

ABSTRACT

The purpose of this study was to observe how FES can improve the side effect of drop foot resulting from a stroke. It was hypothesized that FES can improve the side effect of drop foot caused by a stroke. This study was a randomized, quantitative experimental design study that consisted of two groups whose participants were recruited from local physical therapy clinics: FES group (10 participants) and control group (10 participants). Intervention occurred for six weeks, five days a week for one-hour sessions. Outcomes were measured by passive and active ROM along with pain levels. Limitations in this study are the small sample size and the inability for the study to remain blinded. Future studies on this topic with larger sample sizes would be beneficial.

INTRODUCTION

- In the US, 795,000 people suffer from a stroke. 20% of those people suffer from drop foot, a neuromuscular disorder that alters neural transmission resulting in the reduced active control of the foot.¹
- Treatments include: physical therapy, an ankle foot orthosis (AFO), FES, and surgery in severe cases.²
- FES is a neurorehabilitation therapy technique used to increase strength, prevent atrophy in muscles, relax spastic muscles, and enhance participation of surrounding muscles.³
- FES is less invasive compared to surgery and does not require people to wear an AFO.

Functional Electrical Stimulation for Treatment of Drop Foot in Stroke Victims Rebecca Makenzie Beasley Department of Exercise Science

METHODS



0-10 NUMERIC PAIN RATING SCALE





OPERATIONAL DEFINITIONS

- Functional Electrical Stimulation (FES): functional electrical stimulation, a treatment using small electrical impulses to stimulate active movement in surrounding muscles and nerves
- Active and Passive Range of Motion: measured in degrees using a goniometer
- Numerical Rating Pain Scale (VRS): used to obtain pain levels after sessions, rating pain levels on a scale from 0-10

ACKNOWLEDGEMENTS

This research could not have been completed without the Gardner-Webb University library resources and the guidance from the librarians. A huge thank you to professor Dr. Jeffrey Hartman, writing fellow, Sophia Smith, and those in the writing center who helped with the completion of this study.

REFERENCES

 Westhout, F. D., Pare, L. S., & Linskey, M. E. (2007). Central causes of Foot Drop: Rare and underappreciated differential diagnoses. The Journal of Spinal Cord Medicine, 30(1), 62–66. https://doi.org/10.1080/10790268.2007.11753915

2. U.S. Department of Health and Human Services. (n.d.). Foot drop information page. National Institute of Neurological Disorders and Stroke. https://www.ninds.nih.gov/Disorders/All-Disorders/Foot-Drop-Information-Page

 Mathieson, S., Parsons, J., Kaplan, M., & Parsons, M. (2018). Combining functional electrical stimulation and mirror therapy for upper limb motor recovery following stroke: a randomised trial. European Journal of Physiotherapy, 20(4), 244–249. https://doi.org/10.1080/21679169.2018.1472635