

# Rehab study holds hope

By Naomi Kollmorgen

THE benefits of quickly getting stroke patients back on their feet rather than keeping them bedridden will be scrutinised in a study at Austin Health.

Thousands of stroke victims each year could benefit from the results of the study, which will be carried out at Heidelberg hospitals.

The Federal Government will contribute \$2.8 million to the research — the largest in its health research grants announced last week.

A pilot study has already taken place, headed by physiotherapist Julie Bernhardt.

“I have worked in late-stage stroke rehabilitation for about 15 years and there is an enormous need for interventions that can reduce disability and improve outcomes for people who have had a stroke.

“When I looked at new information about stroke rehabilitation, particularly from Norway, the idea of commencing rehab very early — within 24 hours of a stroke — was



**Getting about:** Nurse Suzanne Sertori gives stroke patient Jean Frase a lift, supervised by Julie Dewey. **Picture:** Darren Howe

supported by the data. If we did start earlier, we might be able to have fewer people dying, and fewer going into an institution.”

In Australia, about 48,000 people a year have a stroke.

Dr Bernhardt said the procedures fostered a belief that people who had had a stroke were sick and needed to be treated very gently.

“In some cases that is necessary, but in many cases the disability from the stroke is a physical one and we believe we can help get people moving more quickly than they currently do.

“In our pilot study, we have constantly checked whether patients are

fatiguing due to the rehab, but most haven’t found it a problem at all.”

Physiotherapists, neurologists, health economists, epidemiologists, a geriatrician and a large team of nurses will work on the study.

It will look at outcomes of more than 2000 patients over about five years.

“What makes it unique is that this is a landmark approach that has never been done before,” Dr Bernhardt said. “Rehab studies are usually quite small and often we fail to find an effect [result] because our studies are so small.

“At the end of this study, we will be able to compare our outcomes

with other interventions for strokes, such as drug interventions, and we’ll be able to tell whether the benefit is cost effective.

“The major problem with stroke is not just death but the very high levels of disability that are chronic.

“What we are trying to do is find simple, proven interventions that can help reduce the burden of stroke on an individual and on the wider community.”

Results of the 60-patient pilot study are expected to be released by the end of the year.

Austin Health received more than \$6 million in federal research grants for a wide range of projects.