

Unique design features...



The design of the C-MIT enables the unaffected arm to maintain its role in balance and in bilateral tasks.

- **high friction palm enables patients to actively grip a walking aid**
- **plastic insert and internal padding restricts thumb opposition and wrist activity**
- **mesh upper-side and internal structure increases air circulation to prevent heat build-up and improve patient comfort**

The C-MIT itself is designed to be over-sized to limit any temptation to use the unaffected hand and to remain as a visual reminder to prompt use of the stroke arm.

For further information please contact ODSTOCK MEDICAL at the address below

| Part No | Description | Qty/pack |
|-------------|-----------------------------------|----------|
| 00-003-0001 | Small, right hand | 1 |
| 00-003-0002 | Medium, right hand | 1 |
| 00-003-0003 | Large, right hand | 1 |
| 00-003-0004 | Small, left hand | 1 |
| 00-003-0005 | Medium, left hand | 1 |
| 00-003-0006 | Large, left hand | 1 |
| 00-003-0007 | Sizing pack (1 each size / hand) | 6 |

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C-MIT

Constraint Mitten



Introducing
a constraint mitten to assist in
motor recovery following stroke

...a confident choice™



The problem...

How can therapists enhance the effect of their upper limb rehabilitation, both within and away from the treatment session?

Where there is some recovery of motor activity, patients may become accustomed to using their unaffected arm (termed “learned non-use”), so reducing the motor demands on the recovering upper limb

Conventional methods of upper limb constraint have included the use of a splint, but this raises concerns of patient safety, ability to use a walking aid and the use of the unaffected arm for bilateral tasks.

The solution...

By restricting the use of the unaffected arm, additional demands are made on the stroke arm, which can enhance motor recovery.

Using the C-MIT on the unaffected hand it may be used both within therapy sessions and in functional task practice.

It may be used as a stand alone intervention or in conjunction with a training programme, electrical simulation or Botulinum toxin therapy. It is a means of increasing upper limb use without additional therapy sessions.

“Use of a constraint mitten may be a practical and cost effective way of enhancing upper limb recovery rate post stroke within clinical practice...”¹

Research evidence...

This intervention is suitable for patients who are able to fully understand the rationale behind the C-MIT and are willing to comply. Patients must have a basic level of motor activity in the stroke arm.

The C-MIT has been used as a stand-alone intervention in a recent clinical trial demonstrating increased recovery rates for stroke users, wearing it for an average of 6.7 hours per day over a 2-week programme. Further clinical evidence supports the use of functional task practice and the effect of enhanced levels of rehabilitation.

¹ Burns A, Burridge J, Pickering R, Turk R (2007). **Does the use of a constraint mitten to encourage use of the hemiplegic upper limb improve arm function in adults with subacute stroke.** Clin Rehabil 2007;21:895-904

90% of clinical trial participants would recommend using the C-MIT to other stroke patients, with 90% identifying that it made them use their stroke hand more.

It empowers the patient to participate in their own rehabilitation.

