Energy expenditure in daily activities of the hemiplegic hospitalized in subacute phase

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Objective.– The HAS recommends 30 minutes a day of moderate physical activity. From this observation, patients after stroke should be educated in this regard. The objective is to measure daily energy expenditure in patients hospitalized in an PMR unit after a recent stroke.

Methods.– Forty-eight patients aged 64.6 ± 19.3 participated in this study with a period of post-stroke 46.0 ± 31.4 days. The average value of the Barthel Index was 56.4 ± 24.5. Each patient wore a SenseWear armband (BodyMedia) on consecutive days from 9:00 to 16:30 during the period of rehabilitation care. The accelerometer was placed on the arm opposite to the injured side. It measured the following characteristics: the energy expenditure (EE) and metabolic equivalent (MET) which allowed us to distinguish different levels of activity.

Results.– The total EE a-day rehabilitation averaged 650.6 ± 173.8 Kcal. It is divided as follows between 19.6 ± 6.7% physiotherapy, 9.7 ± 3.0% occupational therapy, 15.5 ± 5.6% electrotherapy, 6.8 ± 1.8% neuropsychology and 7.6 ± 2.2% speech. 40.8% of the daily expenditure occurred outside formal therapy sessions. EE moderate (> 3 METs) was 23.5 ± 27.9 minutes per day and burnt 96.2 ± 111.5 Kcal. 42.5 ± 33.6% of the EE was achieved by physiotherapy. All other sessions are much lower: 2.6 ± 11.7% occupational therapy, 1.1 ± 20.0% electrotherapy, 2.5 ± 5.1% neuropsychology and speech therapy 2.3 ± 6.4%.

Discussion.– This study shows that stroke patients during hospitalization in PMR do not quite reach the level of activity recommended. Much of this activity takes place in physiotherapy session and out of therapy sessions. It seems necessary to propose activities to increase the EE but also outside during rehabilitation sessions. Following up on this study, it would be relevant to assess the activity of the patients just before their return home and also educate them on the benefits and the recommendations of physical activities.

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Report on the aftercare of the disabled persons who suffered from a stroke, in the north of France

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Aim.– The north of France TC-AVC Network has been commissioned to work on the improvement of the aftercare of the disabled persons who suffered from a stroke. Initially, a report needed to be done.

Method.– Professionals of the network met the MPR of 25 reeducation centers to ask questions about the care and the aftercare of the Disabled Persons who Suffered From a Stroke (DPSS).

Results.– Concerning the care in centers, 17 teams use validated scales/tests, as MIF or Barthel. Many professions are not or not much represented (MPR, psychiatrists, psychologists, social workers). To prepare the discharge, 24 teams suggest to come at home, nine of them suggest a leave and ten of them set shifts. Only two of them ensure systematically in touch with the family practitioner and nine of them only if it’s necessary. They all send the discharge letter the week after the person leaves (18 of them even send it the very day).

Concerning the aftercare, 20 centers suggest a medical consultation at least. DPSS ask for medical information but mainly matter for social, psychological information and how to improve their autonomy. Twelve of them ensure an aftercare within a year, five of them within years. The aftercare after stops when the medical point is balanced.

Most centers agree to meet at a consultation the DPSS who didn’t go through the centre. Nine of them are never asked for this. Specialized consultations (spasticity…) are unequally spread. Doctors feel motivated by the aftercare of the DPSS, but they think that hiring medical staff, social workers, neuropsychologists and ergotherapists is necessary to provide a medical, psychological and social support. They also think that the consultations should be more valued.

Discussion.– In the NPDC area, the assessment and the care of specific disorders of the DPSS in centers, the preparation of discharge and the aftercare are not enough and unequal. Teams are motivated to improve but further means are needed.

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