Orthotic intervention following stroke: A survey of stroke therapists’ practice and views

Miriam R Golding-Day¹, Marion F Walker¹, Phillip J Whitehead²

¹University of Nottingham, Division of Rehabilitation & Ageing
²Northumbria University, Department of Social Work, Education and Community Wellbeing

Background

- Many stroke survivors have difficulty with weak or paralysed muscles making standing and walking difficult, and putting them at risk of developing secondary complications [1].
- Orthotic splints can help address physical difficulties post stroke by increasing independence in motor activities, preventing or reducing the development of secondary complications such as contracture [2].
- Stroke guidelines recommend ‘access to’ orthotic intervention [3], yet the orthotist is not included in the stroke rehabilitation Multi-Disciplinary Team (MDT). Therefore it is other health care staff who have no specialist orthotic skills, who act as the gateway to orthotic intervention for stroke patients.
- A survey to collate the perspectives of orthotists and other stroke therapists on orthotic intervention after stroke was warranted.

Methods

Survey

A questionnaire was developed to gather views and experiences on the role of orthotics within the UK stroke rehabilitation pathway from: orthotists, occupational therapists and physiotherapists.

The national survey was distributed electronically via a web link to the respective UK professional bodies.

Participants

Eligible participants were identified through the:
- British Association of Prosthetists and Orthotists
- Royal College of Occupational Therapists – Specialist Section for Neurological Practice
- Association of Chartered Physiotherapists Interested in Neurology

Questions

Questions covered:
- Clinical experience level
- Clinical setting and frequency of contact with stroke patients
- Usual orthotic referral routes and practices
- Common clinical presentations and orthotic prescriptions
- Timing of referral and orthotic provision
- Barriers and facilitators to orthotic provision

Results

- Physiotherapists are the most likely source of orthotic referral (88% of OT’s and Physio’s prescribe and fit simple orthotic devices)
- ‘Foot & Ankle’ is the area perceived to be most likely to benefit from orthotic input
- Orthotist availability and orthotic delivery varies widely across the country

- Perceived ‘delay’ between optimum time and actual time of orthotic delivery

- “Orthotics needs to be considered earlier on in the rehabilitation of stroke patients, we tend to only be involved at the outpatient stage once problems arise” (P5, Orthotist)
- “I feel orthotics is vital and often underused by physios. Early effective orthotic input can maximise early patient recovery” (P140, Specialist Physio)
- “Orthotics is part of the stroke MDT and should be more recognised for the support it offers patients rehabilitation” (P49, OT)
- “I have never met an orthotist. It would be great to have an orthotist working with the rest of the Stroke MDT” (P55, OT)
- “Lack of orthotists and therefore lack of appointments delays some patient’s rehab if it can’t be optimised until the orthotic is provided.” (P64, Senior OT)

Conclusion

- Orthotics is perceived to be an important aspect in the stroke rehabilitation pathway with physiotherapists and occupational therapists playing a significant role in the referral for and delivery of orthotics following stroke. Timing of orthotist and orthotic involvement after stroke is of key interest, with joint orthotist assessment with other members of the stroke rehabilitation MDT desirable.
- Current barriers to orthotic provision for stroke patients were; poor awareness and understanding of orthotic interventions, lack of resources, and deficiency of orthotist workforce availability.

References