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Beliefs of rehabilitation professionals towards guided self-rehabilitation contracts for post stroke hemiparesis

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Purpose: To investigate the beliefs of Physiotherapy Students (ST), professionals (PT) and physicians (MD) about engaging patients with post-stroke hemiparesis into guided self-rehabilitation contracts, to increase their exercise intensity and responsibility level.

Method: A survey examining beliefs about post-stroke rehabilitation was completed by first (n=95), second (n=105) and third (n=48) year STs; PTs (n=129) and MDs (n=65) in France.

Result: The belief about whether a patient may exercise alone varied between the professional groups with more STs and MDs finding it acceptable: 62% of PTs vs. 74% of STs ($p=0.005$) and 79% of MDs ($p=0.02$). For 93% of therapists (STs and PTs together) the caregiver may take part in physical therapy sessions. The appropriate weekly duration of exercises in chronic hemiparesis should be over 5 hours for 19% of PTs, 37% of STs and 51% of MDs (MDs vs. PTs, $p<0.005$). After stroke, functional progress through rehabilitation is possible all lifelong for 11% of STs, 19% of PTs ($p<0.05$, STs vs. PTs) and 29% of MDs (MD vs. PT, NS).

Conclusion: The strategy of asking patients to perform exercises alone, in the practice or at home, is still not accepted by a large proportion of physical therapy professionals as compared with students or with physicians. Most therapists still see a <5-hour weekly duration of exercise as sufficient after stroke. Few therapists are ready to utilize the persistence of behavior-induced brain plasticity regardless of age or delay after the lesion.

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