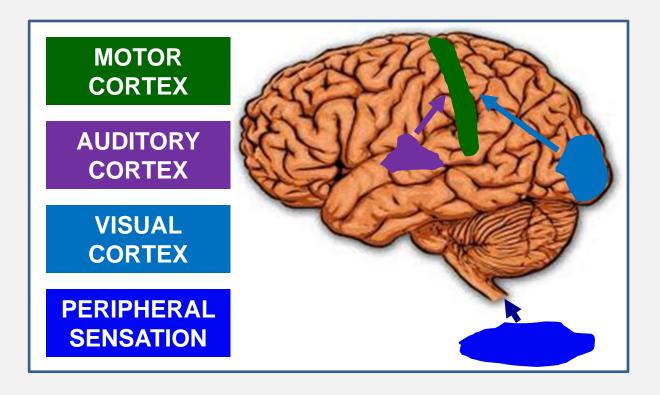
PERIPHERAL SENSATION HELPS TO MINIMIZE BODY DAMAGE





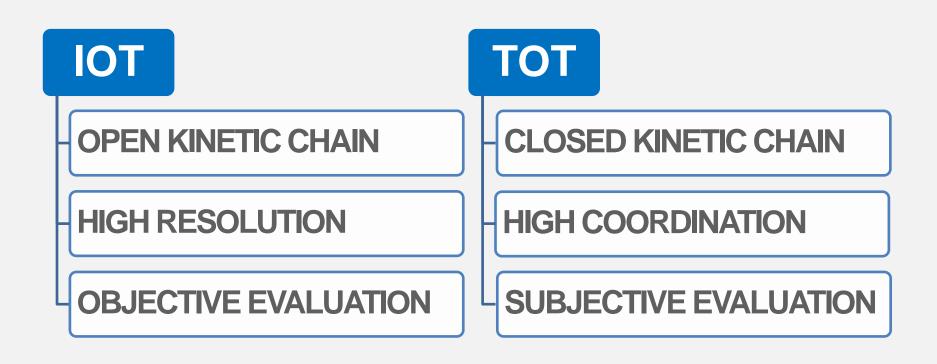
POSITIVE BRAIN REORGANIZATION

OPTIMAL BRAIN ORGANIZATION MOVEMENT USING AMPLIFICATION OF WEAK AND REDUCTION OF DOMINANT INPUT





REHABILITATION METHODS



IOT – Impairment Oriented Training

TOT – Task Oriented Training



PRACTICE TYPE

BLOCKED
A SERIES OF IDENTICAL PRACTICE

RANDOM
A SERIES OF DIFFERENT PRACTICE

DISTRIBUTED
MORE REST TIME THAN PRACTICE TIME

MASSED
MORE PRACTICE TIME THAN REST TIME



PRACTICE METHOD

LOCAL DEEP SENSATION

KINESTHESIA

PROPRIOCEPTION

JOINT RESISTANCE

LOW MUSCLE STRENGTH

LIMITED MUSCLE RECRUITMENT

LOW BALANCE ABILITY



NO GROUND REACTION FORCE



PRACTICE METHOD

MULTI DEEP SENSATION

KINESTHESIA

PROPRIOCEPTION

JOINT RESISTANCE

HIGH MUSCLE STRENGTH

MULTI MUSCLE RECRUITMENT

HIGH BALANCE ABILITY



WITH GROUND REACTION FORCE



PRACTICE METHOD

- FOR MOBILITY
 OPEN CHAIN SHOULD BE USED
- FOR STABILITY
 STATIC CLOSED CHAIN SHOULD BE USED
- FOR CONTROLLED MOBILITY
 DYNAMIC CLOSED CHAIN SHOULD BE USED



IMPAIRMENT FOCUS

SELECTIVE PRACTICE LEADS TO PREVENT COMPENSATORY MOVEMENT DEVELOPMENT





DIFFICULTY LEVEL CUSTOMIZATION

TASK DIFFICULTY LEVEL CUSTOMIZED TO PATIENT PHYSICAL ABILITY







INTENSIVE PRACTICE

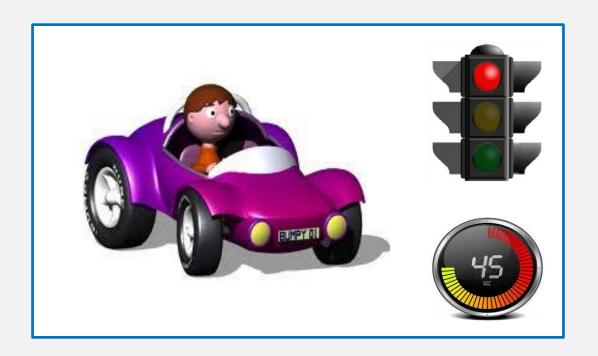
INTENSIVE REPETITION OF CUSTOMIZED TASK ARE REQUIRED FOR MOTOR LEANING AND PHYSICAL REHABILITATION



