CLINICAL CASE STUDY · THAILAND COHORT · CASE 2

Behavioral Disruption and Therapy Discontinuation Following Loss of Engagement

Thailand · Stimel-03

Patient & Treatment Snapshot

Region	Thailand
Patient profile	61-year-old male
Indication	Neuromuscular rehabilitation
Device	Stimel-03
Sessions	8 sessions completed
Outcome	Therapy discontinued following loss of engagement

Introduction

Stroke and neuromuscular rehabilitation are not determined solely by device performance or protocol design. Clinical outcomes depend heavily on participation, adherence, therapeutic alliance, emotional state, and the social environment in which treatment occurs. In practice, rehabilitation may fail not because treatment is technically impossible, but because the patient no longer engages with it in a meaningful way.

Motivation and adherence are increasingly recognized as central variables in rehabilitation science. A patient's willingness to attempt movement, respond to prompts, and remain behaviorally present can determine whether treatment progresses or stalls. Family involvement is often beneficial, but not all family involvement is therapeutically constructive — the tone, timing, and manner of interaction may affect patient autonomy, stress, and willingness to participate.

This case is important because it documents a negative rehabilitation trajectory under real-world conditions. It illustrates how a change in the interpersonal environment during treatment can be followed by reduced responsiveness, declining participation, and early therapy termination.

Patient Information

61-year-old male undergoing neuromuscular rehabilitation using Stimel-03. No additional information was provided regarding stroke subtype, chronicity, side involved, cognitive status, or baseline motor severity. The clinical interpretation of this case is therefore limited to the sequence of events documented by the treating team.

Intervention

The patient completed 8 sessions using Stimel-03. Session frequency and detailed scheduling parameters were not specified.

Clinical Course

According to the treating team, the patient completed the initial treatment period without the key event that later altered the trajectory. During the sixth session, a family member was present and verbally pressured the patient to focus more on rehabilitation. Following that session, the patient appeared to lose motivation to continue.

In the final 2 sessions before the rehabilitation process ended, the patient was described as uncooperative. When asked to attempt hand movement, he did not respond. This lack of

response was described as a meaningful change relative to the earlier course.

> *Rehabilitation may fail not because treatment is technically impossible, but because the patient no longer engages with it in a meaningful way.*

Outcome

After these events, the patient's family informed the treating team that they wished to discontinue rehabilitation. Their reasons were that the patient was not cooperating well and that they were concerned about taking up clinical time. Therapy was therefore discontinued after 8 sessions.

Discussion

The central feature of this case is not a technical device issue, but a breakdown in participation. Rehabilitation depends on repeated voluntary attempts, attentional engagement, and willingness to remain involved in a process that is often physically and emotionally demanding. When those conditions deteriorate, even an otherwise appropriate protocol may become ineffective.

The case also raises an important issue regarding family dynamics. Family participation is commonly encouraged because it can improve continuity of care, logistical support, and adherence. However, supportive involvement differs from coercive or pressuring involvement: a family member's attempt to intensify patient effort may unintentionally undermine the patient's sense of autonomy or increase stress at a vulnerable moment. The available facts do not allow causal proof, but the temporal sequence is clinically relevant: verbal pressure occurred during the sixth session, and reduced cooperation followed.

Motivation-related literature suggests that both intrinsic and extrinsic factors shape participation. Intrinsic factors include self-efficacy, mood, fatigue, frustration, and expectations of recovery. Extrinsic factors include the therapeutic environment, social support, communication style, and perceived pressure. This case sits at the intersection of those domains: the patient's apparent disengagement may reflect emotional withdrawal, reduced motivation, frustration, relational stress, or a combination of these.

Another important issue is the challenge of detecting disengagement early. In many rehabilitation settings, dropout appears suddenly at the moment of cancellation, but clinically it often begins earlier through subtle reduction in responsiveness, effort, or interaction. Here, the final 2 sessions already showed loss of response to prompts. This suggests that participation itself should be treated as a meaningful clinical signal, not only as a behavioral afterthought. It is not possible to conclude why the patient disengaged, only that the disengagement occurred and that it followed a documented family interaction.

Despite these limitations, the case has practical value. It reminds clinicians and distributors that the human environment around rehabilitation can be as consequential as the device. It also suggests that family education should not address only how to help the patient, but also how to avoid interactions that may reduce willingness to participate.

Conclusion

This case documents early therapy discontinuation after an observable decline in patient responsiveness during a Stimel-03 rehabilitation course. The decline followed a session in which a family member verbally pressured the patient to increase effort. Although causality cannot be proven from the available data, the case highlights the importance of patient engagement, therapeutic communication, and careful management of family involvement during rehabilitation.

Case Video

Watch the case video: link

> *Stimel-03 by Motion Informatics — clinical-grade neuromuscular rehabilitation in a portable, patient-friendly device.*