GUEST EDITORIAL

■ *by Sheena Irwin-Carruthers*

Stroke is an area of major concern to physiotherapists. It is of particular concern to physiotherapists in Africa where patients are often discharged from hospital after 48 hours, follow-up in rural areas and peri-urban informal settlements is frequently difficult if not impossible, there are few physiotherapists and there is no finance for equipment or lengthy periods of rehabilitation.

As recently as 1994 it was stated at a major congress that stroke is a condition that primarily affects the elderly[1]. Although this was a quote from a decade earlier[2], it was obvious that this was the opinion of the majority of delegates present. Yet we in south Africa are being challenged by an increasing population of people who suffer a stroke at a much earlier age – in the twenty to forty year age-group. In terms of economics this is a disaster, to the patient and his family as well as to the community and the country. How can we help these people to achieve functional independence and economic self-sufficiency? How can we help the elderly person with hemiplegia to regain and retain dignity and independence within their community?

All too often therapy, when it is available, is directed primarily at functional locomotion. Follow up frequently reveals that, although the person is mobile on his feet, he is not independent in all the activities which he needs for daily life in his work and at home. Often cognitive, social and emotional factors are ignored[3]. Even in the area of physical rehabilitation there may be uncertainty regarding the best approach to treatment. How can we be sure that, in the often limited time available for rehabilitation, we are offering the best service possible?

We have to admit that we don't really know. Although convinced in our own minds of the benefits of one or other approach, we cannot prove these benefits to an unbiased outsider. When surveying the several hundred research articles on stroke which have appeared in the last two years, although I found many on epidemiology, etiology, medical treatment and even assessment, there were only a handful on results of physiotherapy (see page 45 of this issue). The two research articles and one abstract appearing in this issue of the South African Journal of Physiotherapy illustrate this trend, although they are in themselves an important indication that physiotherapists are starting to be willing to undertake research and expose their methods and results to scrutiny. This is a good beginning and clinicians and academics should do everything in their power to encourage and nurture such research.

The European Region of the World Confederation recognised the importance of stroke to physiotherapists when they chose this as the subject of their very first international congress in 1994. At the conclusion of the Congress the following points emerged as being of great importance to a person who has suffered a stroke[4]:

- Physiotherapy has to be commenced early after stroke
- If at all possible the same physiotherapist should follow the treatment through, from acute care to final rehabilitation. If that is not possible, there should
- then be a core physiotherapist with responsibility for overall management.
- There should be coordination of physiotherapy with other therapies.
- There needs to be a much better coordination of the management of patients in transferring them from hospital to home. Services need to be in place in the community.
- Real rehabilitation begins when the patient arrives home.

In relation to these recommendations, it is encouraging to read the articles by Bakkes *et al* in this issue. Therapists in this country are increasingly committing themselves to community health programmes and, where these have not yet been established, to outreach programmes from existing hospital facilities. Have we perhaps reached the stage of development when a congress devoted to the problems of stroke could be organised in this country? A recent, extremely successful, combined congress on neurodevelopmental therapy and sensory integration was held in Cape Town and proved that theme congresses can be well supported. Perhaps the Neurological Rehabilitation Group of the SASP would like to take up this challenge and make the organisation of such a congress one of their short-term goals.

REFERENCES

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4. Harrison M. *Physiotherapy in Stroke Management*, Edinburgh, Churchill Livingstone 1995:xix.

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