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2022

#### Occupational Therapy Interventions to Optimize Functional Use of the Upper Extremity After Peripheral Nerve Injury: A Systematic Review

Shayleigh Clarkson University of Nebraska Medical Center

Allison Fisher University of Nebraska Medical Center

Sean McFadden University of Nebraska Medical Center

Payton Swanson University of Nebraska Medical Center

Molly Whitlow University of Nebraska Medical Center

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#### **Recommended Citation**

Clarkson, Shayleigh; Fisher, Allison; McFadden, Sean; Swanson, Payton; Whitlow, Molly; and Smallfield, Stacy, "Occupational Therapy Interventions to Optimize Functional Use of the Upper Extremity After Peripheral Nerve Injury: A Systematic Review" (2022). *Student Systematic Reviews: Occupational Therapy*. 4.

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#### Authors

Shayleigh Clarkson, Allison Fisher, Sean McFadden, Payton Swanson, Molly Whitlow, and Stacy Smallfield

## Occupational Therapy Interventions to Optimize Functional Use of the Upper Extremity After Peripheral Nerve Injury: A Systematic Review

Students: Shayleigh Clarkson, BS Allison Fisher, BS Sean McFadden, BS Payton Swanson, BS

Faculty Advisors: Stacy Smallfield DrOT, MSOT, OTR/L, BCG, FAOTA Molly Whitlow PhD, MPH Occupational Therapy Program



# Background

#### Peripheral Nerve Injury Causes<sup>1</sup>

- Motor vehicle accidents
- Falls
- Industrial and household accidents
- Penetrating trauma

#### Peripheral Nerve Injury Effects<sup>1</sup>

- Unrelenting pain
- Loss of sensation
- Burning sensations
- Motor loss and subsequent muscle imbalance

#### Purpose <u>To determine which OT interventions promote UE function after PNI</u>



## Method

### **Developed inclusion criteria**

# Searched MEDLINE, CINAHL, Embase, & Scopus databases

Screened articles for inclusion

Determined strength of evidence using U.S. Preventative Services Task Force grade definitions





## **Results**

	Mirror Therapy	Sensory Re-education	Orthosis
Number of Articles	4	1	1
Level of Evidence	3 Level I RCTs <sup>2-4</sup> 1 Level II two-group pre- post test <sup>5</sup>	Level II two-group pre- post test <sup>6</sup>	Level IV case series <sup>7</sup>
Strength of Evidence	Moderate	Low	Low
Outcomes	Purdue Pegboard Test, Minnesota Manual Dexterity Test, DASH questionnaire, Rosen Assessments, Sollerman Hand Function Test, Grip MMT	Two-Point Discrimination Test, Touch Pressure, Paresthesia Level Scale, Object Recognition Test	Grasp and pinch MMT w/ hand-held dynamometer, Jebsen- Taylor Hand Function Test
Findings	All studies found that mirror therapy was effective in improving upper limb function. However, only one study found differences between the intervention and control group.	One study found that sensory re-education was significantly more effective in improving upper limb function when compared to the control group.	Volar wrist orthosis was effective in improving upper limb function with a patient with Carpal Tunnel Syndrome. However, adverse effects of ulnar wrist orthosis use was seen in a patient with ulnar neuropathy.

## Discussion

#### Practice

- Moderate strength of evidence for mirror therapy
- Low strength of evidence for sensory re-education

#### Education

 Training and education for mirror therapy in OT curricula and ongoing professional development

#### Research

- Developing mirror therapy protocol
- Higher quality research designs & larger sample sizes



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