

**INTRODUCTION**

Individuals with language and cognitive deficits following brain damage likely require long-term rehabilitation.

Consequently, it is a huge practical problem to provide the continued communication therapy that these individuals require. In the present project, a large scale phase I clinical efficacy study was conducted to examine rehabilitation outcomes in patients who received continuous and self-paced rehabilitation language and cognitive program using iPADs.

**RESEARCH QUESTIONS**

Question: Does a structured therapy program that includes homework practice delivered through an IPAD result in significant gains in overall communication? We used Constant Therapy ([www.constanttherapy.com](http://www.constanttherapy.com)) as the software platform.

Goal: Compare patients who receive a structured IPAD delivered therapy program that is practiced up to 7 days a week with patients who receive standard one-on-one individualized therapy that is provided 1 or 2 days per week by a therapist.

**MEASUREMENT OUTCOMES**

- The level of patient compliance- Did patients practice the therapy?
- The extent of patient engagement – How long did they practice therapy?
- Percent change on each task for each patient and across patients was measured
- Improvement on standardized tests

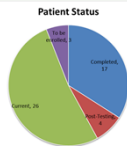
**PARTICIPANTS**

Forty-seven individuals with aphasia (goal is 50 patients)  
 All participants either suffered a stroke or a traumatic brain injury

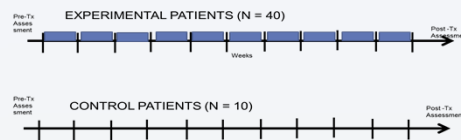
Age Range: 38- 87 years ( $M = 63$  yrs.)  
 At least one MPO ( $M = 63$  months).

For each participant:

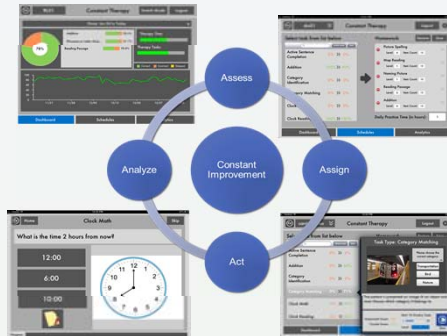
- Western Aphasia Battery,
- Boston Naming Test,
- Pyramids and Palm Trees,
- Cognitive Linguistic Quick Test,
- ASHA FACS



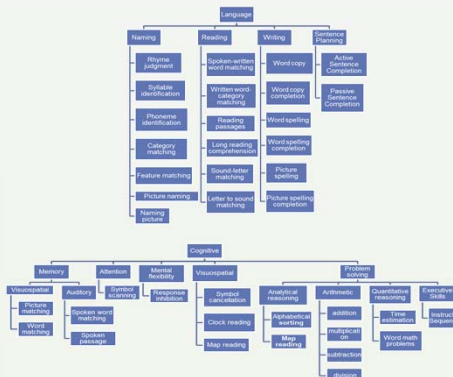
**EXPERIMENTAL DESIGN**



**TASK WORKFLOW**



**THERAPY TASKS**



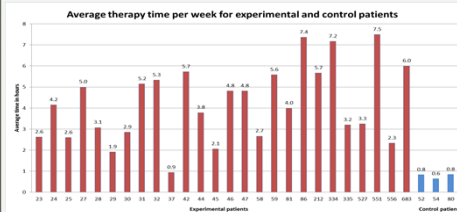
**DATA ANALYSIS**



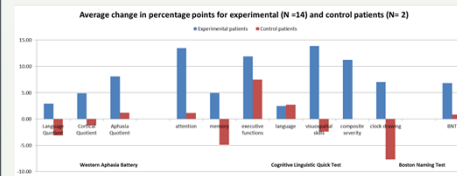
Overall patient performance on accuracy and latency relative to population mean



**RESULTS**



Result 1: Experimental patients practiced therapy an average of 4.2 hr/week. Control patients practiced approximately 1 hr/week.



Result 2: Average change in percentage points on standardized tests show changes for experimental patients but not for control patients

**RESULTS**

Task	Number of Ticks	Improvement in Accuracy		Improvement in Latency	
		Appropriate	Accounting for Correction	Appropriate	Accounting for Correction
Category Identification	400	4	498	4	498
Category Matching	340	1	416	1	416
Feature Matching	77	1	112	1	112
Letter to Sound Match	3427	1	3300	1	3300
Picture Spelling LV4	8	8	8	8	8
Reading Passage LV1	15	15	313	15	313
Reading Passage LV3	6	6	18	6	18
Reading Passage LV5	473	155	164	155	164
Rhyming	155	155	164	155	164
Sound Identification	155	155	164	155	164
Sound to Letter Match	250	150	154	150	154
Spelling Identification	32	32	47	32	47
Word Copy LV2	14	14	57	14	57
Word Copy LV5	14	14	33	14	33
Word Identification	203	203	232	203	232
Addition LV2	23	23	45	23	45
Addition LV3	12	12	16	12	16
Addition LV4	2	2	5	2	5
Clock Reading	30	30	58	30	58
Deletion LV1	36	36	52	36	52
Map Reading LV1	29	29	53	29	53
Map Reading LV2	12	12	16	12	16
Multiplication LV1	38	38	52	38	52
Picture Matching LV2	28	28	28	28	28
Subtraction LV1	24	24	33	24	33
Word Identification LV2	23	23	23	23	23

Result 3: Mixed logistical regression models show significant improvements over time for 13/25 therapy tasks even when the effect of language severity (WAB AQ) and cognitive severity (CLQT composite) are taken into account

**CONCLUSIONS**

- The results of this study highlight that patients with brain damage are extremely motivated to practice therapy at home when provided with appropriate access to therapy (delivered via an IPAD) and monitored by a weekly session with a clinician.
- Preliminary results demonstrate the feasibility and preliminary success of such a structured continuous therapy in terms of determining language and cognitive treatment outcomes.

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Funding for this project from Wallace Center Foundation for Translational Research. We thank Mahendra Advani from Constant Therapy ([www.constanttherapy.com](http://www.constanttherapy.com)) for providing us with the analytics shown in this poster. Disclosure: SK owns equity in Constant Therapy and serves as the Chair of the Scientific Advisory Board for Constant Therapy.