



STROKE SPECIAL INTEREST GROUP

Academy of Neurologic Physical Therapy

In this newsletter...

- ****NEW Article Review!** See below for video link to listen!
- Meeting Minutes from last week's All Members Meeting!
- Archived Resources from the ANPT Practice Committee!



You can either read below, or listen to the audio version with this [LINK](#) or by clicking the video above!

Completed by: Dylan Singletary, SPT
Thank you Dylan!!

Overseen by: Daniel Dray, PT, DPT, NCS

Summary topic title: Clinical practice recommendations for management of [lateropulsion](#) after stroke determined by a Delphi expert panel

Article reference: Nolan J, Jacques A, Godecke E, et al. Clinical practice recommendations for management of lateropulsion after stroke determined by a

Link to the full

article: https://journals.sagepub.com/doi/full/10.1177/02692155231172012?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org

Definitions: Lateropulsion – The phenomenon of actively pushing the body across the midline toward the more affected side or actively resisting weight shift toward the less affected side. This is caused by damage to graviceptive pathways in the brain. The current recommendation is to use this term instead of 'pusher behavior,' 'pusher syndrome,' and 'contraversive pushing.'

Delphi Process - A method for forming a collective opinion or decision within a group by involving a panel of experts.

Explicit cues – Tell the patient how to move and create an internal focus of attention.

Implicit cues – Establish an external focus of attention emphasizing object movement and are goal oriented.

Purpose of the article: Lateropulsion after stroke is associated with a need for longer rehabilitation length of stay, poorer functional outcomes, increased risk of falling, and reduced likelihood of home discharge. No clinical practice guidelines exist for post-stroke lateropulsion rehabilitation. This study examined the consensus among an international Delphi panel of experts tasked with developing clinical practice recommendations for managing lateropulsion after stroke.

Methods of interest: The Delphi Panel Process aimed to establish a consensus among international experts on the best practices for rehabilitating post-stroke lateropulsion.

Results of interest: Caregivers and individuals experiencing lateropulsion should receive personalized education, including presenting characteristics, rehabilitation and management strategies, impact, and prognosis. Characteristics of lateropulsion exhibited by the affected person may consist of overactivity of the less affected side, actively leaning/reaching across the midline toward the more affected side, and resistance to attempts at passive correction. Rehabilitation and management strategies combine hands-on guidance for mobility and transfer training. There is a need for clear, simple instructions, appropriate tactile cues, and verbal feedback from family/caregivers. The patient should be encouraged to move actively toward the midline. Therapists should guide the person to see/feel that they are not upright; passive attempts at correction may increase lateropulsion. Appropriate rehabilitation strategies tailored to the individual's mobility status should encompass task-specific exercises such as sitting, transfers, standing, walking, and navigating stairs. Therapists should help the individual understand that their perception of vertical is impaired and needs correction to allow them to cross midline towards the less affected side.

Management is affected by the severity, the person's awareness of deficits, and individual stroke and person-related factors. The severity determines the amount of physical assistance and equipment needed. Patients' awareness of deficits determines the types of cues to be used. Therapists should use explicit cues when an affected person is unaware; cues become more implicit as awareness increases. When spatial neglect is present, use strategies to address it, such as visual scanning training, proprioceptive input directing attention to alignment with vertical, and tactile or verbal references to help with appreciation of midline. The fear of falling toward the less affected side can impact their rehabilitation process. To address the fear of falling, encourage the patient to shift/accept weight onto the less affected

side, with and without drawing their attention to the weight shift.

Regarding positioning, promote symmetrical/midline posture. In bed, encourage reaching/rolling toward the less affected side. In sitting, position the person upright as soon as appropriate. To manage fatigue, alter the therapy dose as needed based on when lateropulsion becomes more apparent in comparison. Regarding discharge planning, consider safety, awareness of the risk of falling, preparation of environment and equipment, and provide education for strategies to minimize the effects of lateropulsion on everyday mobility.

