Results: Five themes were identified. 1) Perceived physical, psychological and functional improvements: e.g. increased confidence, strength and arm use. 2) Parents' expectations: e.g. initial apprehension about FES, valuing small improvements in arm function. 3) Experience with the structure of the intervention: positive (intensive, customized) and negative (travel, unfamiliarity with FES) aspects were recognized. 4) Strategies to facilitate participation: e.g. extended family support, increasing familiarization with FES. 5) Lack of access to FES, both in conventional therapy and the community. Perceptions across themes were modified by external and internal parent and child factors, such as travel distance, family support, initial parent goals, and motivation of child.
Conclusions: Parents perceived FES for the upper limb to be feasible and effective for their children with hemiparesis. Interest in improving access to FES highlights the positive perception of FES for children with hemiparesis.
Author(s) Disclosures: None.
Key Words: Paresis, Pediatrics, Electrical Stimulation Therapy, Qualitative Research

Original Research Poster 1025748

Feasibility and Estimated Change in Post-Stroke Sedentary Behavior Attributed to ABLE

Emily Kringle (University of Pittsburgh), Lauren Terhorst, Grace Campbell, Bethany Barone Gibbs, Michael McCue, Elizabeth Skidmore

Objective: To assess feasibility (reliability, acceptability, tolerability, and safety) of ABLE through pre-established benchmarks, and to estimate change in sedentary behavior over time.
Design: Non-randomized pre-post-test.
Setting: Community.
Participants (or Animals, Specimens, Cadavers): Community-dwelling, ambulatory people with chronic stroke (6 months to 5 years post-stroke) with 6 hours or more self-reported daily sitting time.
Interventions: ABLE is based in behavioral activation (Kanter, 2010). Participants learned to monitor activities, identify times at risk for prolonged sitting periods, and schedule meaningful activities to break up prolonged sitting (twelve 45 minute in-home sessions over 4 weeks). Self-assessment and collaborative problem-solving skills were used to increase participation in meaningful activities.
Main Outcome Measure(s): Feasibility was assessed using intervention fidelity procedures (Hildebrand, 2012), the Client Satisfaction Questionnaire-8 (CSQ-8, Attkisson, 1982), and session attendance, duration, and adverse events. Change in sedentary behavior (prolonged sitting in $\geq$30-minute bouts) was assessed post-intervention and 8-weeks post-intervention using the ActivPAL micro3 (Pal Technologies, Glasgow; Edwardson, 2017).
Results: Participants (n=21) were female (61.9%), white (81.0%), and reported low physical activity relative to pre-stroke (76.2%). Benchmarks for reliability ($\geq$90% fidelity), tolerability ($\geq$90% attendance), and safety (no serious adverse events) were met. The benchmark for acceptability (CSQ-8$\geq$28.80) was not met (M=28.75, SD=3.84). Reduction in sedentary behavior over time (ActivPAL micro3) was moderate to large at post-intervention (M=54.94 minutes, SD=81.10, Cohen's d=0.70, 95% CI=-0.01, 1.24) and small at 8-weeks follow-up (M=19.11 minutes, SD=58.95, Cohen's d=0.18, 95% CI=-0.47, 0.84).
Conclusions: The ABLE intervention may be feasible and was associated with change in sedentary behavior over time. Future pilot testing should explore the role of social environment and levels of sedentary behavior indicating need for intervention.
Author(s) Disclosures: No conflicts of interest. Funding: University of Pittsburgh School of Health and Rehabilitation Sciences PhD Student Award.
Key Words: Stroke Rehabilitation, Health Behavior, Community Participation, Healthy Lifestyle, Occupational Therapy

Original Research Poster 1025686

Feasibility and Preliminary Results of a Short Inpatient Energy-Management Education for Person with MS-fatigue

Ruth Hersche (University of Applied Sciences and Arts of Southern Switzerland (SUPSI)), Andrea Weise, Sara Della Bella, Gisela Michel, Marco Marco, Jan Kool

Objective: To explore the feasibility, effect, and costs of a newly developed inpatient energy management education (IEME).
Design: Feasibility randomized controlled trial with mixed methods analysis.
Setting: 3-week multidisciplinary inpatient rehabilitation.
Participants (or Animals, Specimens, Cadavers): Random sample of 47 persons with MS-related fatigue (FSS >4), >18 years, EDSS ($\leq$6.5). Exclusion criteria: depression or cognitive impairment.
Interventions: Six IEME (intervention) or progressive muscle relaxation (PMR; control) group sessions (1x6h) during a personalized rehabilitation program. IEME was led by an occupational therapist (OT). An individual introduction session was followed by five group sessions on break management, occupational balance, ergonomics, activity analysis, communication. Participants trained the use of energy conservation strategies and planned the implementation of behavioral change in their daily routine.
Main Outcome Measure(s): User-experiences was assessed by focus groups and telephone interviews. Amount of group and individual OT-treatment minutes consumed. Change in fatigue impact, self-efficacy, occupational performance and quality of life between baseline (T0), discharge (T1) and 16 weeks follow-up (T2).
Results: IEME participants confirmed the adequacy of the developed program. OTs reported high treatment fidelity. Within-group difference on fatigue impact and some dimensions of quality of life (QoL) at discharge were significant ($p < 0.05$) in both groups. The IEME alone resulted in significant improvements in self-efficacy in performing energy conservation strategies ($p = 0.001$) and in the perceived physical functioning dimension of QoL, with large effect sizes at T2 (d: 1.32, CI: 2.11 - 0.53), despite less OT minutes.
Conclusions: IEME positively influenced the perception of competence in performing daily activities and reduced the perceived influence of MS-fatigue on physical functioning. This cost-friendly intervention may help persons with MS-related fatigue to better manage their energy.
Author(s) Disclosures: Authors confirm no affiliations or involvement in organizations with any financial interest.
Key Words: Self-management, Fatigue, Multiple sclerosis, Occupational Therapy, Quality of life

Original Research Poster 1025755

Feasibility and Utility of Quality of Life and Fatigue Measures in Inpatient Cancer Rehabilitation

Bridget Fowler (Shirley Ryan AbilityLab), Jan Struhar, Laura Stoff, Miriam Rafferty

Objective: To investigate the feasibility and utility of the European Organization for Research and Treatment of Cancer patient-reported Quality of Life Questionnaire (EORTC QLQ-C30) and Brief Fatigue Inventory (BFI) in inpatient cancer rehabilitation.
Design: Feasibility trial with pre-test, post-test design.
Setting: Inpatient rehabilitation hospital in a large metropolitan area.
Participants (or Animals, Specimens, Cadavers): A convenience sample over a 4 month period of 8 inpatients (ages 42-87, 4 male) with primary or secondary cancer diagnosis.
Interventions: N/A.
Main Outcome Measure(s): Feasibility and utility of the EORTC-C30 and BFI were determined by assessing responsiveness of the measures to change, patient and therapist report of utility, time to administer, and ability to complete within care session. Changes in outcomes were