

mCIMT

For Trainers



Overview

Everyone receive a Box link?

Standardization Committee

Raters

Trainers



Standardization Committee

Raters

Trainers

Queens of Internal Validity



Overview of mCIMT 10 consecutive weekdays

In clinic

- 2 hours/day (120 minutes)
 - First 30 minutes simultaneously with tDCS stimulation condition
 - Constraining Mitt – on less affected hand during full 2 hours

Home Practice

- Mitt- for at least 6 additional awakening hours/ day while away from the study
- Send home with a few activities during the 6 hours

During the 2 hours in clinic

120

Task structure

Task Practice (TP)

- To promote increased use of the more affected upper extremity during **functional activities**
- **Simulate ADLs/ IADLS**
- **15-30 minutes per task**

Adaptive Task Practice (ATP)

- Training method in which a motor or behavioral objective is approached in **small steps, by successive approximations** (i.e., parts of tasks)
 - or a task is gradually made more difficult in accordance with a participant's (motor) capabilities
- ATP is performance sensitive in that the difficulty of the task is adjusted through feedback from performance.
- Completed in approximately **10 trial segments for up to 15 to 30 minutes.**

120

Video examples



General “rules” for TP and ATP

- A trainer should be **present during the entire activity** for safety monitoring.
- Participants should **wear the mitt** throughout the activity
 - Trainer acts as second hand
- Tasks should be **modeled** for the participant
- Activities selected should be **contextually appropriate** (i.e., with regards to interests) and challenge movements required to improve.
- Performance **regressions are never punished**
 - If a participant is experiencing excessive difficulty with a task, a simpler task involving similar movements can be substituted.
- Menu Driven
 - Both are 15-30 minutes segments

The first 30 minutes (during possible stimulation) will need to be in a stationary position (sitting)

Menu Driven

Activities should be:

- Challenging yet feasible
 - Contextually appropriate (i.e., with regards to interests)
 - Challenge movements that require improvement
- All tasks are **menu driven**
 - Activity Log: document to demonstrate what tasks have been attempted and TIME
 - Training will **primarily consist of TP**
 - **If unable to perform TP or need to work on specific movement then may select activities from a menu of ATP**
 - ATP activities are comprised of the basic units or components of larger activities employed in TP
 - ATP activities focus on improving skills such as grasp, manipulation, dexterity, gross motor control, endurance, timing, and active range of motion.
 - **Whenever possible, ATP should be transitioned into TP activities as the subject’s skill level increases.**

At home

Home Practice

- Participants will wear the mitt for at least 6 hours of waking hours while away from clinic
- Participants will not be allowed to use the constrained hand within the task effort; this will be by self-report at the using the “Beginning of Training Questions”.
- Behavioral techniques to enhance mitt use outside of the research clinic will include:
 - the use of a **behavioral contract**
 - daily recording forms
 - encouragement from the supervising trainer to practice specific tasks daily at home

Questions at Beginning of Training Each Day

*Did you wear the mitt for 6 hours/day since you left the clinic last time?
If not, how much did you wear it?*

What was it that prevented you from wearing it for 6 hours?

Did you practice the home practice tasks that you were asked to do? Please describe any successes and challenges you had with these.

Name three other activities you completed with your affected hand since you left the clinic last time?

Behavioral Contract

Background

- **Purpose:** to enhance compliance with the requirements of CIMT outside the clinic setting while assuring the safety of the participant.
- **Goal:** is to achieve use of the weaker UE **6 hours while awake when out of the clinic.**
- The BC formally engages the participant in actively exploring more ways to use their UE in their home environment & in adopting a problem-solving approach to accomplish that end.

