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**Acronyms:**

MoH	Ministry of Health
HOD	Head of Department
DGSMC	Directorate General of Specialized Medical Care



## Physiotherapy Procedure for Stroke Rehabilitation

### 1. Introduction

Stroke physiotherapy services are the primary mechanism by which functional recovery and the achievement of independence are promoted in patients with acute stroke. The array of physiotherapy services delivered to stroke patients in the Sultanate of Oman is broad and highly heterogeneous, varying in the type of care settings used; in the duration, intensity, and type of interventions delivered. Physiotherapy interventions require a sustained and coordinated effort from a large team (physicians, occupational therapists, speech-language therapists as well as orthotic and prosthetic) including the patient and his or her goals and family. Communication and coordination among these team members are paramount in maximizing the effectiveness and efficiency of interventions and underlie this entire guideline.

### 2. Scope

This procedure will be of particular interest to physiotherapist who are interested in stroke rehabilitation and practice in government or private sectors in the Sultanate of Oman.

### 3. Purpose

**The purpose of the document is:**

- 3.1 Provide standardized assessment and management of patients with stroke
- 3.2 Provide guidance on recovery and reduction the risk of have another stroke.
- 3.3 Assist with tools to increase the chance of survive post stroke.

### 4. Definition

- 4.1 **Mobilization:** is defined as out-of-bed activities and can include sitting out of bed, standing and walking.
- 4.2 **Sitting balance:** is a predictor of recovery after stroke.



## 5. Procedure

5.1 **Assessment:** all physiotherapy professionals should work collaboratively to ensure rehabilitation care assessment is carried out promptly, where needed, before the person with a stroke is transferred from hospital to the community.

The assessment should:

5.1.1 Identify any ongoing needs of the person and their family or care giver, for example, access to benefits, care needs, housing, community participation and return to work.

5.1.2 Be documented and all needs recorded in the person's health and social care plan.

5.2 **Physiotherapy treatment:** All physiotherapy professionals should:

5.2.1 Ensure that goals-setting meetings during intervention are timetabled into the working week.

5.2.2 Offer initially treatment at least 45 minutes of each relevant stroke rehabilitation therapy for a minimum of 5 days per week to people who have the ability to participate, and where functional goals can be achieved. If more intervention is needed at a later stage, tailor the intensity to the person's needs at that time.

5.2.3 Review the health and social care needs of patients after stroke and the needs of their care givers at 6 months, and annually. These reviews should cover participation and community roles to ensure that patient's goals are addressed.

5.3 **Early Mobilization**

All stroke patients should commence early mobilization (out-of-bed activity) within 48 hours of stroke onset unless otherwise contraindicate.

5.4 **Sitting and standing up**

Sitting training interventions should include lateral weight transfer training, trunk exercises, body vibration, and practice of reaching beyond arm's length while sitting. The ability to transfer from sitting to standing (and then walking) is an important aspect of functioning after a stroke. Therapy generally includes practice standing up, along with other interventions.



## **5.5 Home Program**

Home exercises should be continued once the patient is discharged from the hospital. Thus, patient should be given exercise program for home.

## **6. Responsibilities**

### **6.1 Physiotherapist is responsible for:**

- 6.1.1 Ensure that guideline is conveyed to all physiotherapy staff and are aware about detailed procedure.
- 6.1.2 Ensure that process has been followed as well as documentation of progression is done regularly.
- 6.1.3 Follow this guideline strictly and avoid any shortcuts in patient re-assessment and treatment.



## 7. Document History and Version Control

<b>Document History and Version Control</b>			
<b>Version</b>	<b>Description of Amendment</b>	<b>Author</b>	<b>Review Date</b>
01	Initial Release	Jokha Salim Al-Abrawi	October/ 2023
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## 8. Related Document

There is no related document for this procedure





## 9. References

<b>Title of book/ journal/ articles/ Website</b>	<b>Author</b>	<b>Year of publication</b>	<b>Page</b>
A Simplified Guide To Physical Therapy For Strokes.	Saebo	September 2016	
Physiotherapy after stroke	Stroke Association	April 2018	