**Multiple Choice questions**

Correct answers marked in red

1 Intervention components addressed by occupational therapy post stroke while patients are admitted to a tertiary hospital include

1. teaching compensatory ADL techniques
2. finding suitable accommodation
3. educating patients as well as their families and carers to manage post discharge
4. addressing upper limb impairments
5. improve ability to swallow

2 Infrequent outpatient therapy sessions in conjunction with home-based stroke rehabilitation programmes

1. are effective in achieving modest gains in ADL following inpatient rehabilitation.
2. are supported by home-based rehabilitation services in Soweto
3. are the intervention offered to patients discharged from public health care in South Africa
4. support gains in motor function
5. have not proved adequate in maintaining gains in intendance in personal management

3 The right time to start therapy post stroke

1. is not until three days of the stroke
2. is within 24 hours of the stroke incident regardless of the type of stroke.
3. shouldnot benefit the patient in terms of motor outcomes
4. is based on the prevention of complications caused by immobility in bed
5. should provide stroke survivors in South African public hospitals the opportunity to receive a few hours of therapy

4 Compliance to outpatient follow up rehabilitation for stroke after discharge has been reported as due to

1. a lack of finances
2. a lack of appointments provided by therapists
3. a lack of access to transport
4. attendance at other health care facilities
5. cultural factors

5 Demographic and medical factors that influence the outcomes for upper limb functional movement

1. family support
2. degree of upper limb paresis on admission
3. gender
4. the site of the lesion
5. size of the lesion

.

6 The South African Data Functional Medicine (SADFM)-Beta Scale.

1. is not suited for use with patients with stroke
2. is an outcome measure standardised in South Africa
3. has a score of 7 which indicates moderate assistance
4. has adequate responsiveness on all items in the acute setting for stroke survivors
5. has construct validity has been confirmed using the Rasch analysis

7 Of the 45 participants included in the study results indicated

1. they had a mean age of 45.84 years
2. males made up 74% of participants
3. they were hospitalised for a mean of eight days
4. only 3% had middle cerebral artery strokes
5. most had left sided strokes

8 Full upper limb functional mobility was present

1. on referral in 2% of participants
2. was not present in any participants at any stage
3. on discharge in 36 % of the participants
4. at month 2 all participants
5. at month 1 in 6% more participants

9 For self care

1. participants showed marked dependence for dressing and bathing on referral.
2. at month 1 more participants required assistance
3. 24% of participants had achieved modified independence by discharge
4. participants that returned for outpatient therapy, were using modified independence
5. at month 2 participants who did return for follow had become more dependent

10 A low correlation between upper limb function and personal management was found

1. on referral,
2. after a few days of intense therapy
3. with the exception of eating
4. for bathing, dressing, toileting as well as bowel and bladder management and arm and hand recovery on discharge.
5. at month 1 and month 2