End of Phase 1 Implementation Questionnaire

TRANSLATING NEUROREHABILITATION RESEARCH INTO CLINICAL PRACTICE:
THE SENSe IMPLEMENT PROJECT

Please take a moment to fill out this questionnaire. We are interested to find out about your experience with using SENSe assessment methods and your current approaches to treating somatosensory loss in your clinical setting. When you have finished, please return this survey to the Associate Researcher.

Section A – Background Information

Therapist initials ___J · A ·___   Date ___22 | 7 | 19.___

Gender: ☐ Male   ☒ Female

Discipline: ☒ Occupational Therapy   ☐ Physiotherapy   ☐ Other _____

Degree level: ☒ Bachelor's degree   ☐ Coursework Masters   ☐ Masters

☐ Doctoral   ☐ Other _____

Years of OT/PT Experience: ___10___   Current Position: ___Community rehab OT.___

Years experience working with stroke clientele: ___8___   Workplace (please specify): ___St Vincents Hospital Melbourne.___

How many hours do you work as an OT/PT in a typical work week? ___16___

Have you used SENSe Assess with SENSe equipment to measure upper limb sensory loss in your clients?

☒ Yes   ☐ No

If yes, please estimate how many **stroke clients** you have used SENSe assessment measures with:

___3___

If yes, please estimate how many **other clients** you have used SENSe assessment measures with:

___0___

When a stroke client presents with suspected sensory loss, would you use SENSe Assess measures and equipment?

☒ Yes   ☐ No

If yes, how often would you use SENSe Assess measures and equipment with stroke clients?

☐ Rarely
☐ Sometimes
☒ Often
☐ Always

Comments: Sometimes client's do not prioritise sensation or time frame isn't long enough for sensation to be sufficiently covered.

Section B- Somatosensory Assessments

We are interested to find out about your practice in assessment of somatosensory loss since starting with the SENSe Implement project. Please answer the following questions:

1. How often do you assess for sensory loss for clients with stroke? *Please tick one only.*
☐ Never
☒ Rarely
☐ Once a month
☐ Once a fortnight
☐ Once a week
☐ 2-3 times a week
☐ 4-5 times a week
☐ Other (please specify) _____

2. What clinical sensory assessments do you normally use for clients with stroke? *Please tick all that apply.*

☐ None
☒ Light touch (fingertip, cotton wool)
☐ Pressure (fingertip)
☐ Hot-cold discrimination (e.g. test tubes)
☐ Vibration
☐ Pain
☒ Point localization tests

☐ Two-point discrimination
☒ Stereognosis/tactile object discrimination
☒ Proprioception/kinesthesia (limb matching)
☒ Proprioception/kinesthesia (thumb up/down)
☐ Texture discrimination (3-5 textures)
☐ Other (please specify) _____

3. Which of the following standardised somatosensory assessments do you **currently** use? *Please tick all that apply.*

☐ None
☐ Rivermead Assessment of Somatosensory Performance (RASP)
☐ Nottingham Sensory Assessment (NSA)
☑ Monofilaments: Semmes-Weinstein or WEST hand monofilaments
☑ Wrist Position Sense Test (WPST)
☑ Tactile Discrimination Test (TDT)
☑ Functional Tactile Object Recognition Test (fTORT)
☐ Manual Form Perception Test (Ayres)
☑ SENSe Assess Kit
☐ Other (please specify) _____

4. For what reasons would you conduct a sensory assessment? *Please tick all that apply.*

☑ Diagnosis
☐ Prognosis
☑ Treatment planning
☐ Discharge planning
☑ Education
☐ Other (please specify) _____

5. Please indicate your level of agreement with the following statement *(please circle one number only)*

"I believe it is my role to assess sensation of stroke clients in my clinical practice"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	(5)

Comments:
_____
_____
_____

Please answer the following questions by indicating the level of importance <u>by drawing a vertical line on the line provided:</u>

6. How important do you consider assessing sensation in your practice?

Not at all important ——————————————————|—| Very important

Comments:
While I think it's important at times other goals are
prioritised for client or by service.

