Original Research Paper Volume-8 Issue-6 June-2018 PRINT ISSN No 2249-555X Physiotherapy Physiotherapy VIRTUAL REALITY PROGRAM FOR STROKE REHABILITATION - A REVIEW	
Shobha Keswani	Department Of Physiotherapy And Rehabilitation, Max Superspeciality Hospital, Saket , New Delhi
Sumit Kalra *	Department Of Physiotherapy And Rehabilitation, Max Superspeciality Hospital, Saket , New Delhi *Corresponding Author
Rohit Chawla	Department Of Physiotherapy And Rehabilitation, Max Superspeciality Hospital, Saket , New Delhi
Nidhi Malik	Department Of Physiotherapy And Rehabilitation, Max Superspeciality Hospital, Saket , New Delhi
ABSTRACT) Stroke is one of the leading causes for disability worldwide . Motor function deficits due to stroke affects the patient's	

ABSTRACT stoke is one of the leading causes for disability workdold? . Motor function defines due to stoke an even work in motification of the leading causes for disability workdold? . Motor function defines due to stoke an even work impairments in stroke patients. Conventional rehabilitation found to provide modest and sometimes delayed effects. This systematic review focuses on the impact of Virtual Reality Program on motor rehabilitation of stroke patients. The studies suggested that virtual reality is relatively recent approach that may enable practice of functional tasks at higher dosage than traditional therapies. From this review of literature , it can be concluded that Virtual Reality is effective in improving motor functions following stroke. Use of Virtual Reality as an adjunct to conventional therapy resulted in greater motor gains than conventional therapy alone . The studies included in this review show optimal level of evidence and grade of recommendations , but further studies with larger sample sizes are needed to draw more reliable conclusion.

KEYWORDS:

INTRODUCTION

Stroke is classically characterized as a neurological deficit attributed to an acute focal injury of the central nervous system (CNS) by a vascular cause, cerebral infarction, intracerebral haemorrhage (ICH), and subarachnoid haemorrhage (SAH), and is a major cause of disability and death worldwide. (1) Stroke affects about 17 million people per year worldwide, with an increasing rate every year.⁽²⁾ Stroke survivors often suffer from physical and mental disabilities, heavily impacting their quality of life. Five years after the first stroke, nearly 66% of patients exhibit different degrees of disability and only 34% are functionally independent in their activities of daily living.⁽³⁾ Stroke is a disorder associated with long term disability and is more common in older people.⁽⁴⁾ The symptoms of stroke such as cognitive, motor and emotional sequelae often impact on a person's level of independence and quality of life.⁽⁵⁾ The purpose of neurological rehabilitations is to promote a rapid recovery from the manifold post-stroke deficits and the attainment of a lifestyle, as close as possible to the premorbid state.(6)

Motor dysfunction is the most prevalent impairment, with 9 out of 10 stroke survivors suffering from some form of upper limb motor disability. ⁽¹¹⁾ Thus, there is a strong need for rehabilitative approaches enhancing motor recovery for stroke patients. ⁽¹²⁾ To maximize neural, motor and functional recovery, training needs to be long lasting, challenging, repetitive, task-specific, motivating, salient, and intensive. ⁽¹³⁾ Further approaches include strength training, trunk restraint, somatosensory training, constraint-induced movement therapy, bilateral arm training, coordination of reach to grasp, mirror training, action observation and neuromuscular electrical stimulation.

Virtual Reality is a relatively recent approach that may enable simulated practice of functional at a higher dosage than traditional therapies (Demain 2013; Kwakkel 2004; Merians 2002)⁽²⁵⁾. It is a computer technology that simulates real-life learning while providing augmented feedback and a high intensity of massed practiced tasks⁽²⁶⁾. VR can be differentiated into immersive and nonimmersive gaming systems. Immersive systems enable players to move an avatar in a simulated environment. Nonimmersive systems often focus on arm or leg movements in simulated 3D environments⁽²⁷⁾. Virtual reality immersion techniques are based on the conjunct use of a computer-generated three-dimensional graphical environments (Riva, 2003; Oujamaa et al., 2009) and visual, auditory, or haptic devices^(28,29).

REVIEW OF LITERATURE

Turolla et al.,(2013) did a research on 367 patients divided into two groups to compare the effectiveness of virtual reality program combined with conventional therapies to conventional therapy alone and concluded that association of virtual reality based rehabilitation with traditional restorative approaches improve the effectiveness of restoring upper limb functions.⁽³¹⁾ Hatem et al.,(2016) conducted a multiple systematic review also concluded that virtual reality is one of the approach recommended as adjuvant therapy in improving upper limb motor functions.⁽³⁹⁾ Association of VR with traditional restorative approaches improves the effectiveness of rehabilitation of motor functions and ADL capacities compared with conventional rehabilitation alone.^(42,43).

