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Physiotherapy Service Review for Stroke Patients of the Extended Rehabilitation Ward of Princess Margaret Hospital

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Introduction

Stroke is a leading cause of impairment and disability which would affect patients' functionality and independence. Multi-disciplinary service including Physiotherapy (PT) in Lai King Building (LKB) provides extended rehabilitation treatments and comprehensive support for the stroke patients transferring from Princess Margaret Hospital (PMH). Physiotherapy services included chest physiotherapy, electrical modalities such as Transcranial Direct Current Stimulation (tDCS), Electrical Stimulation (ES), Acu-TENS, therapeutic exercises and manual therapy, mobility and functional gait training, as well as care giver education and shoulder pain prevention program. Physiotherapists also involve in the multi-disciplinary discharge planning and conduct home visits which aiming at facilitating of early patient discharge and assisting patient reintegration into the community.

Objectives

To evaluate the physiotherapy services for stroke patients transferring to LKB extended rehabilitation ward from PMH.

Methodology

Patients diagnosed with stroke who was discharged from LKB from the end of August 2016 to December 2016 were reviewed. The outcome measures included Modified Rivermead Mobility Index (MRMI) and Modified Functional Ambulation Classification (MFAC). The outcomes were retrieved from the e-discharge summary submitted to Clinical Management System (CMS).

Result

There were 71 patients (48 females and 23 males) who aged between 42 to 98 years old (mean age was 74.1) reviewed. The mean number of PT sessions received was

around 30 and the mean length of stay was 5.9 week. 56.3% of the patients' care givers received training and education during the hospitalization with the remaining patients had no potential care giver available for training. There was overall 57.7% of the patients discharged for home care, 35.2% for old-aged home care and 7% to other destination such as respite care. Regarding the mobility level upon discharge, significant improvement on the mean MRMI score was shown by Wilcoxon Signed Ranks Test after PT rehabilitation (13.5 ± 9.8 to 21.1 ± 11.2). Besides, the percentage of the patients with MFAC III to V (i.e. dependent walker, assisted walker, supervised walker) increased by 9.9% and MFAC VI to VII (i.e. independent walker, outdoor walker) increased by 14.1%. Proportion of MFAC I and II (i.e. lyer, sitter) was also reduced by 24%.

There was improvement in mobility score and functional independence for stroke patients after receiving PT treatments in LKB hospitalization. Future studies may be carried out to explore the effectiveness of different treatment approaches for the stroke patients.