

Pusher Syndrome

Material from Certified Stroke Certified Specialist November 2024

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What is pusher syndrome?

- Characterized by leaning and active pushing towards hemiplegic side in need of resistance and passive correction towards midline
- Perception of the body posture in relation to gravity is altered, result is actively pushing towards the involved side with the uninvolved side
- Left / Right posterolateral in the thalamus
- Tilt is 18% to the side of the lesion

Outcome Measures

- Clinical Assessment scale contraversive pushing
- Karnath and broetz 2003 article 3 variable
- Symmetry of spontaneous body posture
- Abduction and ext of nonparetic extremities
- Passive correction
- Modified Scale of Contraversive Pushing
- Burke Lateropulsion Scale (more functional and comprehensive, easy to implement)
- 4 Point Pusher Score 4PPS (new)

Treatment

- Use visual cues / visual items in environment to redirect arm to regain midline
- Upright positioning
 - balance a pillow, bring your shoulder to my shoulder sit next to them
- Neutralize pelvis
 - wedge the hip / Bed height way up and knees area to lift the knee part for hip neutralizing
- Redirect arm/leg into action
 - pushing to IV pole, reach for ADLs at midline or push a mirror or chair, WB through impaired side, have patient apply lotion or wash with affected side as they trace the washcloth down their leg and back up
- Raise the table - flat hand activity