7. How would you rate your skill level in assessing sensory loss?

Not at all skilled   Very skilled

Comments:

_____

_____

_____

8. How confident are you in your ability to detect sensory loss?

Not at all confident   Very confident

Comments:

_____

_____

_____

9. Reflecting on your current practice, please indicate your level of agreement with the following statements *(please circle one number only)*

"Since starting in the SENSe Implement Project, I have gained knowledge in how to assess somatosensation in a client with stroke in a standardized way"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	(5)

Comments:
I by now have a whole toolbox of avc available
to me.

_____

_____

"Since starting in the SENSe Implement Project, my method of assessing sensation has changed"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	(5)

Comments:
I now try to use sense kit with every neurological
client c sensory impairment who identifies
this as a goal

_____

10. How satisfied are you with SENSe Assess measures overall?

Not at all satisfied ——————————————————————— Very satisfied

Comments:

I would love a "quick" version or screen to help know when full sense ax is required or if we could could focus on 2-3 measures not all 5.

11. Please indicate your level of agreement with the following statements *(please circle one number only)*

" I find the Tactile Discrimination Test (TDT) useful in my clinical practice"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	(4)	5

" I find the Wrist Position Test (WPST) useful in my clinical practice"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	(4)	5

" I find the functional Tactile Object Recognition Test (fTORT) useful in my clinical practice"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	(5)

"Overall, I find the SENSe_assess measures useful in my clinical practice"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	(4)	5

"SENSe_assess is a good fit with my clinical approach to assessment"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	(4)	5

12. Please indicate your level of agreement with the following statement *(please circle one number only)*

"I am aware of the published research on assessments for somatosensation following stroke"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	(4)	5

Please list the types of resources you are aware of: _papers on sense are + other_
works by Leanne Carey et al.
_____
_____

Section C - Somatosensory Treatment

13. Do you currently treat sensory loss for clients with stroke? *Please tick one only.*
- ☑ Yes
- ☐ No

14. If you do treat for sensory loss, please indicate body areas that you typically focus on
Please tick all that apply.
- ☐ Lower limb (legs and feet)
- ☑ Upper limb (shoulder, arms, hand)
- ☐ Trunk
- ☐ Other (please specify): _____

15. If a stroke client has impaired body sensation, how often do you treat sensory impairment?
Please tick one only.
- ☐ Always
- ☐ Frequently
- ☑ Occasionally
- ☐ Rarely
- ☐ Never

Comments: _This is limited by clients willingness to engage +_
prioritise sensation as a goal.

16. Please indicate your level of agreement with the following statement *(please circle one number only)*

"I believe it is my role to treat somatosensory impairments of stroke clients in my clinical practice"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	(5)

Comments:_____
_____

17. Which sensory modalities do you think are important to treat in your clinical setting?
Please tick all that apply.

- ☐ None
- ☐ Pain
- ☑ Touch detection
- ☑ Proprioception discrimination (position sense)
- ☑ Hot-Cold detection/discrimination
- ☑ Texture discrimination
- ☐ Two-point discrimination
- ☐ Vibration sense
- ☐ Sustained pressure
- ☑ Kinesthesia (detection of bodily position, weight, or movement of the muscles, tendons, and joints)
- ☑ Stereognosis/object discrimination (recognition or identification of objects by use of touch)
- ☐ Graphesthesia (recognition of writing on the skin by the sensation of touch)
- ☐ Other (please specify)_____

18. For what reasons would you treat somatosensory impairments of the <u>upper limb</u>?
Please tick all that apply

- ☑ Impact on a client's independence in activities of daily living
- ☑ Impact on a client's life roles
- ☑ Client safety
- ☐ Impact on sensory capacity
- ☐ Impact on motor function
- ☐ Learned non-use
- ☐ Other (please specify)_____

19. What types of somatosensory rehabilitation approaches do you currently use?
Please tick all that apply.

- ☐ None
- ☑ Compensatory strategies (e.g. education regarding hazards)
- ☐ Repeated exposure to sensory stimuli
- ☑ Sensory re-education (i.e. including feedback through vision, subjective grading of stimuli, verbalization of sensation between both hands)
- ☐ Somatosensory discrimination training
- ☐ Bombardment (e.g. vibration or hot/cold)
- ☐ Finding objects in medium such as sand or rice
- ☐ Structured activities/games (e.g. ball work, blind dominoes)
- ☑ Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking)
- ☐ Desensitization
- ☐ Light touch stimulation
- ☐ Match or identify textures, shapes and/or objects
- ☐ Discrimination of limb positions and movement
- ☐ Joint approximation
- ☐ Weekly retesting with feedback
- ☐ General stimulation using sensory stimuli

