

**Physiotherapy works ✓**

# Stroke

**Stroke is the largest cause of complex disability in the UK, and approximately one-third of stroke survivors are left with disability and rehabilitation needs.<sup>(1, 2)</sup>**

Physiotherapists play a pivotal role at every stage of the patient pathway, helping individuals to reach their full physical potential and functional ability and to reintegrate into society. Physiotherapists are also involved in preventing stroke and stroke recurrence, and improving the nation's health by promoting healthy active lifestyles. Within a multidisciplinary team, physiotherapists rehabilitate patients from acute care to the home setting, and provide long-term community support.

## **Physiotherapy is clinically effective throughout the patient pathway**

Emerging evidence shows that physiotherapy very early after stroke (mobilisation within 24hrs) and at high intensity leads to better outcomes<sup>(3,4)</sup> and is cost effective.<sup>(5)</sup> A minimum of 45 minutes of physiotherapy five days a week is recommended.<sup>(5,6)</sup> To meet these requirements some physiotherapy departments are providing weekend services. Seven-day service models offer potential cost savings for the health service.<sup>(7)</sup>

**76%  
of stroke  
survivors have  
physical  
deficits<sup>(9)</sup>**

## **Size of the problem**

- In the UK:
  - An estimated **152,000** people annually have a stroke<sup>(8)</sup>
  - There are approximately **1.1 million** stroke survivors<sup>(8)</sup>
  - Stroke accounts for **240,456** inpatient episodes of care<sup>(8)</sup>
- **76 per cent** of stroke survivors have physical deficits<sup>(9)</sup>
- The prevalence and burden of stroke is expected to increase in future decades due to the increasingly ageing population and the improvements in hyper-acute care resulting in the increased number of individuals surviving their stroke.<sup>(1, 5)</sup>

## **Cost of the problem**

UK annual health and social care costs to manage stroke and its consequences are **£4.6 billion**, with healthcare accounting for **40 per cent** of the total. Informal care costs and productivity losses due to mortality and morbidity contribute a further **£1 billion** each, giving total costs of **£6.6 billion**.<sup>(10, 11)</sup>

The National Stroke Strategy<sup>(12)</sup> and National Institute for Health and Care Excellence Stroke Quality Standard<sup>(13)</sup> recommend intensive rehabilitation immediately after stroke, across a seven-day service, with a skilled multidisciplinary team to limit disability and improve outcomes.<sup>(5, 12)</sup> ►►

Physiotherapy stroke rehabilitation is increasingly based in the community. It is recommended that all stroke survivors with residual stroke-related problems are followed up by specialist stroke services within 24 hours of discharge from hospital.<sup>(5)</sup> Early Supported Discharge (ESD) teams fulfil this role and are clinically effective, especially when patients return home with mild or moderate disability.<sup>(14,15)</sup> Physiotherapists offer a range of evidence-based

interventions depending on the patient's clinical needs and goals. Treatment may include gait re-education, constraint-induced movement therapy, task-specific training and falls management.<sup>(5,9)</sup>

Following the acquisition of independent prescribing rights in England, physiotherapists will play an increasingly important role in areas such as spasticity management.<sup>(17)</sup> Through new technologies such as telemedicine, patient access to rehabilitation will also improve.<sup>(18)</sup>

## Case study

**Northern Devon Healthcare Trust stroke therapy team** have developed a high-quality, seamless, specialist, integrated, equitable service including an ESD team for a rurally dispersed population.

The service builds on a typical ESD model with physiotherapists working flexibly across the patient pathway. Care includes a fitness and self management programme, psychological screening and intervention, vocational support, and integration with other community, health, social care and voluntary services. Where rehabilitation needs cannot be met by generic community services, input from the ESD team extends beyond six weeks. Outcomes include:

- Length of stay reduced by six days from 22 days, saving £833,700
- Hospital readmission rates reduced from 6 per cent to 3 per cent through strengthened links with community nurses
- 13 per cent more patients returning home as opposed to a care home, saving over £75,500 per person.<sup>(16)</sup>

## Long-term management

Physiotherapists are ideally placed to provide services that support individuals to re-integrate into their community. Physiotherapists have skills in promoting physical activity, reablement, and empowering individuals through self-management techniques.<sup>(19)</sup>

### FURTHER INFORMATION CSP Enquiry Handling Unit

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**Stroke**  
association



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