

The academic literature concerned with the investigation of wrist weights and whether they can help control tremor stretches back at least to the early seventies (Langton-Hewer et al, 1972; Morgan et al, 1975), despite that there is very little evidence to support or refute the efficacy of weighting limbs to help control movement and the underlying theory is not very well developed.

The most recent study (McGrunder et al, 2003) was small (5 participants) and was conducted with people with intention tremor as a result of brain injury and not ataxia as a progressive condition. Nonetheless some useful information can be gleaned from this study which friends of Ataxia UK may find helpful.

It seems that weighted wrist splints may be useful for some people and not for others and the reason for that is not entirely clear. As it stands weighted wrist splints cannot be advocated on a universal basis for people experiencing troublesome tremor but on an individual basis the following could be considered:

1. Weighted wrist cuffs where the amount of weight in the cuff can be varied would be a useful place to start. In this way the weight can be adjusted to determine whether there is an optimum weight which dampens the tremor. It seems that this is critical; underweighted cuffs will not dampen the tremor enough and too much weight may be worse than or no better than no weight at all. For this reason weighted cuffs may be more valuable than weighted cutlery but some people may also find weighted cutlery useful. There are lots of weights on the market but adjustable therapeutic wrist weights of 0-4lb. weights in 1/5lb. increments or similar would seem to have the required flexibility and were used in the above study.
2. A word of warning; it seems that weights should only be considered for specified tasks like eating or writing. The concern is that for some people the tremor might be exaggerated for a short time immediately after removal and anyone trying weights should be aware of this. Also the long term effects are not known i.e. whether a tremor accommodates to the weight overtime which then requires more and more weight to be added, and/or whether weighting might actually increase the amount of tremor generally over time. Further, some people find the weight too fatiguing and cumbersome to use.
3. Other strategies may be useful e.g. making sure that the person is well supported in the chair and placing the table close enough to lean on if necessary. Other aids such as plate guards and lidded/ insulated cups and rubber mats to help keep plates still may also be useful. There is also a device called a Neater-eater which can be an effective if cumbersome device which is usually used in the home.
4. As an alternative strategy there is preliminary evidence that cooling the forearm before tasks such as eating may also dampen the tremor and the effects may last for up to 30 minutes (Feys et al, 2005). However, as this is only preliminary evidence and certain precautions need to be undertaken related to cooling the skin, particularly for people with sensory loss, it would be important to discuss this with a physiotherapist or occupational therapist before trying it.
5. Finally for anyone experiencing difficulty due to tremor I would recommend referral to an occupational therapist for further advice and assessment.

Our physiotherapist cannot answer individual enquiries directly; she provides general advice based on questions raised by members of Ataxia UK. The advice provided is not tailored to the needs of an individual and is not intended as a substitute for individual assessment and treatment provided by a physiotherapist who is registered with the Health Professions Council. If readers have any specific concerns please consult your GP or registered health care professional.

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