

APPENDIX – SURVEY QUESTIONNAIRE

I) Background and Treatment Approach

What year did you complete your school training as an occupational/physical therapist and what is your degree (BS, MSPT, DPT, PhD, etc.)?

What profession are you in (please select one)?

- Occupational Therapy
- Physical Therapy
- Other, please specify: _____

Which method(s) of CVA/stroke treatment were you taught in your school training? (Please select ALL that apply)

- Bobath/NDT
- PNF/Brunnstrom
- Davies
- Carr and Shepherd
- Constrained Induced
- Other, please specify: _____

Which method(s) of CVA/stroke treatment do you practice in your profession? (Please select ALL that apply)

- Bobath/NDT
- PNF/Brunnstrom
- Davies
- Carr and Shepherd
- Constrained Induced
- Other, please specify: _____

How long have you been treating CVA/stroke patients? _____

Do you work with adults or children or both?

- Adults Children Both

Within which type(s) of care have you worked with CVA/stroke patients? (Please select ALL that apply)

- Acute care
- Nursing home
- Rehabilitation unit
- Home health
- Outpatient clinic
- Other, please specify: _____

Have you had any additional training after graduation specific to the rehabilitation of individuals with stroke?

- Yes
- No

If you answered "Yes" to the above question, please specify the type of training:

Do you participate in continuing education?

- Yes
- No

If you answered "Yes" to the above question, please select the type(s) of continuing education you participate, from the following list:

- Attend seminars/conferences
- Read professional literature
- Involved in research
- Write books/manuals
- Other, please specify: _____

Approximately how often do you read professional literature on CVA/stroke?

- Every week
- About once a month
- Rarely
- Never

Please indicate your level of agreement with the following statements.

You incorporate concepts of motor learning from current literature in your practice.

- Strongly Agree Agree Unsure Disagree Strongly Disagree

II) Aim of Treatment

Re-educate normal movement.

- Strongly Agree Agree Unsure Disagree Strongly Disagree

Facilitate postural adjustments.

- Strongly Agree Agree Unsure Disagree Strongly Disagree

Facilitate adaptation to function.

- Strongly Agree Agree Unsure Disagree (Strongly Disagree

Prevent secondary complications in neuromuscular function.

- (Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

III) Pertaining to Tone

In patients where tone is present, normalizing tone is important when facilitating movement.

- (Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

The practice of functional tasks may normalize the patient's tone and access more normal movement patterns.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

Inhibition of spasticity does not necessarily result in movement; movement needs to be facilitated.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

IV) Facilitation of Movement

Proximal stability is a pre-requisite of distal selective movement.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

Treating proximal stability will not necessarily result in recovery of distal movement in the limbs; distal movement needs to be facilitated.

Strongly Agree Agree Unsure Disagree (Strongly Disagree

The therapist's role is to facilitate normal movement components.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

CVA/Stroke patients need hands-on training.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

CVA/Stroke patients need task oriented functional practice.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

CVA/Stroke patients need hands-on and task oriented functional practice.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

Activating movements bilaterally makes use of ipsilateral movements to promote recovery of the affected side.
(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

V) Function

In patients where the potential for recovery of normal movement exists, therapists should delay performing certain activities if they are reinforcing abnormal movement patterns.

Strongly Agree Agree Unsure Disagree Strongly Disagree

Changing the patient's ability to move does not necessarily improve the patient's ability to perform functional tasks.

Strongly Agree Agree Unsure Disagree Strongly Disagree

Intensive training of single plane movement patterns can carry over into activities of daily living.

Strongly Agree Agree Unsure Disagree Strongly Disagree

If the proper software tools are available and easy to use, would you incorporate robot assisted motor rehabilitation in addition to standard therapy treatments?

Yes No Unsure

VI) Specific Questions in Motor Rehabilitation

Active assistive movement is useful in patients with muscle weakness.

Strongly Agree Agree (Unsure(Disagree (Strongly Disagree

In your opinion, what should be done to the speed of movement for individuals with high tone? Velocity should

_____ (Increase (Remain constant (Decrease

In your opinion, what should be done to the speed of movement for individuals with low tone? Velocity should

_____ (Increase (Remain constant (Decrease

Patients presenting with limited active range of motion would begin with small amplitude movements.

(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

Patients presenting with limited passive range of motion would begin with small amplitude movements.

(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

Passive range of motion is important for treatment.

(Strongly Agree (Agree (Unsure(Disagree (Strongly Disagree

In your opinion, which of the following aspects is most important in determining the progress of the patient? (Please rank them with '1' being the most important and '5' the least important.)

_____ Speed _____ Accuracy _____ Strength

_____ Number of repetitions (endurance) _____ Other (Please specify)