Application

- **The BC should be implemented at the end of the first treatment day** when the participant will have had some experience wearing the mitt and performing tasks with the weaker UE
- Once the BC is completed on the first day, it should be discussed **frequently, and modified** if needed, throughout the intervention period

Transcranial Direct Current Stimulation for Post-stroke Motor Recovery
- a Phase II Study (TRANSPORT 2)

BEHAVIORAL CONTRACT
(for the Mitt)

General
I agree to wear the mitt on my strong arm (i.e., the arm that was not affected by the stroke). I also agree to use the arm that was affected by the stroke as much as possible when I am away from study session. The purpose of the mitt is to prevent me from using my strong arm. I agree not to remove the mitt at any time or for any task for which I have agreed to wear it. An exception will be that I will not try to use my affected arm alone if my safety could in any way be affected. Safety is always the first consideration.

Affected or Weak Arm
I agree to try to use only my affected arm in all activities in which it is safe and possible to do so in the home and outside the home, including social situations. I will attempt to use my affected arm alone in all these activities, even if I had previously been using only my strong arm for some of those tasks. The only activities for which I will not use my affected arm alone are those: 1) in which my safety would be affected, 2) when a task is two-handed by its nature, or 3) when I am doing activities that involve water (such as bathing, washing dishes, etc) as the mitt will get wet. These specific activities will be discussed with my trainer, but, in general, it is important to remember that safety and caution always need to be considered first before trying to carry out a task with the affected arm alone.

Mitt on Strong or Unaffected Arm
I agree to wear the mitt on my strong or unaffected arm as much as possible. I will wear the mitt for at least 6 hours during my waking hours. The purpose of wearing the mitt on my good arm will be to prevent me from using the good arm even if I have a strong urge or unconscious tendency to do so.

Activities in Which I will use my Affected Arm Only

I have agreed with my trainer that I will make a strong effort to use my affected arm as much as possible during the activities listed below. I also agree to wear my mitt on my strong arm for these activities. The approximate times when I think these activities are most likely to be carried out are also listed. I will start wearing the mitt when I wake up at about _____ a.m.

A.M. Activities using my Affected Arm Only	Time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

P.M. Activities using my Affected Arm Only	Time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Breakout Session for Trainers

Task structure

Task Practice (TP)

- To promote increased use of the more affected upper extremity during **functional activities**
- **Simulate ADLs/ IADLS**
- TP should be completed for **15-30 minutes per task.**

Adaptive Task Practice (ATP)

- Training method in which a motor or behavioral objective is approached in **small steps, by successive approximations** (i.e., parts of tasks)
 - or a task is gradually made more difficult in accordance with a participant's (motor) capabilities
- ATP is performance sensitive in that the difficulty of the task is adjusted through feedback from performance.
- Completed in approximately **10 trial segments for up to 15 to 30 minutes.**

ATP will **ONLY** be in lab/clinic, participants will not be sent home with ATP tasks.

Coaching: "Providing specific suggestions verbally to improve performance on a practice trial or session."

Feedback: "Providing specific knowledge of results about a participant's performance on a trial or practice session" (i.e., usually the number of repetitions in a defined time interval or time required to perform a task or specific number of repetitions).

Task Practice Recording Form
(Duplicate as needed for other tasks)

Task Practice Activity (Method, Grading)	Time Spent on Activity	Other Feedback
Scooping with a spoon-	Date 2-28-19 28 min	Feedback Variable time per cycle Date 2-28-19 many trial with abd over used, increasing work on minimizing abd and using increasing rotation, cycles were 7, 8, and 10 min
Participant standing at table, 2 medium sized (brown bowls) stabilized with dycem are located about 6 inches from table end and about 6 inches apart. One bowl is 1/2 full of beans.		
Scooped beans with table spoon (not built up) from one bowl to another and back = one cycle.		

CRF form for recording- coming soon

Texting from Phone	Date	Time	Feedback Variable
Sitting	2-28-19	22 min	Number of errors in selecting correct key
Phone on table			Date
Looks up number in contacts			2-28-19 In 22 minutes only 8 mis-keys
Texts message to contact			

New tasks

- 1 • If new activities are designed that better meet the needs of the participant, they must seek approval from the Standardization Committee before using it as part of the intervention
- 2 • Approval can be obtained by describing the activity using the appropriate format (i.e., including activity description, potential task progression, potential feedback variables, and movements emphasized) and emailing it to the committee (fritz@sc.edu)
- 3 • Within 2 business days, we will review the activity, provide suggestions if needed, and inform the site submitting the new task activity of its acceptability
- 4 • If approved, the new task activity will be shared with all personnel across all sites

Specific Task Practice (TP) Activities Guidelines

- Videos
- Review TP Menu of items

ATP

Specific Adapted Task Practice (ATP) Guidelines

The level of difficulty of the task should be slightly beyond what the participant can accomplish easily

(e.g., encouraging them to do a little better than the previous performance).