In a study done by Perez Marcos et al.,(2017), the feasibility of training intensity in chronic stroke patient using embodied virtual reality system is investigated over 10 stroke patient with upper extremity paresis .It was concluded that task specific virtual reality training may be beneficial for functional recovery in chronic stage of stroke.⁽³²⁾ Another study done by Schuster-Amft C. et al.,(2015) to evaluate feasibility and neurophysiological changes after virtual reality based training of upper limb movements concluded that it is feasible ,safe and intense and were related to changed cortical activation patterns.⁽³⁶⁾

A review done by Maureen K. Holden et al., (2005), on Virtual Reality for motor rehabilitation. He compared motor learning in real environment than in virtual environment. As a result people with disabilities appear capable of motor learning within virtual environment.⁽³⁵⁾

In a study done by Calabrò R S et al., (2015), on the role of virtual reality in improving Motor performance revealed by EEG, it was concluded that robotic based rehabilitation combined with Virtual Reality in chronic hemiparesis induced an improvement in gait and balance.⁽³⁴⁾ Another study done by Jang et al., (2005), to investigate the effects of Virtual Reality on cortical reorganisation and motor recovery Virtual reality induces neuroplastic changes associated with motor recovery.⁽³⁵⁾

According to the study done by Krichevets et al.,(1995) on virtual reality and computer gaming as a means of movement rehabilitation, it was stated that because of playful aspect of the training ,subjects tends to be more motivated in VR settings than in conventional rehabilitation

73

settings. It also improve patient motivation and confidence through reinforcement and immediate feedback, and positivity through achievement and social interaction.

Various studies concluded that novel demonstration of VR induces neuroplastic changes and associated motor recovery in stroke patients allows for mass practice and provide training in environments that are sometimes impractical to create in natural world.^{(36,}

VR technology can be used to produce an environment in which intensity of practice and feedback on performance can be manipulated to provide tailored motor training (Merians et al, 2002). (48)

CONCLUSION

Based on sufficient amount of evidence, it can be concluded that virtual reality program for stroke rehabilitation is effective in improving motor functions by increasing subject interest and rate of participation, which influences brain reorganization and increases neural plasticity and eventually fastens functional recovery. Use of virtual reality as an adjunct to conventional therapy, resulted in significantly greater motor gains than conventional therapy alone. VR is advantageous as it offers goal oriented task, repetition and training in complex environments that are impractical to create in the natural world shown to be important in neurological rehabilitation.