Discussion, take-home message: Panel recommendations were based on existing rehabilitation approaches, focusing on the altered perception of the vertical, attainment of vertical alignment, and weight acceptance on the less affected side. The panel emphasized tactile feedback to achieve better results instead of relying solely on visual cues. Additional research is required to validate and build upon these recommendations, particularly concerning novel therapeutic interventions, the influence of cognitive and perceptual impairments on rehabilitation, and the most effective therapy doses and positioning options for managing lateropulsion.

The association between impaired visual vertical perception and lateropulsion was notable, suggesting the importance of addressing this aspect in rehabilitation. Additionally, the panel acknowledged the presence of spatial neglect in some individuals with lateropulsion, highlighting the need to consider other cognitive and perceptual impairments when planning rehabilitation strategies.

Additional references:

[Search Rehabilitation Measures Database \(sralab.org\)](https://sralab.org) (hyperlink)

- Three outcome measures applicable for lateropulsion

ANPT Education Center: Contraversive Pushing Interactive Course

• <https://anpteducationcenter.org/products/contraversive-pushing-physical-therapy-assessment-and-management-following-stroke>

Stroke SIG Podcast: Contraversive Pushing

- https://podcasts.neuropt.org/?powerpress_pinw=434-podcast

All Membership Meeting Minutes Overview

August 10, 2023 Meeting

(Special Thanks to Heather Hayes, DPT, PhD, CSRS, NCS for suggesting this content for the newsletter!)

- Check out the website for our **New Mission and Vision**
- Updates coming to a new initiative **“Patient Resources”**

Initiative Updates:

ANPT Awards: <https://www.neuropt.org/about-us/awards>

- Nominations ended August 1st.
- Once decision is made awardee will be selected by Oct 27th
- Awards are given during CSM

Social Media:

- Increasing presence on all platforms
- Answering questions on Facebook

Student Resources:

- New Student Resources Multiple Choice Exam Question to be posted this month!
- Updates on panel discussion for levels of care (Interviews conducted on 3-4 therapists in different settings with questions pertaining to common diagnoses, setting specific content, preparation and challenges for the role, differentiation between traditional plan of care and skilled maintenance)
- Video to be made and posted to Student Corner in coming months
- Future video collaboration with Health Promotion and Wellness on a “Decision Tree”

Podcasts:

- 2 published podcasts since last meeting
- 1 in works
- If you have topics of interest or authors for podcasts please reach out to strokesig@gmail.com!!

Stroke SIG Newsletters:

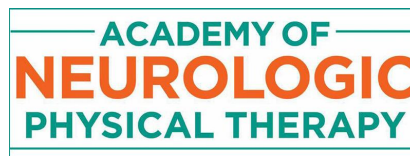
- Article reviews going well; Received 16 volunteers to help review!
- We could always use more if interested
- Each article review is recorded for easy listening
- Call to put You Tube Link to podcasts in Newsletter

Website:

- Updates to website with new policies from ANPT in the coming months
- Changes should not interrupt use

Nominating Committee:

- 2 positions opening (Nominating Committee Member & Secretary)

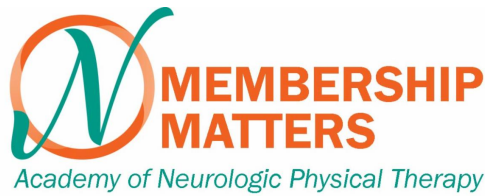


Message from the Practice Committee

In case you missed it, as a benefit for Academy membership, the ANPT Practice Committee has [archived](#) the **Message from the ANPT Practice Committee**. This material DOES require a log in.



VISIT THE STROKE SIG ONLINE!



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info@neuropt.org | www.neuropt.org

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Academy of Neurologic Physical Therapy | 1935 County Road B2 W Ste 165, American Physical Therapy Association, Roseville, MN 55113

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