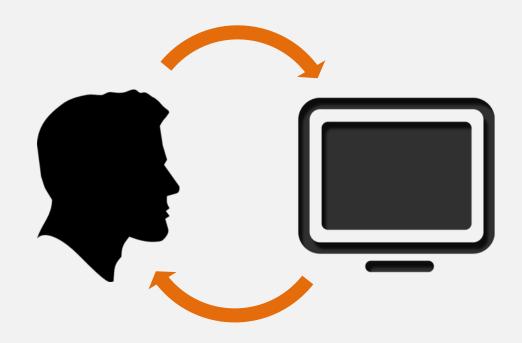


REACTION TIME

TIME PREDICTION AND TASK INSTRUCTION AFFECT ON REACTION TIME









KNOWLEDGE OF RESULT (KR)

DEFINITION

KR IS THE INFORMATION ABOUT THE PERFORMANCE OUTCOME

DESCRIPTION

FEEDBACK WITH LESS SENSORIMOTOR INVOLVEMENT IN THE CORRECT MOVEMENT PERFORMANCE





KNOWLEDGE OF RESULT (KR)

ADVANTAGES

KR USED BY PATIENTS WITH BROAD SPECTRUM OF MOVEMENT ABILITIES

DISADVANTAGES

KR CAN CAUSE COMPENSATORY MOVEMENT DEVELOPMENT





KNOWLEDGE OF PERFORMANCE (KP)

DEFINITION

KP IS THE INFORMATION ABOUT THE QUALITY OF PERFORMANCE

DESCRIPTION

FEEDBACK WITH MORE SENSORIMOTOR INVOLVEMENT IN THE CORRECT MOVEMENT PERFORMANCE





KNOWLEDGE OF PERFORMANCE (KP)

ADVANTAGES

USED IN BROAD SPECTRUM OF MOVEMENT ABILITIES

PROVIDES CONTINUING AND TERMINAL FEEDBACK

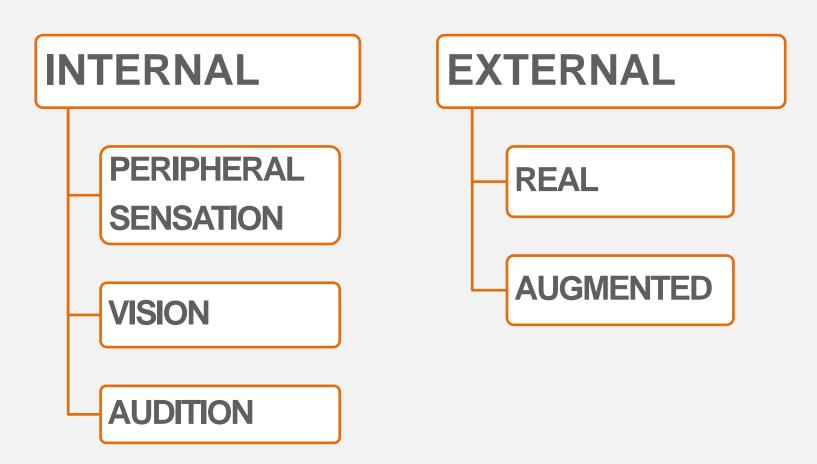
PROVIDES PROFESSIONAL TRAINING

PREVENTS COMPENSATORY MOVEMENT DEVELOPMENT





FEEDBACK TYPES





FEEDBACK ACCURACY

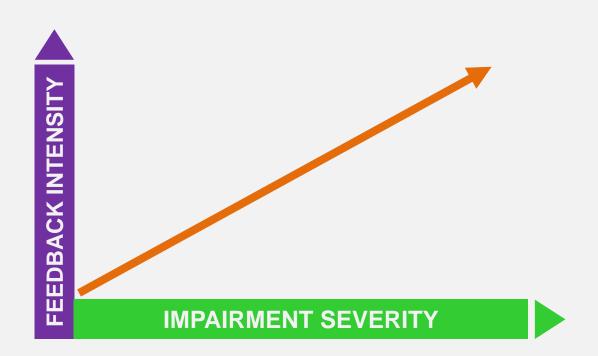
PRECISE FEEDBACK COMPARED TO GENERAL ENCOURAGEMENT





