What did we learn?
• Short-term improvements on grasping ability were observed in 2/3 children (primary outcome), whereas one child’s ability deteriorated
• Only one child had consistent improvements across most outcomes, suggesting a positive treatment effect
  ➔ The remaining two cases had inconclusive clinical responses.
• All children showed improvements in some of our sensory measures
  ➔ Any possible therapeutic effects of FES on these measures are of limited value unless accompanied by meaningful improvement in functional ability
• Most of the positive benefits observed immediately post-treatment were not maintained at the 6-months follow-up assessment.
• FES was well tolerated with minimal discomfort.
• Willingness to participate in the study was low and limited by the burden of high time commitment to attend sessions.

Impact for clients, families, and clinical practice
• To date, only a handful of studies have evaluated the impact of FES therapy in upper limb for children with HCP.
• The results of our exploratory study will help guide the use of possible alternative treatment strategies that can minimize or eliminate the potential for continued impairment by progressing the rehabilitation process with the end goal of increasing children’s hand functional ability.

Next Steps
• Our preliminary findings suggest that FES is a safe and tolerable clinical intervention for the upper limb in children with HCP.
• Stronger evidence of the degree of added benefit(s) for functional is required.
• We are currently finalizing the analysis of the data collected during the 6-months follow-up assessments to guide the significance of the short-term improvements observed immediately after treatment ended.
• Future research on FES would need to consider multi-site participant recruitment, modifying eligibility criteria (i.e., age, presence of additional clinical features), intensiveness of FES training, and outcome measurement to confirm any treatment effect and suitability.

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To learn more about this study please contact Lauren Switzer at lswitzer@hollandbloorview.ca