10 trial segments for 15 to 30 minutes

- Specific tasks should be selected for participants by considering:
 - a) specific **joint movements** that exhibit the most pronounced deficits (these can be determined from the WMFT or Fugl-Meyer assessments, but should not include exact movements- **do NOT “teach to the test”**),
 - b) the joint movements that trainers believe have the **greatest potential** for improvement
 - c) **participant preference** among tasks that have similar potential for producing specific improvements.

Specific Adapted Task Practice (ATP) Guidelines

When to advance the task?

- When the participant can **accomplish the task with minimal effort**- reached a relative plateau with regards to performance.
- When a participant **has successfully performed 10 trials in a row with no improvement** evidenced in their performance (**plateaued**)

How to advance the task?

- Any of the task control parameters (spatial or temporal) can be progressed to increase the difficulty of the task (e.g., time, number of repetitions, height, distance, etc.).

When increasing the level of difficulty of an activity, the task control parameters selected should relate to the participant's movement problems.

For example, using the flipping dominoes task; if the participant's specific limitations in movement deficits are with thumb and finger dexterity, the task progression variable would be the size of the dominos (i.e., larger or smaller dominos). If the participant's most significant movement deficits are at the shoulder, the task progression variable would be extent (i.e., move the dominoes farther away).

Specific Adapted Task Practice (ATP) Guidelines

- **Positive reinforcement** or reward is provided visually and verbally:
 - **Visually**
 - (i.e., using ATP data forms to graph improvement in the performance)
 - **Verbally**
 - An important function of the trainer is to act as a "cheerleader"
 - continuously encouraging the participant on a moment-to-moment basis to keep improving their performance (encouragement)
 - Encouragement or coaching should be carried out with the participant verbally on at least **80% of the trials** (i.e., during at least 8 out of a 10- trial set).
- Rest intervals should be allowed during each ATP session
 - The rest period is usually the same length as the trial period, though longer intervals are sometimes needed to prevent fatigue.
- **Placement of equipment** used in practice should be recorded on the ATP data recording forms so the task can be duplicated.



Specific Adapted Task Practice (ATP) Guidelines

To quantify a task, only one task control parameter can be allowed to vary:

For example, for an elbow extension task, there would be 3 parameters: time, number of repetitions, and distance.

Failure to vary only one parameter results in the quantification no longer being meaningful.

- The time and number of repetitions can be held constant and the distance can be slowly increased until the participant can no longer perform a specified number of extensions in a given period of time (e.g. 10 extensions in 30 sec.).
- Alternatively, distance can be held constant (e.g., 8 inches) and the participant would be encouraged to progressively increase the number of repetitions for a set time (e.g., 30 seconds).
- If the trainer feels that the training would benefit from varying a second parameter that would be permissible.
- However, in such a situation training now involves a different task that must be quantified as a **new, separate entity**, meaning that you start a new 15-30 minutes for the new task.

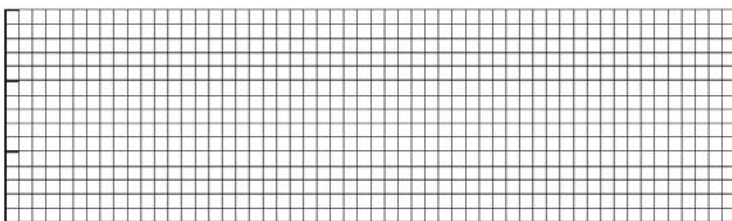
Participant ID: _____ Visit # _____ Trainer: _____ Completion Date: ____/____/____

ATP Recording Form

Task # _____

Time: start _____ end _____ total _____ Modeling done? _____ Description: _____

Trial	Feedback (Time or Reps)		Comments	Additional descriptions	
	Set 1	Set 2		Set 1	Set 2
1.			Task Set-up:		
2.					
3.					
4.					
5.			Coaching:		
6.					
7.					
8.					
9.			Progression: (how task made more difficult):		
10.					