FEEDBACK DOSAGE

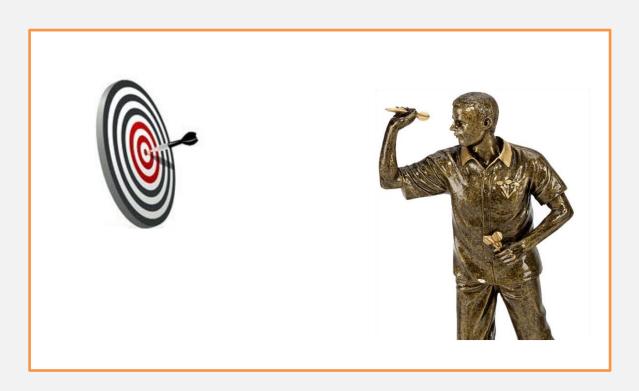
FEEDBACK INTENSITY NEEDS TO INCREASE AS IMPAIRMENT SEVERITY INCREASES





TASK INTRINSIC FEEDBACK

PROVIDES VISION, AUDITION AND SENSATION INFORMATION





FADED FEEDBACK

FEEDBACK SHOULD BE PROVIDED IN DEVIATION LIMIT

FEEDBACK AREA

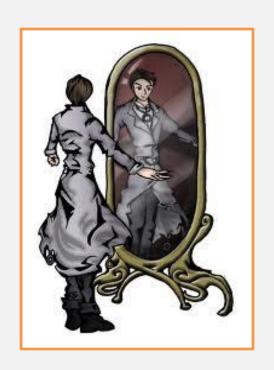
DEVIATION AREA

CORRECT AREA



REAL TIME FEEDBACK

PROVIDES IMMEDIATE INFORMATION, SHORT TERM MEMORY NOT REQUIRED





TERMINAL FEEDBACK

DEFINITION

KR AND KP INFORMATION THAT IS PROVIDED AFTER MOVEMENT PERFORMANCE

TERMINAL KR

INFORMATION PROVIDED AFTER PERFORMANCE ON HOW TO IMPROVE MOVEMENT

TERMINAL KP

A COMBINATION OF INFORMATION AND INSTRUCTION PROVIDED AFTER PERFORMANCE ON HOW TO IMPROVE MOVEMENT



EXTERNAL FEEDBACK

EXTERNAL DEVICES PROVIDE INFORMATION DURING TASK PERFORMANCE

NON MEASURABLE DEVICES



AUGMENTED FEEDBACK



MEASURABLE DEVICES







CHALLENGE EFFECT



BEFORE CHALLENGE



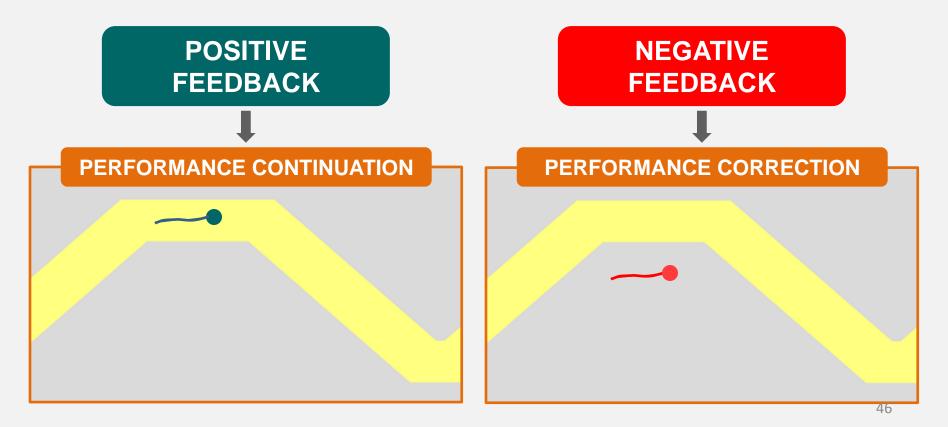
AFTER CHALLENGE





MOTION FEEDBACK

LEADS TO SELF OBJECTIVE UNDERSTANDING OF PERFORMANCE



Clinical applications

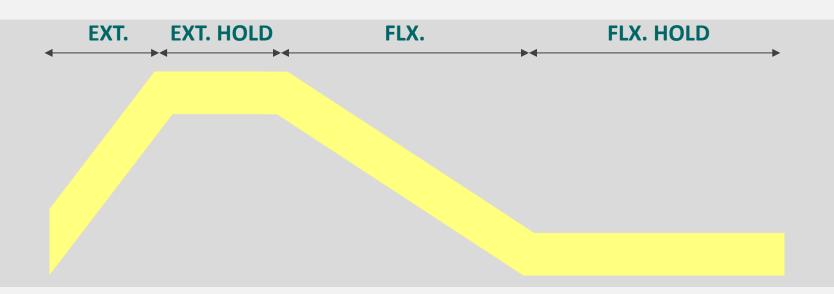






INSTRUCTION

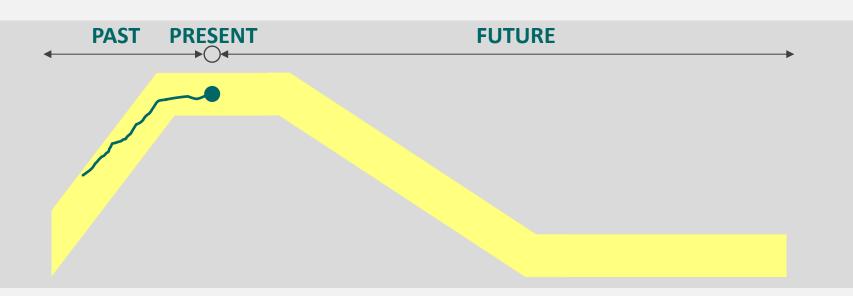
DETAILED JOINT/S MOVEMENT INSTRUCTIONS CAN BE CUSTOMIZED