Specific sensory rehabilitation approaches:

- ☐ Graded sensory exercises with feedback (Yekutiel and Guttman, 1993)
- ☐ Attended stimulation of specific body sites (Dannenbaum & Dykes, 1988).

☐ / Sensorimotor exercises (Byl et al., 2003)
☑ Stimulus specific sensory training (e.g. of touch sensation) (Carey et al., 1993)
☐ Stimulus generalization training to enhance transfer (Carey et al., 2005; 2011)
☐ SENSe sensory discrimination training (Carey et. al., 2011).

Other approaches for sensory rehabilitation:
☐ Cutaneous electric stimulation
☐ Intermittent pneumatic compression (Cambier, 2003)
☐ Thermal stimulation (via hot and cold packs) (Chen, 2005)
☐ Inflatable pressure splint (Poole, 1990)
☐ Mirror therapy

☐ Other

> *Please indicate method/s in brief detail within this box*

20. How often would you conduct these treatments? *Please tick one only.*
☐ / Never
☑ Rarely
☐ Once a month
☐ Once a fortnight
☐ Once a week
☐ 2-3 times a week
☐ 4-5 times a week
☐ Other (please specify) _____

21. Over what timeframe would you typically conduct these treatments with a stroke client?
Please tick one only.
☐ Never
☐ Once only
☐ ≤ 1 week
☐ 1-2 weeks
☑ 3-4 weeks
☐ 5-6 weeks
☐ Other: _____

22. Please indicate your level of agreement with the following statement *(please circle one number only)*

"The current somatosensory rehabilitation approaches I use are generally effective for most clients"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	③	4	5

Comments:
I have had some success however also some very
unsuccessful interventions as well.

___

23. Please indicate your level of agreement with the following statement *(please circle one number only)*

"There is a need to change the current method of treating somatosensory impairments in my practice"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	(5)

Comments:

___

Please indicate your response by drawing a vertical line on the line provided for Q24-Q27

24. How important do you consider treating somatosensory impairments in your practice?

Not at all important |————————————————————|——| Very important

Comments: Somatosensory impairments often have huge
function implications for my clients. I feel therefore
this is very important.

25. How would you rate your skill level in treating sensory loss?

Not at all skilled |————|————————————————| Very skilled

Comments: I feel I have some skill but nowhere near the
level of skill required in my role.

26. How confident are you in your ability to treat sensory loss?

Not at all confident |————————|————————| Very confident

Comments:_____

27. How satisfied are you with the sensory rehabilitation approaches you are currently conducting?

Not at all satisfied   Very satisfied

Comments: _I feel like I am doing "okay", but "okay" is not good enough for my clients. I want to be 'great'._

28. Please indicate your level of agreement with the following statement *(please circle one number only)*

"I am aware of the published research on interventions for somatosensory impairments following stroke"

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	(4)	5

Please list the types of resources you are aware of:

Sense Intervention papers by Leeane Carey.

_____

29. Please indicate what source of information informs your clinical decision making in this practice:
Please circle one number in each row

	Never	Rarely	Sometimes	Often	All of the time
Experience with similar clients in the past	1	2	3	4	(5)
Colleagues opinion	1	2	3	(4)	5
Research literature	1	2	3	(4)	5
Short courses/continuing professional development	1	2	3	(4)	5
Text books	1	2	(3)	4	5
Undergraduate course materials	1	2	(3)	4	5

Other (please specify):_____

Section D – Experience of using SENSe Assess

30. Have you experienced any **barriers** to adopting or implementing the use of SENSE Assess to conduct somatosensory assessments with stroke clients?