Graph paper to use as need for ATP

ATP Recording Form

Task # Cone activity

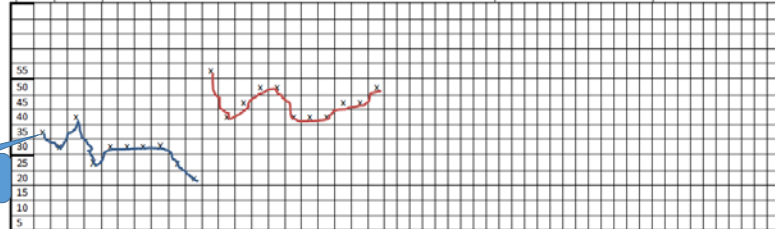
Time: start 9:04 end 9:32 total 28 Modeling done? Y Description: as described

Trial	Feedback (Time or Reps)		Comments	Additional descriptions	
	Set 1	Set 2		Set 1	Set 2
1.	36	55	Task Set-up: to x's marked on table, 12 inches apart, 4 cones are in stack on one x and moved to another and then moved back.	Participant motivated to do better on 10 th trial	Fatigued by end of trials
2.	41	44			
3.	41	48			
4.	29	50			
5.	31	51	Coaching: "try to open your hand more as you approach the cone"		
6.	32	42	"try not to lean to the side"		
7.	32	41			
8.	35	45			
9.	28	46	Progression: (how task made more difficult): moved to 18 inches apart for set 2		
10.	23	51			

Placement of equipment

verbally

visually



Graph paper to use as need for ATP

Specific Adapted Task Practice (ATP) Guidelines

- Videos
- Review ATP Menu of items

Mitt, Beginning of Training Questions & Behavioral Contract

Compliance with Mitt

- **Safety is our overriding consideration**
- Participants should be **wearing the mitt in the clinic at all times.**
- Completing the “Beginning of Training Questions” with the participant each morning is important.
 - Use this time, to find out when the participant is not wearing the mitt at home and why, and then problem solve with them on how they can overcome obstacles so that they can wear the mitt more.
- *Compliance, both inside the clinic and outside, promotes the guiding principle of CIMT - that people need to become used to using the affected arm all the time on an unconscious level.*

Questions at Beginning of Training Each Day

*Did you wear the mitt for 6 hours/day since you left the clinic last time?
If not, how much did you wear it?*

What was it that prevented you from wearing it for 6 hours?

Did you practice the home practice tasks that you were asked to do? Please describe any successes and challenges you had with these.

Name three other activities you completed with your affected hand since you left the clinic last time?

Questions at Beginning of Training Each Day

[Beginning of Training Questions] form is first used at the beginning of Day 2, but should be introduced on Day 1.

The purposes of the questions at the beginning of training each day are to:

- 1) monitor the participant’s **compliance** to wearing the mitt outside of the clinic
 - 2) heighten the participant’s **awareness** of their activities outside of the clinic and emphasize their accountability
 - 3) provide **structured opportunities** for the trainer and participant to problem-solve ways to increase use of the weaker extremity outside of the clinic. [Beginning of Training Questions]
- Participants are asked to provide details regarding how the activities were executed (i.e. successfully or unsuccessfully, with or without assistance, with or without the mitt).

While collecting this information, the trainer may **remind the participant about the terms of the behavioral contract** and/or provide suggestions to improve compliance. Information provided by the participant may lead the project staff member to **modify the behavioral contract** (e.g. move an activity into another category add a new activity to the contract, etc.).