TIME LINE FEEDBACK

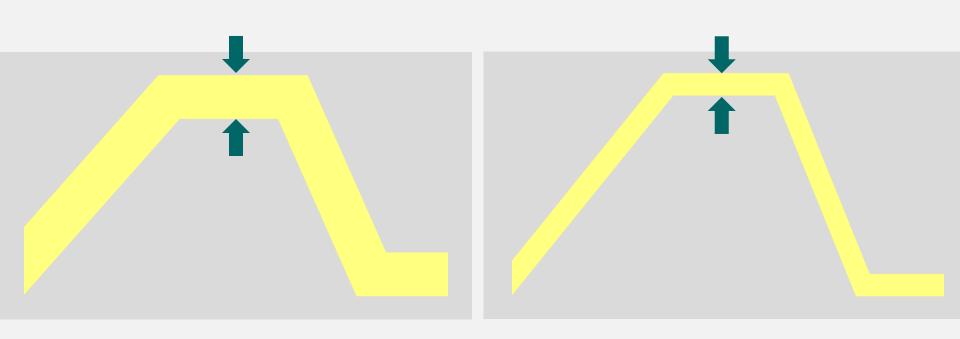
CONCOMITANT FEEDBACK IS PROVIDED ON PAST AND PRESENT PERFORMANCE





FADED FEEDBACK

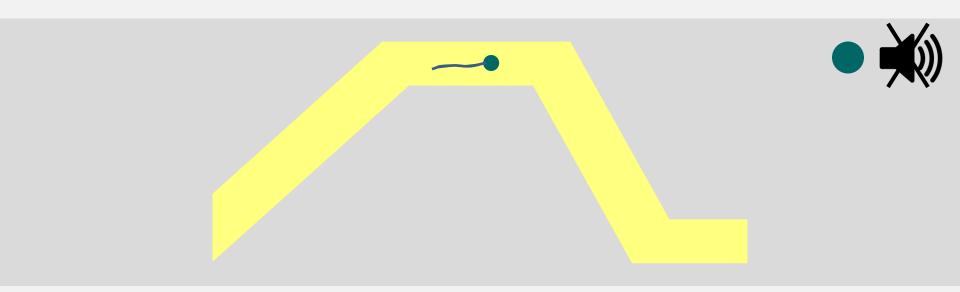
DEVIATION LIMIT CAN BE CUSTOMIZED





POSITIVE FEEDBACK

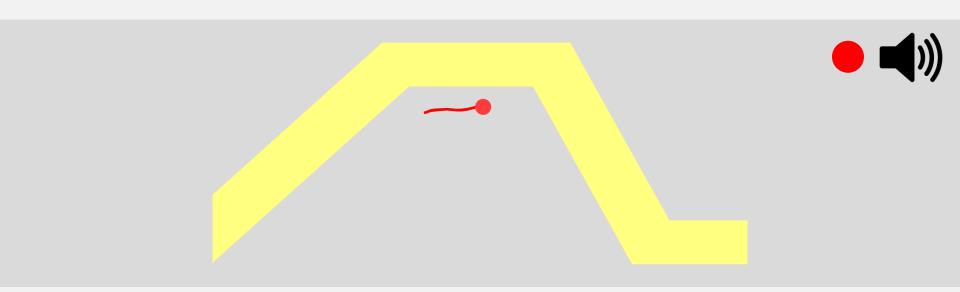
NO EXTRA AUDITORY / VISUAL FEEDBACK IS PROVIDED WHEN IN DEVIATION LIMIT





NEGATIVE FEEDBACK

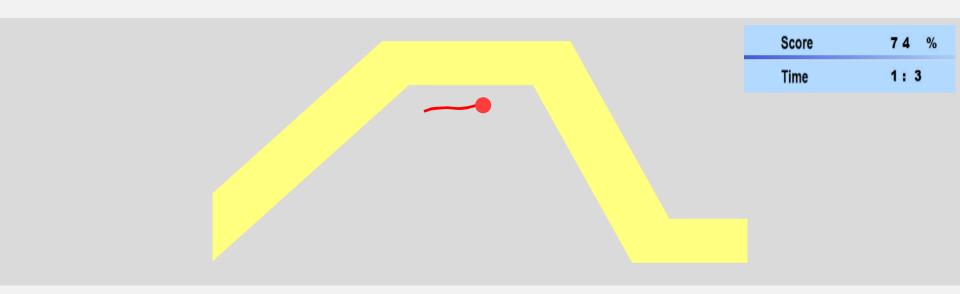
EXTRA AUDITORY / VISUAL FEEDBACK IS PROVIDED WHEN OUT OF DEVIATION LIMIT





