

Blijlevens H, Hocking C, Paddy A (2009) Rehabilitation of adults with dyspraxia: health professionals learning from patients. *Disability and Rehabilitation*. 31(6):466-475.

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This summary is written for adults with dyspraxia after a stroke and people who are close to them. It is also relevant for therapists and other people who are interested in this topic. The aim of this summary is to inform all people mentioned above about this research article and how the results of this article might be useful to them. The article aims to explore what dyspraxia means to people and how they experience it in their everyday activities.

Background

In this article dyspraxia is defined as 'a complex neurological syndrome that disrupts learned movements, which are those skilled, automatic movements developed through participation in daily living tasks'. Dyspraxia is often called apraxia by other authors¹ and used synonymically in this summary.

The authors of the article state that about 50% of people with left-sided strokes do have a special form of dyspraxia. There is much research about neuroanatomical and physiological aspects of dyspraxia, but little attention is paid to the impact on people's everyday lives. This article tries to answer the question: 'What does dyspraxia mean to people who experience it in their everyday activities?'

Methods

The information was collected by videoing and interviewing five men with dyspraxia after stroke. This was an appropriate way of achieving the aim because the researchers were able to observe the patients performing activities and get details about patients' experiences in the interviews that followed. Furthermore, the research setting was clearly described so the findings could be transferred to other similar settings.

The Participants

The researchers used selective criteria in order to find participants who could give meaningful data relevant to the research aim. For example the researchers only included patients who had sufficient cognitive and communication skills so that they were able to respond adequately to the interview questions.

The research took place in a big city in New Zealand. The age of the 5 patients ranged between 50 and 85 years. All of them had experienced a left cerebrovascular accident (stroke) and two of them still had relevant hemiparesis. Four participants were independently mobile, while one used a wheelchair. Three lived in their own home, one in a long-term care setting and one in a rehabilitation facility. This information helps to transfer the findings to similar settings. However the fact that participants were all male is believed to be coincidence but may have had an impact on the overall findings.

¹ For example Arnadottir, Goldenberg, Donkervoort, Heugten

How the researchers came to their results

The participants chose two tasks, which should be familiar to them, but at least so difficult, that the impact of dyspraxia could be noticed. They were videoed performing the chosen tasks. However the researchers did not clearly explain why 'all but two performed two activities on the video' which may have had an impact on the findings.

After performing the activities the participants were interviewed for 60-90 minutes about their experiences they had during the performance and their experiences they had with dyspraxia in their everyday life. One question was for example: 'There seemed to be times when you stopped or got stuck, can you tell me about that?'

To obtain trustworthy results the researchers used different sources (videos and interviews) and the analysis was discussed between the authors. To analyse the data they followed the analytic phases of van Manen, which was an appropriate way to find out about participants' experiences. In the end the findings were presented to several audiences of health professionals who confirmed that the findings fit with their experiences.

Results

After analysing the data three main results were found:

1. *struggling with the world*. This included unhandy tools, narrowed space, needing lot of time even for simple tasks, the fact that they needed to accept help from others and that living with dyspraxia changed their relationship with people in their lives.
2. *being a struggle*. This means that a patient with dyspraxia has to struggle with his body and mind, as he could not do or think about things easily any more and struggles with speech like not being able to find the right words.
3. *Overcoming the struggle*. Participants also described how they helped themselves. They found strategies like talking to their own body, slowing themselves down and limiting barriers like organising, by putting all needed equipment on the table before starting. Another important thing to overcome the struggle was that people showed determination in not giving up and tried again and again.

The authors used quotes to show how they came to their results, which helps to gain a vivid insight of the participants' experiences.

Conclusion

The article can give a better understanding of people with dyspraxia and their problems in everyday life. For people with dyspraxia the world is different every day, as dyspraxia arises not always in the same way.

The study also shows how important it is that health professionals and relatives know about the extent of dyspraxia. They can help these people by supporting their hopefulness. The study gives information about how people with dyspraxia develop strategies and learn to compensate their barriers.

As only five men took part in the study, it should be kept in mind that the findings are not conclusive to all people with dyspraxia. However the results provide a valuable insight into peoples' experiences.

In the end we can learn from these findings, that 'health professionals have something to learn from people with dyspraxia' and 'People with dyspraxia and their families can be active agents in their rehabilitation after stroke.'