TRANSPORT 2	Subject:	Visit:
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Form ### v1: Beginning of CIMT Questions Page 1 of 1

Q01	Did you wear the mitt for 6 hours/day since you left the clinic last time?	<input type="radio"/> No <input type="radio"/> Yes
Q02	How much did you wear it per day?	_____ hours
Q03	<i>If Q01 is 'No'</i> What prevented you from wearing it for 6 hours/day?	

Q04	Did you practice the home practice tasks that you were asked to do?	<input type="radio"/> No <input type="radio"/> Yes
Q05	<i>If Q04 is 'yes'</i> Describe successes and challenges with the home practice tasks you were asked to do.	
Q06	Name three other activities you completed with your affected hand since you left the clinic last time.	
Qc	General comments	
Name of person who collected data: If this is a source document, sign/date here:		

Form ### - version 1, 10-Apr-2018

Behavioral Contract

Background

- **Purpose:** to enhance compliance with the requirements of CIMT outside the clinic setting while assuring the safety of the participant.
- **Goal:** is to achieve use of the weaker UE **6 hours while awake when out of the clinic.**
- The BC formally engages the participant in actively exploring more ways to use their UE in their home environment & in adopting a problem-solving approach to accomplish that end.

Application

- **The BC should be implemented at the end of the first treatment day** when the participant will have had some experience wearing the mitt and performing tasks with the weaker UE
- Once the BC is completed on the first day, it should be discussed **frequently, and modified** if needed, throughout the intervention period

Behavioral Contract

• EMPHASIZE:

- **Use of the weaker UE outside of the clinic is just as important as using it in the clinic.** The purpose of the BC is to assure that the participant is using the weaker UE as much as possible
- At times, we will be asking them to perform activities in a way that they would not normally attempt (e.g., use their nondominant UE to brush their teeth).
 - We are not suggesting that they adopt this approach permanently just for treatment period to encourage arm use

- The trainer will frequently be asking the participants about the activities in the BC and the trainer may modify the BC (add or delete items) based on the participant's performance.
- **The BC is a formal agreement between the participant, care partner, and the research team and, as such, it should be taken very seriously.**

Before discussing the BC, clinic staff should construct with the participant a daily activity schedule [part of BC document] from the time of awaking in the morning until they arrive in the clinic and from the time they leave the clinic until the time they go to bed at night. This scheduling should be done separately for weekdays and for each of the weekend days (when the schedule may be different).

Practice BC with partner

Home Practice

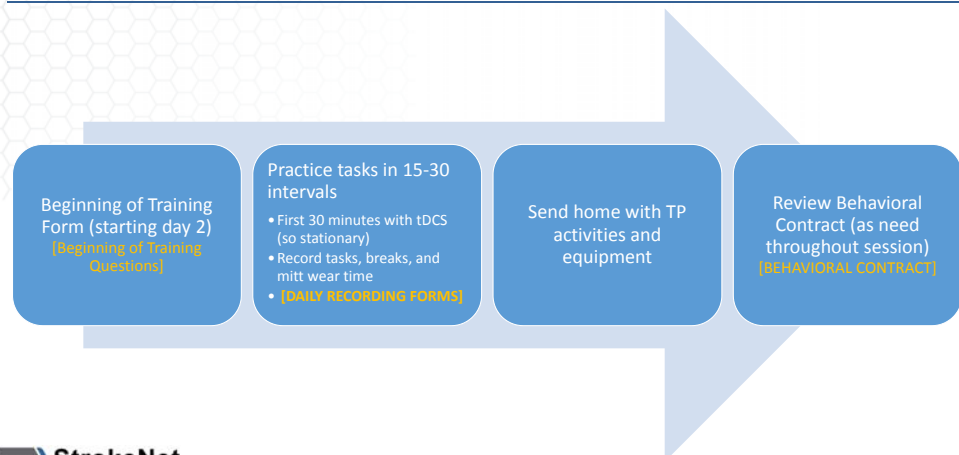
Home Practice

120

- *Home Practice*
 - The purpose is to supplement the participant's UE use while outside of the research clinic.
- *General Guidelines for Home Practice:*
 - Home practice activities have the characteristics of task practice (**only TP**, not ATP).
 - Keep if "fresh"
- *Home Practice During intervention period*
 - Home practice activities are assigned to the participant at the end of each treatment day.
 - **Usually, only one to two activities are suggested on a weekday**; three or four activities should be suggested on the weekend.
 - The goal of these activities should last **approximately 30 minutes** (there is an added 90 minutes on the weekend).
 - Trainers may loan equipment used for the home practice to the participant. This procedure will simplify the process and increase the likelihood of compliance. Since the mitt should be worn at home, **bilateral tasks should never be assigned.**