REFERENCES

- Ralph L. Sacco, Scott E. Kasner, Joseph P. Broderick, et,al on behalf of the American Heart Association Stroke Council Stroke, 2013:44:2064-2089.
- Mozaffarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, Cushman M, Das SR, de Ferranti S, Despres JP, Fullerton HJ, et al. Heart disease and strokeStatistics2016 update: a report from the American Heart Association Circulation. 2016;133:e38–e60. 2.
- 3.
- areport from the American Heart Association Chematon. 2016;153:636–600.
 Wilkinson PR, Wolfe CD, Warburton FG, Rudd AG, Howard RS, Ross-Russell RW, Beech RR. A long-term follow-up of stroke patients. Stroke. 1997;28: 507–12.
 Donnan GA, Fisher M, Macleod M, Davis SM: Stroke. Lancet 2008; 371:1612–1623.
 Hochstenbach J, Prigatano G, Mulder T: Patients' and relatives' reports of disturbances 9 months after stroke: subjective changes in physical functioning, cognition, emotion, and behavior. Arch Phys Med Rehabil 2005, 86: 1587–1593. 5.
- Kaplan PE, Cailliet R, Kaplan CP: Rehabilitation of stroke. 1st edition. Burlington: 6. Butterworth-Heinemann; 2003.
- 7
- Butterworth-Heinemann; 2005. Townsend N, Wickramasinghe K, Bhatnagar P, Smolina K, Nicho M (2012). Coronary heart disease statistics 2012 edition. British Heart Foundation: London. Ng YS, Stein J, Ning M, Black-Schaffer RM: Comparison of clinical characteristics and functional outcomes of ischemic stroke in different vascular territories. S kitroke 8. 2007.38.2309_2314
- 9. Balaban B, Tok F, Yavuz F, Yasar E, Alaca R: Early rehabilitation outcome in patients with middle cerebral artery stroke. Neurosci Lett 2011;498:204–207. Davidoff RA: The pyramidal tract. Neurology 1990;40:332–339. Parker VM, Wade DT, Langton HR, Loss of arm function after stroke: measurement,
- 10
- 11. frequency, and recovery. Int Rehabil Med. 1986;8:69-73. Weinstein CJ, Stein J, Arena R, et al. Guidelines for adult stroke rehabilitation and
- 12 recovery: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke. 2016;47:e98-e169
- 13.
- Association: Antone and Stock association. Subsect 2019,47,458–6109 Kleim JA, Jones TA. Principles of experience-dependent neural plasticity: implications for rehabilitation after brain damage. J Speech Lang Hear Res. 2008;51:S225–39. Ward N. Treatment of arm and hand dysfunction after CNS damage. In: Oxford Textbook of Neurorehabilitation. Edited by Dietz V Ward NS. Oxford; 2015. 238–250. Bobath, B. (1990). Adult Hemiplegia: Evaluation and Treatment, 3rd Edn. Oxford: 14 15
- Heinemann Medical Books. Ada, L., and Canning, C. (eds.). "Anticipating and avoiding muscle shortening," in Key 16
- Issues in Neurological Physiotherapy ,Oxford: Butterworth-Heinemann ,1990; 219-236
- Mudie, M. H., and Matyas, T. A. Upper extremity retraining following stroke: effects of bilateral practice. Neurorehabil. Neural Repair 1996; 10, 167–184. Morris, D. M., Taub, E., and Mark, V. W. Constraint-induced movement therapy: 17.
- 18 characterizing the intervention protocol. Eura. Medicophys 2006; 42, 257–268. Stefan, K., Kunesch, E., Cohen, L. G., Benecke, R., and Classen, J. Induction of
- 19 plasticity in the human motor corte by paired associative stimulation. Brain 2000 ;123, 572-584
- Altschuler, E. L., Wisdom, S. B., Stone, L., Foster, C., Galasko, D., Llewellyn, D. M., et 20. al. Rehabilitation of hemiparesis after stroke with a mirror. Lancet 1999;353, 2035-2036.
- Ramachandran, V. S., Rogers-Ramachandran, D., and Cobb, S. Touching the phantom limb. Nature 1995; 377, 489–490. 21 22
- Oujamaa, L., Relave, I., Froger, J., Mottet, D., and Pelissier, J. Y. Rehabilitation of arm function after stroke. Literature review. Ann. Phys. Rehabil. Med. 2009; 52, 269–293. Pignolo, L. Robotics in neuro-rehabilitation. J. Rehabil. Med. 2009; 41, 955-960.
- 24. Stefan, K., Kunesch, E., Cohen, L. G., Benecke, R., and Classen, J. Induction of plasticity in the human motor corte by paired associative stimulation. Brain 2000 ;123, 572 - 584
- Kwakkel G, Van Peppen R, Wagenaar R, Wood Dauphinee S, Richards C, Ashburn A, et 25 al. Effects of augments Stroke 2004;35:1-11. ted exercise therapy time after stroke. A meta-analysis
- Sisto S. A., Forrest G. F., Glendinning D. Virtual reality applications for motor 26 rehabilitation after stroke. Topics in Stroke Rehabilitation. 2002;8(4):11–23. Lange B., Koenig S., Chang C.-Y., et al. Designing informed game-based rehabilitation
- 27 tasks leveraging advances in virtual reality. Disability and Rehabilitation. 2012;34(22):1863-1870.
- Riva . G Virtual environments in clinical psychology. Psychotherapy 2003; 40:68 10.1037/0033-3204. 28
- 29 Sivan, M., O'Connor, R. J., Makower, S., Levesley, M., and Bhakta, B. Systematic review of outcome measures used in the evaluation of robot-assisted upper limb exercise in stroke. J. Rehabil. Med. 2011; 43, 181–189.
- Oujamaa L., Relave I., Froger J., et al., Rehabilitation of arm function after stroke. Literature review. Ann. Phys. Rehabil. Med. 2009; 52, 269–293. 30
- 31. Turolla, A., Dam, M., Ventura, L., Tonin, P., et al., Virtual reality for the rehabilitation of the upper limb motor function after stroke: A prospective controlled trial. Journal of

