Occupational Therapy in Acute Stroke

Andrea Rapolthy
Clinical Specialist OT
Acute Neurosciences and Stroke
Royal Free Hospital, London
• Stroke is a leading cause of disability, half of those who survive require assistance with personal activities of daily living six months post stroke (Legg et al, 2007)

• PADL = any tasks we undertake on a daily basis they enable us to carry out our roles and maintain our level of care e.g. feeding, washing, toileting, mobilising etc.
The evidence

• Rehabilitation of sensory-motor and cognitive deficits is best carried out in functional activities due to inability of stroke patients to generalize skills (Toglia, 1991)

• Research proves the effectiveness of occupational therapy intervention in the community (home setting) in increasing independence level (Legg et al, 2006)

• Minimal evidence of OT intervention in acute stroke - guided by clinical experience (Richards et al, 2005) BUT
• “patients who receive occupational therapy interventions are less likely to deteriorate and are more likely to be independent in their ability to perform activities of daily living. However the exact nature of the occupational therapy intervention to achieve maximum benefit needs to be defined.” (Legg 2006)

• Predictors of functional recovery include extent of neurological impairment and therapy intensity.

• Cognitive impairment is often sighted as an independent predicator of rehab outcomes. In particular studies have shown that patients who have a degree of cognitive impairment have poor outcomes related to instrumental activities of daily living (Hoffman et al, 2007)
Occupational therapists seek to treat those with ADL deficits within a contextually appropriate environment.
Steering factors / Government Directives

- NSF Long term Conditions
- National Stroke Strategy
- RCP Guidelines
- COT Standards for Stroke
- National Clinical Guideline for Stroke
- Cochrane Reviews

- Specialist trained therapists
- Early intervention and identification of impairments (QM8 - Cognition and perception)
- Access to rehabilitation
• Role of OT

– Pivotal role in screening for perceptual and cognitive deficits which are often missed
  • Screening tests
  • Standardised testing
  • Observation of participation within functional tasks

– Determining rehabilitation potential and ensuring appropriate onward referral to suitable services (inpatient, community, placement)

– Home access assessments with patients in those ‘borderline safe’
• Role of OT
  – Ax and Training of sensory motor functions
  – Ax and training of cognitive functions
  – Ax and training of skills (ADLs)
  – Advice and instruction in the use of adaptive devices
  – Provision of splints and slings
  – Education of family and primary caregivers with MDT
  – Facilitation of safe discharge
  – Referral to support agencies, vocational services
  – Seating and positioning (jointly with PT)
  – Impact of communication on engagement - ECU
Future Developments

- ESD
- Outcome measures and research
- Education regarding cognition and environmental set-up
- Early functional participation
- Staffing ratios
References


4. Logan, Gladman, Walker, Dyas and Groom (2005). People with stroke who received up to seven occupational therapy sessions at home over 3 months were 1.72 times more likely to get out of the house as often as they wanted. Aus OT J, 52: 365-371.

