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## **NIVEL DE FUNCIONALIDAD Y GENERALIZACIÓN POST-INTERVENCIÓN DE TERAPIA OCUPACIONAL EN PACIENTES CON STROKE Y DÉFICIT COGNITIVO**

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Introduction: After a stroke, cognitive and motor sequelae interfere with the performance of normal activities of daily living (ADL).

Objective: To analyze the functional evolution and generalization (persistence) of the achievements in stroke patients with cognitive deficits and after occupational therapy treatment (OT) in the simulated context.

Material: Quasi-experimental design, random assignment, before-after (3 time series), 32 patients who accomplished daily OT, for half an hour, during 3 months, in the context of an interdisciplinary and outpatient neuro-rehabilitation program, addressing ADL in simulated environment. The patients have been tested in the admission, in the institutional release and three months after this. Patients continued outpatient treatment.

Inclusion criteria: stroke diagnosis; sub-acute; clinically stable; controlled risk factors; Mini Mental State Examination (MMSE) in between 20-23; without previous OT treatment; without depression diagnosis; living with family. We have evaluated: ingress / egress functionality, Functional Independence Measure (FIM); functionality Community PHONE-FIM, cognitive impairment, MMSE. Statistics: t mating,  $\alpha$ : 0.05.

Results: 32 patients, 24 (66.7%) male, average age 50 (35-65) years, development average 100 (20-180) days, MMSE 21.75 (FROM 0.84). Initial FIM average: 42, complete dependence high FIM average: 74, as amended dependence and amended independence. Community FIM average: 88, amended independence and complete independence.

Evolution: Post-treatment, +28.75 ( $p < 0.05$ ,  $\alpha$ : 0.05), community period, +14.75 ( $p < 0.05$ ,  $\alpha$ : 0.05).

Conclusions: Upstanding increase in the level of functionality and independence of patients at institutional discharge and continuity of this phenomenon in the community phase. Interventions of OTs in "simulated context" provide an effective therapeutic tool in patients with post-stroke sequelae.

### **CONTRIBUTION TO THE PRACTICE/ EVIDENCIAL BASE OF THE OCCUPATIONAL**

**THERAPY** :from the practice centered in the patient, this way of work allows us to use the context as facilitator of the occupational performance doing an identification of the good things and obstacles of the occupational performance analyzing the person, the ambient and the occupation.