QUANTITATIVE FEEDBACK

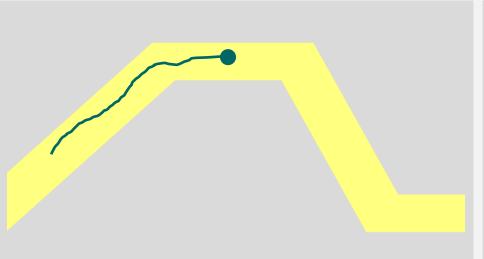
QUANTITATIVE INFORMATION IS PROVIDED DURING AND AT THE END OF THE TASK

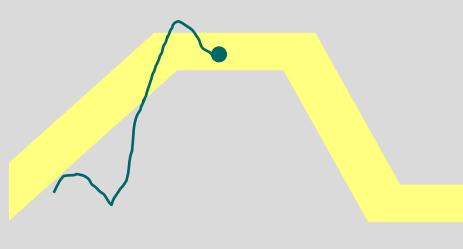




QUALITATIVE FEEDBACK

QUALITATIVE INFORMATION IS PROVIDED DURING PERFORMANCE







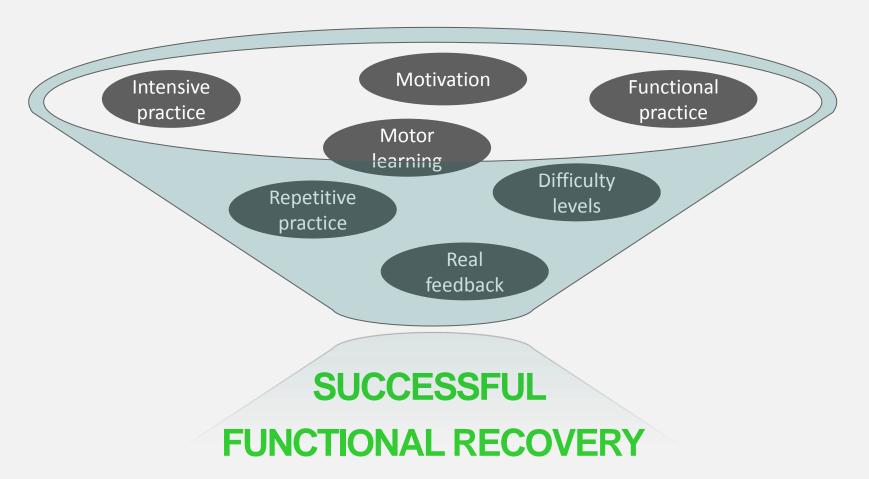
INTENSIVE TASK

THE TASK CAN BE REPEATED FOR INTENSIVE PRACTICE





SUMMERY





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