



SIG Clinical Pathways

Prof. Dr. T. Platz
BDH-Klinik Greifswald,
Neurologisches Rehabilitationszentrum und
Querschnittgelähmtenzentrum
Ernst-Moritz-Arndt-Universität Greifswald

SIG activities

- Mission and goals & organisational structure
- Activities
 - Workshops and/or Sessions at WCNR meetings
 - Web site www.clinical-pathways.org
 - Newsletter service
- Forthcoming actions
 - Summer school Neurorehabilitation
 - Neurorehabilitation in Sub-Saharan Africa

Mission and goals of the SIG Clinical Pathways

- The SIG Clinical Pathways is not focussing on a specific topic in neurorehabilitation, but acts as a group with cross-sectional interest in neurorehabilitation therapy.
- A major intention of the SIG Clinical Pathways is to alert to clinical evidence that is relevant for clinical decision making in neurorehabilitation. This activity might facilitate the individual rehabilitation professional's ability to receive up to date information. Thereby, a close link between currently available clinical therapeutic evidence and clinical practice can be supported. The information provided can be used by individual rehabilitation providers for their own clinical pathway developments that need to take specific circumstances of a given rehabilitation service into account.
- In addition, the SIG Clinical Pathways can engage in the development of clinical pathways as a research activity. These pathways would formulate evidence-based therapeutic approaches in more general terms that could further be adapted to the specific circumstances of a given rehabilitation service by its users.

Organizational structure (written concept available)

- Chair, secretary, members

Responsibilities of the chair

- (a) With input from the SIG, develop a mission and goals, devise an action plan and make assignments to meet the goals for the year.
- (b) Prepare an agenda and conduct SIG meeting at the world congress with the secretary taking minutes. Circulate attendance sheet to collect names and addresses of interested members and send minutes, project timelines and assignments to SIG members.
- (c) Attending Management Committee meetings

Criteria for members

- (a) WFNR member in good standing or may have non WFNR member with special interest in the SIG activities for a period of 3 years before membership required, non-member would be required to pay any SIG dues or fees.
- (b) Knowledgeable about and interested in working on the SIG. Understand and agree to the necessary commitment of time and activity for SIG projects that may be assigned.
- (c) Approval of membership by SIG Chair.

Meetings

- (a) The SIG meets at each World Congress.
- (b) Interim meetings may take place as needed.

Dissemination options include, but are not limited to:

- (a) Preparing and presenting courses, for example, at the World Congress (WCNR), contingent upon approval of the program committee.
- (b) Publishing articles in the WFNR newsletter.
- (c) Especially, provision of information about new therapeutic evidence and commentaries on a web-based platform.

**"News from clinical trials for stroke rehabilitation services –
a WFNR SIG Clinical Pathways symposium"**

Proposal by the SIG Clinical Pathways for a Symposium held at the WCNR 2014

Talks

1. Recent pivotal trials in stroke rehabilitation (Thomas Platz; 25 minutes plus 5 minutes discussion)
2. Neurorehabilitation after stroke: A systematic review of the evidence (Gert Kwakkel; 25 minutes plus 5 minutes discussion)
3. Applicability of the evidence in developing countries (Mayowa Owolabi; 20 minutes plus 5 minutes discussion).

"Assessment and outcome measurement in rehabilitation after stroke"

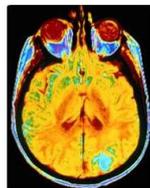
Common proposal by the SIG Clinical Pathways and the SIG on Measurement, Assessment, and Classification for a Symposium held at the WCNR 2014

Chairs' introduction:

1. General principles of assessment and outcome measurement including the definitions of ICF and QoL (Matilde Leonardi, head SIG MAC; 5 minutes)
2. Psychometric properties of clinical scales (Thomas Platz, head SIG CP; 5 minutes)

Talks:

1. Impairment scales and composite stroke scales (Józef Opara; 15 minutes plus 5 minutes discussion)
Stroke scales such as NIHSS; impairment scales such as Motricity Index, Fugl-Meyer test, Ashworth / REPAS
2. Assessment of Activities and Participation (Ayse Kucukdeveci; 20 minutes plus 5 minutes discussion)
Barthel, FIM; Frenchay Activity Index; Rivermead Motor assessment, Box and block test, Nine hole peg test, Berg Balance scale, Timed up and go, 6 minutes walking test; London Handicap scale, WHODAS II
3. Assessment of QoL (Mayowa Owolabi; 20 minutes plus 5 minutes discussion) SF-12, EuroQoL, Stroke Impact Scale, HRQOL In Stroke Patients (HRQOLISP)



The World Federation for NeuroRehabilitation (WFNR) (<http://www.wfnr.co.uk>) is a multidisciplinary organisation open to any professional with an interest in neurological rehabilitation. The organisation exists to act as a forum of communication between those with an interest in the subject. The WFNR runs world congresses in neurological rehabilitation that are held every two to three years.

The WFNR has formed special interest groups. It has more than 20 special interest groups (SIG) in subjects ranging from mild brain injury to telerehabilitation. One of these is the SIG Clinical Pathways.

Mission and goals of the SIG Clinical Pathways

The SIG Clinical Pathways is not focussing on a specific topic in neurorehabilitation, but acts as a group with cross-sectional interest in neurorehabilitation therapy. Its main purpose is to make clinical evidence that is relevant for clinical decision making in neurorehabilitation transparent and to provide commentaries.

This activity might facilitate the individual rehabilitation professional's ability to receive up to date information. Thereby, clinical practice might become more closely linked to the presently available clinical therapeutic evidence.

BDH-Klinik Greifswald  ERNST MORITZ ARNDT UNIVERSITÄT GREIFSWALD 

newsletter of the SIG Clinical Pathways
www.clinical-pathways.org



newsletter
01/2013 → Date: 25.01.2013

Effects of circuit training as alternative to usual physiotherapy after stroke: randomised controlled trial

BMJ 2012 May 10;344:e2672
 Ingrid G L van de Port, Lotte E G Wevers, Eline Lindeman, Gert Kwakkel
 Rudolf Magnus Institute of Neuroscience, University Medical Centre Utrecht, Netherlands

Abstract

OBJECTIVE: To analyse the effect of task oriented circuit training compared with usual physiotherapy in terms of self-reported walking competency for patients with stroke discharged from a rehabilitation centre to their own home.

DESIGN: Randomised controlled trial with follow-up to 24 weeks.

SETTING: Multicentre trial in nine outpatient rehabilitation centres in the Netherlands

PARTICIPANTS: Patients with stroke who were able to walk a minimum of 10m without physical assistance and were discharged from inpatient rehabilitation to an outpatient rehabilitation clinic. Patients were randomly allocated to circuit training or usual physiotherapy, after stratification by rehabilitation centre, with an online randomisation procedure.

Abstract
Further key information
Interview
SIG comment

- electronic web distribution
 - Neurologie & Rehabilitation
 - WFNR newsletter



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Summer school Neurorehabilitation SSNR – 02.-05.07.2014

in the & sponsored by:
Alfried Krupp Wissenschaftskolleg Greifswald



1. Multi-professional
2. Programme harmonised with EFNR NeuroRehab curriculum
3. Topics: ICF, assessment, goal setting, motor rehabilitation, NR of speech, swallowing, visual perception, cognition, emotion, for specific disorders
4. Language: German – Austria, Germany, Switzerland
5. Certificates issued by the SIG CP
accredited by the WFNR?
6. Format as Model for SSNRs around the globe?