



ASSESSMENT OF THE BENEFIT OF USING DEVICES TO COMPENSATE FOR UPPER LIMB FUNCTION LOSS: A MULTICENTRE INTERVENTIONAL STUDY IN EVERYDAY LIFE SITUATIONS

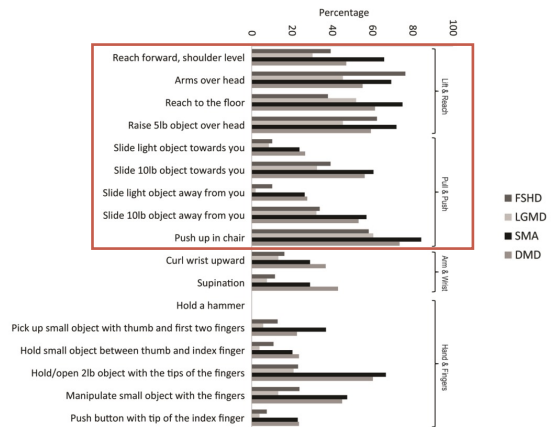
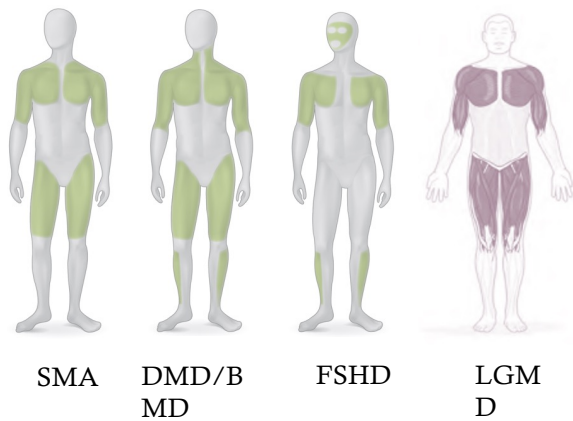
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≈ 300 NMD/ 40 à 50.000 people in France

Muscular weakness → proximal motor deficits



Bergsma & al; 2017

Background

Aims

Method

Results

Discussion

Conclusion

→ Assistive devices for upper limb :



Dowing
(CREE)



Edero
(Ergo Diffusion)



Gowing²
(CREE)



Salvum
(Ergo Diffusion)



Neater Eater
(Ergo Diffusion)



OBI
(CREE)

→ 2010's: devices rarely suggested during consultation

Studies with few participants, a little during daily life > 2 semaines, a little during activities and satisfaction (Gandolla & al, 2019; Essers & al, 2020)

Aim: measure the benefits of these devices in everyday life for adults with MNM with proximal deficit

Hypothesis : improvement of performance and satisfaction after 6 months of use

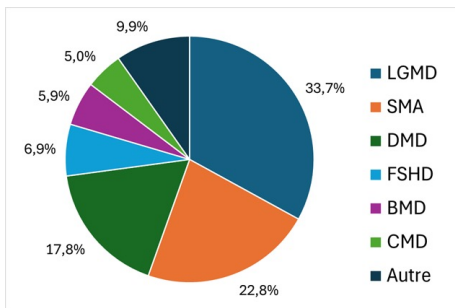
Main outcome : COPM before/after 6 months with and without device

Method : study with 3 centers, with 4 steps : assesment, prescription, 6 monts of use and assesment



101 participants (54,5 M/45,5 F); 40,6 ± 15,1 years

95% living at home; 35% married; 76% without employment



Main activity identified with COPM : eating

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25 who completed the study:

11 eating device (DMD)/ 7 mechanic armrest /6 motorized armrest (SMA)

- COPM improved

- Performance : 3.4 (1.8)  6.9 (1.8) ; $p < 0,001$

- Satisfaction : 3.6 (2.2)  7.1 (2.0) ; $p < 0,001$

- QoL  significant $p=0,01$

- Fatigue =

- Douleurs =





- A lot of dropout : 76 (75,2%) because of changes in habits, other projects, environments, late reception
 - No links with age or disease or sociodemographic situation or upper limb abilities, but with performance in carrying out the activity with the device and fatigue
 - Long process, with a lot of events that could disturb the project
 - Old participants : 40 years ...
 - COPM = a good outcome that allows subjective measurement of improvement
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