☑ Yes
☐ No

If Yes, please tick all that apply:

☐ Unsure of how to conduct assessments
☐ Unsure how to score assessments
☐ Unable to access equipment in my working area
☑ Lack of time
☐ Lack of interest
☐ Large caseload
☐ Difficulty in setting up assessment equipment
☑ Difficulty engaging clients in the SENSe Assess assessment process
☐ Faults with SENSe Assess Equipment
☐ Limited resources to support change in this area
☑ Lack of support from colleagues
☑ Lack of support from my supervisor or management
☐ Lack of support from research team
☐ Other (please specify) _____
I feel to do this justice more time is warranted. I have had push back from team when extending length of stay to work c sensation impaired clients.

31. Have you experienced any **enablers** to adopting or implementing the use of SENSE Assess to conduct somatosensory assessments with stroke clients?

☑ Yes
☐ No

If Yes, please tick all that apply:

☑ Ability to refer to training manual when conducting assessments
☑ Ability to refer to training manual when scoring assessments
☑ Ease of access to equipment in my working area
☐ Designated time to practise assessment skills
☑ Interest in somatosensory assessment
☐ Manageable caseload
☑ Availability of instructions to set up assessment equipment
☑ Interest of clients in the SENSe Assess assessment process
☐ Design and use of SENSe Assess Equipment
☐ Available resources to support change in this area
☑ Support from colleagues
☑ Support from my supervisor or management
☐ Support from research team
☐ Other (please specify) _____

_____
_____
_____

32. Please comment on additional factors within your working environment that lead you to feel supported or unsupported in your ability to conduct SENSe Assess in the way that you'd like:

Comments: Having some one to go to is a huge enabler. My supervisor is skilled in this area + supports us to upskill as well.
Time - is definitely an issue, having enough time to do this properly + advocating for more time as well.

33. How would you rate the degree of ease when setting up the SENSeAssess equipment within your clinical setting?

|_____|_____|

Not at all easy   Very easy

Please provide comments on your experiences : This has greatly improved over time + practice. Each time I am better than the last time. The step by step photos help heaps.

34. How would you rate the degree of ease in completing scoring of SENSe Assess?

|_____|_____|

Not at all easy   Very easy

Please provide comments on your experiences : I find I need to dedicate time after ax, to score each session. Manual is easy enough to follow + spreadsheets help too.

35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?

☒   Yes
☐   No

Please provide reasons: I don't know why you wouldn't. There really isn't many other choices for stroke population.

36. As part of the Phase 2 of the SENSe implement project we want to find out how accurately SENSe therapy is being delivered. This is defined as "treatment fidelity" in the current literature.

There are several strategies recommended in the literature to help to assess and enhance the treatment fidelity process. Each strategy provides therapists with the opportunity to receive feedback on their performance and information on how they can improve their practice.

We would like to now understand from your perspective how comfortable you would feel using each of the strategies outlined below, and how feasible each could be to implement within your workplace. Please rate the following:

1) Self-evaluate own performance using pre-developed checklist.

Level of comfort with proposed strategy

Not at all comfortable   Very comfortable

1   2   3   4   (5)

Feasibility of implementing proposed strategy in your workplace

Not at all feasible   Very feasible

1   2   3   (4)   5

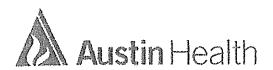**2) Peer observation and feedback by SENSe clinician using pre-developed checklist.**

Level of comfort with proposed strategy

Not at all comfortable   Very comfortable

1   2   3   4   (5)

Feasibility of implementing proposed strategy in your workplace

Not at all feasible   Very feasible

1   2   (3)   4   5

3) Real time observation and feedback by SENSe Trainer.

Level of comfort with proposed strategy

Not at all comfortable   Very comfortable

    1   2   3   4   **(5)**

Feasibility of implementing proposed strategy in your workplace

Not at all feasible   Very feasible

    1   **(2)**   3   4   5

4) Video recorded observation and feedback by SENSe Trainer.

Level of comfort with proposed strategy

Not at all comfortable   Very comfortable

    1   2   3   4   **(5)**

Feasibility of implementing proposed strategy in your workplace

Not at all feasible   Very feasible

    1   2   3   **(4)**   5

Section E – Other

Other comments or suggestions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

You have come to the end of the survey.
Thank you for your participation.