Flow through day

mCIMT flow



Before you can train participants

- Every site must **submit video recordings of each trainer** as they perform mCIMT

The expected frequency of review is as follows:

1. Once the trainer has completed required training, send video of pilot participant for fidelity check.
2. **Every fourth participant** for that trainer will be recorded on day 2 of training and video submitted
3. Member of Standardization Committee may make a site visit to ensure the adherence of the mCIMT protocol if needed
4. Changes in trainer or will require steps 1 and 2 above. Additional onsite visits will be conducted as needed
5. Occasional random requests (no set timing)

Random training fidelity requests may occur at each site with any trainer, the next participant the trainer sees should be recorded to honor the random requests. Recording will be rated by BOTH the trainer at the site and by the primary reviewer from the Standardization Committee (usually Stacy Fritz).

Before you can train participants



Video recordings should include either:

TP sessions

(15-30 minutes each)

OR

1 TP & 10 trials of ATP

Camera:

- both the trainer and participant are in view
- record any equipment used for the activity
- audio recording needs to be clear
- The entire 15-30 minutes of each item selected should be recorded.

- The trainer reviews the video of himself/herself and completes the TRAINING FIDELITY FORM (evaluating their own performance)
 - This self-check is an important process
- Once recorded and graded by the trainer who is being reviewed, files should be uploaded to the Standardization Committee on Box.
 - Keep a copy

To submit with each video:

1. Video of two tasks
2. Training Fidelity Form completed by trainer being evaluated
3. Daily Recording Form for session being completed
4. Behavioral Contract

Fidelity check

Structure of the Training Fidelity Checks

- Reviewed by Stacy
 - If concerns we go to other standardization committee members

Results of Training Fidelity Checks

- Scores results will be returned to the trainer and the site coordinator.
- To gain approval to start data collection, the performance of a site must be $\geq 85\%$ (6 of 7 criteria TP training fidelity form).
 - If not met, sites must continue to run pilot participants until this criterion is met.
- This criterion must also be maintained by all site personnel throughout the project
 - Check on day 2 of every 4th participant
 - If site personnel fail to meet the criterion after they have begun running participants, they will be asked to temporarily cease running participants until competence is demonstrated again (i.e., they meet the 85% agreement criterion again).

TASK PRACTICE (TP) ACTIVITIES

Trainer Name:
Site Name:
Describe TP 1:
Describe TP 2:

CRITERIA MET:	TP 1		TP 2		NOTES
	Y	N	Y	N	
1. Task selected from task menu and is appropriate for participant					
2. Trainer models TP					
3. Verbal encouragement provided (at least once every 5 minutes)					
4. Participant wears mitt during entire task					
5. Trainer is present during entire task					
6. Feedback provided verbally at end of the task					
7. Activity is appropriately documented					

Items administered correctly: ____ % criterion achieved: ____
[in order to continue 6/7 (85%) must be achieved]

Summary Comments:

Mark that the following items are included with submission:
1. Video of two tasks: ____
2. Training Fidelity Form completed by trainer being evaluated ____
3. Activity Log for recorded sessions ____
4. Behavioral contract ____

Note: You can review 2 TP activities OR 1 TP and 1 ATP

RATING SCALE
No (N) = Did not perform / Performed incorrectly
Yes (Y) = Performed entirely and correctly

Trainer Name:
Site Name:
Describe ATP 1:

