

Theresa D. Hernández, Kristina McFadden, Alicia Segal, Bonnie Ivankovich, Christina Gavito and Shelah Huerta, 2007, Effects of Jin Shin on Motor Function Following Stroke, *International Neuropsychological Society 35th Annual Meeting Program and Abstracts*, p. 57.

Stroke is the number one cause of adult disability in the U.S. Deficits related to motor function (e.g., physical activity levels, range of motion) often persist, despite traditional rehabilitation. Complementary and alternative medicine (CAM) is a frequently utilized option for stroke-associated deficits. In a pilot study of the CAM modality Jin Shin (e.g., acupressure), arm surface temperature asymmetry was reduced relative to placebo treatment in chronic stroke patients (Hernández et al., SAR, 2003). The functional relevance of this finding, however, is not known. Thus, the present study tested the hypothesis that Jin Shin treatment would improve motor function in comparison to Placebo, and it explored the relationship between functional improvement and arm surface temperature.

Seven individuals with chronic deficits at least 19 months post-stroke, were randomly assigned to receive 8 weeks of Jin Shin or Placebo treatments prior to cross-over into the opposite treatment using a single-blind design.

The Jin Shin treatment effect was significant ($p=.04$, Cohen's $d=.52$) for increases in moderate physical activity levels (7-Day Physical Activity Recall) and suggested a trend towards increased range of elbow motion (goniometer assessment). The findings could not be accounted for by expectancy, treatment order or credibility. The relationship between functional improvement and treatment-associated changes in arm surface temperature was not uniform.

Jin Shin treatment had a positive effect on motor function in individuals at least 19 months post-stroke, compared to Placebo treatment. Based on these results, Jin Shin treatment warrants further study as a potential option for chronic stroke-associated deficits and disability.