Questions


Questions: True a and False b

1. There is no single scale that can measure all aspects of stroke disability and no scale that can accurately predict all dimensions of stroke recovery.
2. Substitution involved in cerebral recovery is described as restoration of the functionality of damaged neural tissue.
3. Balance impairment, dysphagia, reduced co-ordination, perceptual change, reduced muscle strength and altered attention are some of the common impairments following acute stroke.
4. Barthel index is easy to administer and can be used to assess activities of daily living.
5. The scores of the Berg Balance scale correlate well with falls risk, functional outcome, length of stay and discharge destination.
6. The purpose of the ICF is to provide a universal language, understood by health professionals and patients regarding disease.
7. A brief ICF Core Set for stroke was defined and can more readily be used in clinical practice and includes a total of 18 categories.
8. It is recommended to provide training in communication to the conversation partners of patients with aphasia. This includes talking at a normal speed, correcting the patient, not making use of gestures and using only verbal communication, no drawing.
9. At least 45 minutes of active rehabilitation therapy for a minimum of 5 days per week is recommended to patients who have the capacity to participate.
10. It has not yet been proven that stem cell therapy promotes re-vascularisation and reduction of cerebral inflammation following stroke.
11. Visual defects are estimated to affect approximately half of people with stroke.
12. Fatigue after stroke is very common and can be treated pharmacologically, with psychological therapy or physical treatment.