



Stroke

Lectures

CO62-001-e

Influence of personal factors on perceiving functioning after stroke

K. Sunnerhagen

Institute of Neuroscience and Physiology, University of Gothenburg, Gothenburg, Sweden**Keywords:** Stroke; ICF; Personal factors; Functioning

Most studies focus on so-called objective outcomes. However, the trend now for evidence-based medicine is the outcomes should be of importance for the person. Then the question is; who owns the truth—the professional assessor or the person with the stroke? The talk will go through some of the discrepancies between assessed and perceived functioning. Also the influence of personal factors on perception will be discussed. Maybe the perception of the person with stroke should have a higher importance in deciding the content of the rehabilitation program offered for that individual?

<http://dx.doi.org/10.1016/j.rehab.2014.03.050>

CO69-001-e

Prediction of motor recovery after stroke

P. Langhorne

Academic Section of Geriatric Medicine, Glasgow, United Kingdom**Keywords:** Stroke; Motor recovery; Prediction

Understanding motor recovery after stroke is important for both clinical practice and research. Several systematic reviews have analyzed the large number of studies that have explored the best predictors of motor recovery. They indicate that for upper limb impairment and function the most powerful predictors of recovery are the initial severity of motor impairment and various neurophysiological measures of motor tract integrity (such as evoked potentials). Lower limb and mobility outcomes can be predicted using initial limb weakness and functional status plus baseline sitting balance. These predictions are usually modulated to a small extent by patient age, size and location of the stroke and comorbidity. Novel measures predictors are now exploring the recovery of motor tract function.

<http://dx.doi.org/10.1016/j.rehab.2014.03.051>

CO81-001-e

Which rehabilitation early after stroke?

A. Yelnik

CHU St-Louis-Lariboisière F. Widal, Paris Diderot University, AP–HP, Paris, France

Intensity of rehabilitation is one of the needed components. Most of the scientific evidences come from studies conducted at the sub-acute stage. The current knowledge about the usefulness of early, within the first days, cognitive or physical intensive rehabilitation will be presented.

<http://dx.doi.org/10.1016/j.rehab.2014.03.052>

Oral communications

CO62-002-e

Four years follow-up of a post-acute referral program for stroke victims in University Hospital of Bordeaux: Descriptive results

H. Cassouesalle^{a,*}, A. Nozères^b, V. Cressot^c, H. Petit^d, F. Rouanet^e, I. Sibon^e, P.A. Joseph^a, P. Dehail^a^a *Service de médecine physique et de réadaptation, Groupe Hospitalier Pellegrin, CHU de Bordeaux, Bordeaux, France*^b *CRF La Tour de Gassies, Bruges, France*^c *SSR, Groupe Hospitalier Xavier Arnoz, CHU de Bordeaux, France*^d *CRF Les Grands Chênes, Bordeaux, France*^e *Neurologie, Groupe Hospitalier Pellegrin, CHU de Bordeaux, France*

*Corresponding author.

**Keywords:** Stroke; Rehabilitation units; Care organization

Introduction.— The objective of our study was to describe the characteristics and outcome of patients included in the “post-acute stroke program”, developed in 2008 for stroke victims admitted to the Bordeaux University Hospital, to organize care supply in specialized NeuroRehabilitation (SNR) units.

Patients and methods.— All stroke patients assessed between July 2008 and December 2012 by a physical rehabilitation and medicine (PRM) physician, working in one of the 4 SNR units participating, were included. A common chart was used for assessment. Time to assessment, functional status, referral proposed, time to care, and discharge data were collected prospectively.

Results.— Among the 1512 patients included, 50% were discharged to one of the 4 SNR units whereas 25% returned home directly. Median time to assessment by the PRM physician was 6 days. Median time to care in the SNR unit was 7 days. The median Barthel index at admission was 42,5 versus 75 at discharge; 75% of patients could return home.

Discussion.— This program has the feature of associating the main rehabilitation units in the Bordeaux region in a common collaborative referral system. This organization enables personalized control of the referral while optimizing the management of post-acute hospital disposition.

<http://dx.doi.org/10.1016/j.rehab.2014.03.053>