	ATP 1		NOTES
	Y	N	
1. Task selected from ATP task menu and is appropriate for participant			
2. Trainer models ATP			
3. Encouragement or coaching given during task verbally on at least 80% of the trial (8/10)			<i>Note number of trials encouragement or coaching occurred:</i>
4. Participant wears mitt during entire task			
5. Trainer is present during entire task			
6. Positive reinforcement emphasized, negative feedback de-emphasized			
7. ATP is documented properly; including graph, time recorded and time told to participant			

Items administered correctly: ____ % criterion achieved: ____
[in order to continue 6/7 (85%) must be achieved]

Summary Comments:

Note: You can review 2 TP activities OR 1 TP and 1 ATP

RATING SCALE
No (N) = Did not perform / Performed incorrectly
Yes (Y) = Performed entirely and correctly

Other details

If patient missed one session, should she/he make up one session?

- Yes. Every effort should be made to make up the session if the participant miss one or more sessions. If a participant miss >2 out of 10 sessions, he/she will be considered as “non-compliant.”

If patient requests a break time during the 2-hour CIMT, what should we do?

- The trainer should be sensitive to such request. Small breaks can be offered to the participant; however, trainer should keep an eye on the total amount break times to ensure the participant to have 2 hours active training time. (see next question).

What is I do not get a full 2 hours of active training time?

- Efforts should be made by the trainer to ensure 2 hours (120 minutes) active training times were spent with the subject on each session. However, please try to wrap the session within 150 minutes. Please be sensitive to requests for break by participants while not to let the participant to take control of the session. We leave the decision to the local trainer.

2 handed tasks:

- If a task activity requires a **two-handed subtask** (i.e., opening a container by unscrewing a lid), the **trainer should assist the participant** (i.e., stabilize the container while the participant unscrews the lid).

Other documents...

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TRANSPORT2 CIMT Evaluation and Training > Trainers> Other forms> mCIMT supplies shopping list.docx



Required

- Boxes to change reaching height (cardboard boxes may not be strong enough but boxes for copier paper work well. Therapy Steps work best but are very expensive)
- Build-up foam (tubing for utensil handles)
- Dycem or non-slip shelf liner
- Masking tape
- Play dough
- TheraPutty
- Dried rice
- Dried beans
- Varied containers (bottles, jars, cans with different sized openings, prescription bottles, etc.) including lids
- Blocks (from Box and Blocks okay)
- Paperclips
- Pennies
- Varied size of balls (super balls, golf, rubber balls, tennis, racquetball, squash, Nerf)
- Varied articles of clothing (shirts, pants, t-shirts, socks, etc.)
- Wash cloths and hand towels
- Clothes pins
- Checkers or Connect Four pieces
- Bowls (varied sizes up to a mixing bowl)
- Cups (varied sizes, shapes and styles) – hard plastic is good for tone/spasticity, thin plastic good for high level grading for sensory impairment
- Therapy cones (hard plastic cups from the dollar store work just as well)
- Mug
- Plates (paper, plastic and ceramic for grading)
- Fork, knife and spoon (multiple sets, plastic and metal)
- Serving spoon or salad spoons
- Dry-erase board and markers (the bigger the better, mount it for overhead reaching and down on a table to mimic cleaning counters)
- Sponges (varied but especially sized to mimic a sandwich and for washing dishes)

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Strongly recommended

- Marbles
 - Rubber bands
 - Ping pong balls
 - Cotton balls
 - Poker chips
 - Poker chips and penny slot (different sized slots may be cut into a jar lid with a utility knife. A lid made of HDPE#4 plastic works best)
 - Nuts and bolts (varied sizes)
 - Misc mail items (envelopes, flyers, junk mail, etc.)
 - Tension rod or shower curtain rod small enough to fit in doorway
 - Tape measure
-
- Paper and/or wrapping paper
 - Hangers
 - Clothes line
 - Stapler
 - Deck of cards
 - Adhesive Velcro
 - Kitchen tongs
 - Soup cans (varied sizes)
 - Extension cord
 - Spray bottle



PRACTICE, PRACTICE, PRACTICE