74

INDIAN JOURNAL OF APPLIED RESEARCH

- NeuroEngineering and Rehabilitation, 2013,10(1),85. Daniel Perez-Marcos, Odile Chevalley, Increasing upper limb training intensity in 32 chronic stroke using embodied virtual reality: a pilot study Journal of NeuroEngineering and Rehabilitation 2017:14:119.
- Maureen K Holden, Virtual environments for motor rehabilitation: review. Cyber psychology and Behaviour. 2005;8(3),207. Calabrò, R. S., Naro, A., Russo, M., Leo, A., De Luca, R., Balletta, T., .
- Bramanti, P. The role of virtual reality in improving motor performance as revealed by EEG: a randomized clinical trial. Journal of NeuroEngineering and Rehabilitation,2017; 14(1),
- Jang SH, You SH, Hallett M, Cho YW, Park C-M, Cho S-H, Lee H-Y, Kim T-H, Cortical 35 reorganization and associated functional motor recovery after virtual reality in patien with chronic stroke: an experimenter-blind preliminary study . Arch Phys Med Rehabil 2005:86:2218-23
- 36
- 2005;86:2218-23. Schuster-Amft, Corina, Henneke, Andrea, Hartog-Keisker, Birgit, Holper, Lisa, Sickierka, Ewa, Chevrier, Edith, Pyk, Pawel, Kollias, Spyros, Kiper, Daniel, Eng, Kynan, Intensive virtual reality-based training for upper limb motor function in chronic stroke: a feasibility study using a single case experimental design and fMRL. Disability & Rehabilitation: Assistive Technology, 2015, 10(5),385-392. Sergei V. Adamovich, Gerard G. Fluet, Eugene Tunik, and Alma S. Merians, Sensorimotor Training in Virtual Reality: A Review. Neurorehabilitation. 2009; 25(1): 20.
- 37 29
- 38. Iris Brunner, Jan Sture Skouen, Håkon Hofstad, et al., Is upper limb virtual reality after stroke? An analysis of treatment intensity and content. BMC Neurology 2016 16:219
- 39 Lee SJ, Chun MH. Combination transcranial direct current stimulations and virtual reality therapy for upper extremity training in patients with subacute stroke. Arch Phys
- Hearty incluys to upper carefully failing in parents with storage access refer they Med Rehabil. 2014;95:431-8.
 Saposnik G, Levin M, Virtual reality in stroke rehabilitation: a meta-analysis and implications for clinicians. Stroke.2011;42:1380-6. 40
- 41. of movement rehabilitation. Disabil Rehabil. 1995;17(2):100-5
- Laver K, George S, Thomas S, et al., Virtual reality for stroke rehabilitation: an abridged version of a Cochrane review. Eur J Phys Rehabil Med. 2015;51(4):497–506. 42.
- Sang-Mi Jung, Won-Ho Choi, Effects of virtual reality intervention on upper limb motor function and activity of daily living in patients with lesions in different regions of 43
- https://www.internet.com/activity/or dary inving in patients with restors in different regions of the brain. J. Phys. Ther. Science 2017. 29(12) 2103-2106.
 Fitzgerald, S. G., Cooper, R. A., Thorman, T., Cooper, R., Guo, S., and Boninger, M. L. The game(cycle) exercise system: comparison with standard ergometry. J. Spinal. 44
- Cord. Med 2004; 27, 453–459. Laver, K. E., George, S., Thomas, S., Deutsch, J. E., and Crotty, M. (2011). Virtual 45. reality for stroke rehabilitation. Cochrane Database Syst. Rev. 9:Cd008349. Richard J. Adams, Matthew D. Lichter , Allison Ellington , et al., Virtual Activities of
- 46. Daily Living for Recovery of Upper Extremity Motor Function IEEE Transactions on Neural Systems and Rehabilitation Engineering (2018),26(1),252-260. Rachel C. Stockley, Deborah A. O'Connor, et al., Mixed Methods Small Pilot Study to
- Describe the Effects of Upper Limb Training Using a Virtual Reality Gaming System in People with Chronic Stroke. Rehabil Res Pract. 2017;2017:9569178.
- Merians AS, Jack D, Boian R, Tremaine M, Burdea GC, AdamovichSV, et al. Virtual 48 reality-augmented rehabilitation for patients following stroke. Phys Ther. 2002;82:898915
- Cameirão MS, Badia SB, Duarte E, Frisoli A, Verschure PFMJ. The combined impact of virtual reality neurorehabilitation and its interfaces on upper extremity functional 49
- recovery in patients with chronic stroke. Stroke. 2012;43:2720-8. Boian R, Sharma A, Han C, Merians A, Burdea G, Adamovich S, Tremaine M, Poizner H Virtual reality-based post-stroke hand rehabilitation, Stud Health Technol Inform 2002;85:64-70.