Constraint induced movement therapy (CIMT) or “forced use therapy” restricts use of the unaffected arm by placing a mitt on the hand or the arm in a sling, forcing the use of the affected limb with the goal of promoting purposeful movements when performing functional tasks.

Functional tasks are progressively graded to increase task difficulty ensuring clients experience success. This shaping approach is intended to reduce learned non-use.

Traditional forms of CIMT are very time and resource intensive. Modified CIMT (mCIMT) has been found to be equally effective in improving motor control and requires less intensive restraint. This modified form of CIMT is more appropriate for a self-management approach adopted in The BEST Study.

Evidence suggests that mCIMT has greater benefit than traditional rehabilitation methods when measuring effect on arm impairment (Fugl Meyer Assessment), arm motor function (Action Research Arm Test), disability (Functional Independence Measure), amount of use and perceived arm function (Motor Activity Log) and potentially on quality of life (Stroke Impact Scale).

2017 National Stroke Foundation Guidelines
10.7 Upper Limb Activity

**STRONG RECOMMENDATION:** For stroke survivors with some active wrist and finger extension, intensive constraint induced movement therapy (minimum 2 hours of active therapy per day for 2 weeks, plus restraint for at least 6 hours a day) should be provided to improve arm and hand use (Corbetta et al. 2015). Trunk restraint may also be incorporated into the active therapy sessions at any stage post-stroke (Wee et al. 2014).

**IS THIS SUITABLE FOR THE CLIENT?**

| TARGET IMPAIRMENT | - UL weakness  
| - learned non-use |
| STAGE OF RECOVERY | - Commencing CIMT early (3–9 months post-stroke) has produced greater functional gains than delayed treatment (15–21 months post-stroke)  
| - no benefits associated with very acute administration (<3 months post stroke) |
| SEVERITY OF IMPAIRMENT | - minimal active finger/wrist extension required  
| - minimal spasticity or pain |

**WHAT DO I NEED?**

- Mitt or sling to constrain the non-affected UL.
  The choice of restraint type is essentially a question of safety vs. intensity of therapy. A hand mitt restricts the patient from using their hand and wrist, though allows use of their arm in case of loss of balance or falls. A hand mitt (versus an arm sling) will result in less intensive practice because the unaffected arm can still be used to assist task performance.
- Carer assistance may be needed to “set-up” tasks to do during the designated constraint time period. Assistance may be needed to put on and remove the mitt/sling.

**ADDITIONAL RESOURCES AND REFERENCES**