

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 Vincent's 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 clients don't 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.*

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Two-point discrimination |
| <input checked="" type="checkbox"/> Light touch (fingertip, cotton wool) | <input checked="" type="checkbox"/> Stereognosis/tactile object discrimination |
| <input type="checkbox"/> Pressure (fingertip) | <input checked="" type="checkbox"/> Proprioception/kinesthesia (limb matching) |
| <input type="checkbox"/> Hot-cold discrimination (e.g. test tubes) | <input checked="" type="checkbox"/> Proprioception/kinesthesia (thumb up/down) |
| <input type="checkbox"/> Vibration | <input type="checkbox"/> Texture discrimination (3-5 textures) |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Other (please specify) _____ |
| <input checked="" type="checkbox"/> Point localization tests | |

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 by drawing a vertical line on the line provided:

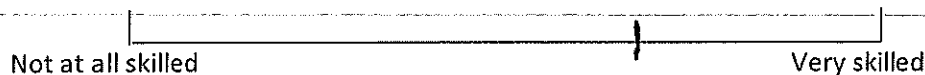
6. How important do you consider assessing sensation in your practice?

Not at all important _____ Very important

Comments:

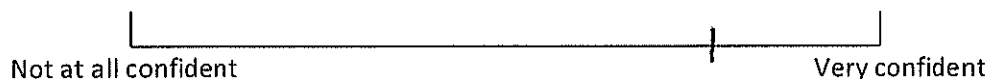
While I think it's important at times other goals are prioritised for client or by service.

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



Comments:

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



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 ~~be~~ now have a whole toolbox of one 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 i sensory impairment who identifies this as a goal
