



**Service Priorities and Programmes**  
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**Submitting author:** Mr Man Fat, Manfield CHAN

**Post title:** Physiotherapist I, Tuen Mun Hospital, NTWC

**A Retrospective Evaluation of the Recovery Status for Patients Staying in a Rehabilitation Stroke Unit**

*CHAN MFM (1), CHU CKA (2), HO OLL (1), WONG LCB (1), WONG CTR (1), TO WKR (1), POON YHP (1)*

*(1) Department of Physiotherapy, Tuen Mun Hospital, HKSAR; (2) Department of Medicine & Geriatrics, Tuen Mun Hospital, HKSAR*

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**Introduction**

Stroke is the second commonest cause for admission to hospitals in Hong Kong, accounting for the largest number of bed days per year. At Tuen Mun Hospital (TMH), patients with stroke are treated in Rehabilitation Stroke Unit (RSU) with a comprehensive rehabilitation program when clinically stable. Most patients showed significant improvement.

**Objectives**

1. To evaluate the mobility and ambulatory recovery of sub-acute stroke patients in Rehabilitation Stroke Unit (RSU) of TMH. 2. To investigate the factors influencing the outcomes.

**Methodology**

A pre-test/ post-test study design was used. Multiple regression model was used to study the predictive factors for mobility & ambulatory status upon discharge. The study population comprised patients who were discharged from RSU of TMH between Dec 2013 and Jan 2014. Outcomes measures included: (1) Elderly Mobility Scale (EMS) as mobility; (2) Modified Functional Ambulatory Category (MFAC) as ambulatory ability, which were collected on admission and upon discharge. SPSS software version 11 was used to analyse the data.

**Result**

53 discharged patients (42male (79.2%) and 11female (20.8%); mean age of 69.3±10.6years old) in RSU were recruited. The type of pathology was comprised of 12 haemorrhagic stroke (22.7%), 41 ischemic stroke (77.3%). The pre-morbid status included 49 community dwelling resident (92.5%) and 4 old-aged home resident (7.5%). The mean MMSE score on admission was 21.6±7.8; and the mean length of stay was 22.3±15.7 days. The mean EMS and MFAC scores on admission were

8.6±5.6 and 3.8±1.5. The mean EMS and MFAC scores were significantly improved to 13.7±6.0 and 5.0±1.4 upon discharge ( $p < 0.001$ ). There were 43 community dwelling residents (81.1%) and 10 old-aged home residents (18.9%) upon discharge. Multiple regression model showed that age ( $p=0.521$ ), sex ( $p=0.086$ ) and diagnosis ( $p=1.733$ ) were not significant predictors of EMS score upon discharge. Also, age ( $p=0.472$ ), sex ( $p=0.095$ ) and diagnosis ( $p=0.176$ ) were not significant predictors of MFAC score upon discharge. However, cognitive status on admission was statistically positively correlated with EMS (0.622,  $p=0.002$ ) and MFAC scores upon discharge (0.628,  $p=0.001$ ). Conclusions This study showed that mobility and ambulatory ability of stroke patients significantly improved with rehabilitation program in RSU of TMH. Moreover, most of the community dwelling patients could return back to the community after stroke with proper rehabilitation. Patients with higher cognitive status tended to achieve better in mobility and ambulatory ability upon discharge.