

# Therapists' Perceptions on the Use of Artificial Intelligence & Machine Learning in Post-Stroke Rehabilitation: Insights, Potential Applications, & Barriers

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# Background

2/3 persons post-stroke  
require rehabilitation

- In 2023, 11.71 million people have had a stroke worldwide.<sup>1, 2</sup>

Artificial Intelligence (AI)  
/ Machine Learning (ML)

- Emerged as a potential approach in assessment, documentation, and promotion of home program adherence in stroke rehabilitation.<sup>3</sup>

Technology use is **low**  
and **infrequent**

- Due to complex patient symptomatology, ease of use, and therapist training for utilization in stroke rehabilitation.<sup>4-6</sup>

# Purpose

Explore rehabilitation therapists' perceptions of AI/ML technologies in individuals in post-stroke assessment and intervention.

# Methods

## **Design**

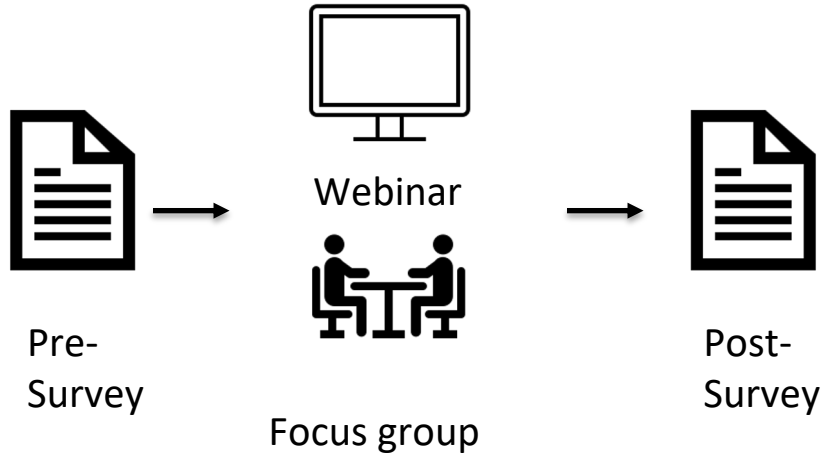
- Embedded mixed method design

## **Inclusion Criteria**

- Licensed PT or OT in the United States or Asia
- Speak English
- 30% of caseload with persons' post-stroke

# Methods

## Data Collection



## Data Analysis

### Qualitative

- Content analysis
- Consensual coding with triangulation by analyst

### Quantitative

- Descriptive statistics including means & frequencies
- Rank order questions weighted and summed

# Results

## Demographics (n=29)

- Male: 10, Female: 19
- Professions
  - Occupational Therapist: 18
  - Physical Therapist: 10
  - Did Not Specify: 1
- 52% of participants were 25-34 years old
- US: 26, Asia: 3

## Key Themes

Current Practice & Identified Gaps

Current Therapist Perceptions of AI/ML

Perceived Future of AI/ML

Steps Needed for Implementation



# 1. Current Practice & Identified Gaps

## Current Technology

69% (n=20) of therapists report **never** using activity trackers or gait analysis technology in practice.

## Current Evaluation Process

"the 9 hole peg test, test the box and blocks, the grip strength, the dynamometer, [...]" (FG2, P3)

## Limitations in Current Practice

"I can test all the individual systems, but trying to get a big picture view of what the functional movement looks like [...]" (FG2, P2)

"There's nothing that we could use to show progress other than that. So we're kind of stuck with what we have on our assessment toolbox or what we see." (FG1, P3)

## 2. Current Therapist Perceptions of AI/ML



### Prior AI/ML Knowledge

"I think I was kind of in my mind classifying AI as more of only machine learning." (FG2, P2)

"...my understanding is that [AI/ML], it's whatever information that you put into it, that's what it utilizes."  
(FG3, P3)

### Personal Attitudes

(52%, n= 15) of therapists agreed or strongly agreed that AI could support assessment and (62% n=18) for intervention

"[..] I don't think you can replace therapists, like the skill and experience level and just hands-on handling patients compared to a computer."  
(FG6, P1)

## 2. Current Therapist Perceptions of AI



### Perceived Patient Attitudes

"They're not really into like the technology of things like even video games, or maybe like activities on a computer, [...], so, they're a little more resistant to any of that" (FG6, P1)

"I think there's also a level of trust that the patients were very anxious, you know at least right at the get-go, because this machine is forcing them to move a specific way, you know they didn't feel like they had as much control over their bodies, etc." (FG4, P2)

### 3. Perceived Future



#### **Practical Applications**

"[...] AI could read the patient's progress and then maybe develop an exercise program that's more challenging for them" (FG3, P1)

#### **Difficulties using AI**

"The learning curve is definitely going to be steep for someone who is not familiar with AI or computers or anything like that." (FG1, P1)

#### **Uncertainty related to AI**

"I don't know if we can, just came right to mind is, how can you do that? Like an AI based assessment or treatment plan for fall prevention [...]" (FG1, P2)

## 4. What is Necessary for Implementation

### New Knowledge

"I never put smartphone as an artificial intelligence. I didn't think about that." (FG4, P1)

### Approachability to Technology

"Right, it's simple for the client to use. Can't be too complicated." (FG4, P1)

## 4. What is Necessary for Implementation

### AI Educational Tools

"I guess show them from the video introduce them to AI models and demonstrate for them is a good way." (FG5, P1)

Post webinar survey results indicated that the most influential components of the webinar/focus group were description of AI/ML, examples of AI/ML, and discussion of pros and cons.

# Discussion

- There is a lack of frequent technology use from therapists however they are aware of different technologies
- Prioritization to support implementation of AI/ML into clinical practice:
  - ease of use
  - evidence of effectiveness
  - educational/training needs
- Ensure that AI/ML development does not exceed the practicalities of clinical utility

# Questions?

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# References

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