



Service Priorities and Programmes
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To evaluate the effect of different treatment interval per week with same total amount of training session for chronic stroke survivors in Princess Margaret Hospital (PMH)

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Introduction

Clinical guideline of National Institute for Health and Care Excellence (NICE) of stroke rehabilitation in adults suggested at least forty-five minutes with the five-day week the training session. Stroke patient or carer's feedback on the intensity of training during stroke OPD in INRC reflect that they are keen to receive more training sections to gain the best treatment outcome. The gap is between guideline and current practice in stroke out-patient rehabilitation, which provides one to twice training sections per week in PMH.

Objectives

This case series study aimed to evaluate the effect of the different treatment interval per week with the same total amount of training session for chronic stroke cases.

Methodology

Six participants completed total 31 sessions ninety minutes Neuro-IFRAH training. All treatments were completed on or before 29th November 2016 in INRC. Standardized assessments were conducted by a therapist before and after the study. The therapist provided the experimental group training but did not involve in the assessment.

The participants were aged from 43 to 66-year-old, with 7 months to 14 years' post-stroke. The basic characteristics are listed in table I. Table IIA and IIB presented the primary outcomes. Both groups showed improvement in the primary outcome in the ARAT, WMFT, and FTHUE respectively.

Result

The study was a prospective case series. All assessments and interventions were completed at occupational therapy department of Integrated Neurological Rehabilitation Center (INRC) of PMH. All participants had signed the consent form. Six participants fulfilled inclusion criteria, with stroke more than six months and aged between 18-year-old to 70-year-old, slight control of finger and wrist and scored at

least level four at Functional Test for the Hemiplegic Upper Extremity (FTHUE), acceptable cognitive function. Those medical conditions which were not stable were excluded from this study. Participants were separated into control and experimental groups to receive a total of thirty-one training sessions with a ratio of one therapist to two participants per ninety minutes' session. All cases could do daily activities as usual. Control group received one-day week training, another group received five-day week training. As the resources are limited in public hospital, we need to consider how to arrange the treatment sessions to get the greatest treatment outcome for participants. Just like the control group and experimental group, putting the same resources and adjusting treatment parameter may lead to a better treatment outcome in the earlier time. For stroke survivors' benefits, they can get the same or higher treatment outcome in a shorter period. That may bring huge change from their ADL, social relationship, job etc. The turnover rate and time should be fast. It is quite encouraging to utilize the resources effectively. However, the default rate and other patients' waiting time maybe affect.