Mirror Therapy & Motor Function with Chronic Stroke

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Mirror therapy is an effective intervention to improve motor function in the affected upper extremity of patients with chronic stroke.

Aim of this CAT
Existing literature provides evidence for mirror therapy interventions during the subacute stage of stroke; the purpose of this CAT is to discover evidence for mirror therapy during the chronic stage of stroke.

Case Scenario
Male, 63, right-sided chronic stroke with moderate left hemiparesis

Mirror Therapy Defined
Mirror therapy is a therapeutic intervention using the motions of the unaffected side of the body, reflected in a mirror, as visual feedback; this feedback enables bilateral motor training and stimulates functional improvement of the brain.1

1 Ask: Research Question
Is mirror therapy an effective intervention to improve motor function in the affected upper extremity of chronic stroke patients in an outpatient setting?

2a Acquire: Search Terms
Databases: Cochrane Library, MEDLINE, PubMed, ClinicalKey
Search Terms: mirror therapy, stroke, upper extremity motor function

2b Acquire: Selected Articles
Randomized control trial comparing mirror therapy vs. passive mobilization for participants with chronic stroke at a neurorehabilitation outpatient clinic in Valencia, Spain.1

Randomized control trial comparing mirror therapy vs. conventional exercises for participants with chronic stroke at an outpatient clinic in Gyeonggi Province, South Korea.2

Randomized control trial comparing mirror therapy vs. bilateral arm training for participants with chronic stroke at an outpatient clinic in Rotterdam, the Netherlands.3

3a Appraise: Study Quality
All 3 randomized control trials are Level I evidence with proper randomization, concealment of allocation, and with blind and trained assessors; all operations are defined.1,2,3

Small n-size (n=33), mean age=53.5; MMSE=23. Random assignment to either 45 minutes of mirror therapy (n=17) or passive mobilization of upper limb (n=16).1 Motor function assessed at 8 months after baseline:1
- Wolf Motor Function test - excellent reliability and validity4
- Fugl-Meyer Assessment - excellent reliability and validity5
- Other: Nottingham Sensory Assessment

Small n-size (n=25), mean age=49.1; MMSE>24.2 Random assignment to either 30 minutes of mirror therapy (n=12) or conventional exercises (n=13).2 Motor function assessed at 4 weeks after baseline:2
- Fugl-Meyer Assessment - excellent reliability and validity3
- Action Research Arm test - excellent reliability, moderate validity6
- Box and Block test - excellent reliability and validity1
- Other: Functional Independence Measure

Medium n-size (n=40), mean age=57; no cognitive criteria.3 Random assignment to either 60 minutes of mirror therapy (n=12) or bilateral arm training (n=13).3 Motor function assessed at 6 weeks after baseline:3
- Fugl-Meyer Assessment - excellent reliability and validity3
- Action Research Arm test - excellent reliability, moderate validity6
- Subgroup (n=23) assessed by fMRI to map cortical reorganization3
- Other: Tardieu scale, ABILHAND questionnaire, Stroke-ULAM

3b Appraise: Study Results
These 3 studies included a total of 99 participants that compared mirror therapy to 3 other interventions. We found high-quality evidence that mirror therapy has a significant positive effect on motor function for patients with chronic stroke1,5,6,7,8.

- Wolf Motor Function test - significant improvement in subscales for time (p=.002) and ability (p=.001)1
- Fugl-Meyer Assessment - no significant difference1
- Nottingham Sensory Assessment - significant improvement1
- Fugl-Meyer Assessment - significant improvement2
- Action Research Arm test - significant improvement2
- Box and Block test - significant improvement2
- Functional Independence Measure - significant improvement2
- Fugl-Meyer Assessment - significant improvement3
- Action Research Arm test - no significant difference3
- fMRI results showed a shift in activation balance within the primary motor cortex (p<.05)2

4 Apply: Conclusions for Practice
Mirror therapy is an effective intervention to improve motor function in the affected upper extremity of chronic stroke patients in an outpatient setting1,2,3. This is a cost-effective approach that can also be performed independently as part of a home program.8

Reference List: