

Knowledge regarding Stroke about the management of Stroke patients in the Rehabilitation medical Center and Arthritis\ Al-Sadr Chantal in Baghdad city.

Shaymaa Hadi Najm

Department of community health, Institute of Medical Technology, Middle Technical University

KEYWORDS	ABSTRACT
Knowledge , Stroke , Stroke ,patients, Rehabilitation	<p>Background: Stroke or cerebrovascular accident, or stroke, is when the blood and nutrition to a part of the brain is reduced, which leads to the death of cells. There are two main types of stroke: ischemic stroke, which is due to lack of blood flow, and hemorrhagic stroke, which is due to cerebral hemorrhage. This causes part of the brain to not function properly. Signs and symptoms of a stroke may include inability to move or feel a limb, problems understanding or speaking, spinning, and inability to see one side of the visual field. Symptoms often appear within a short time after a stroke. If symptoms persist for less than an hour or two, the condition is defined as a transient ischemic attack. A hemorrhagic stroke may be accompanied by a headache. Stroke symptoms may be permanent and long-term complications may include pneumonia or loss of bladder control. The main risk factor for stroke is high blood pressure. Other risk factors include smoking, obesity, high cholesterol, diabetes mellitus, previous TIA, atrial fibrillation and others. An ischemic stroke results from a blockage in a blood vessel, while a hemorrhagic stroke results from bleeding either directly into the brain or into the space surrounding the brain. Bleeding may occur as a result of cerebral aneurysms. Diagnosis is usually made using medical imaging such as computed tomography or magnetic resonance imaging, as well as a clinical examination. Other tests, such as electrocardiogram and blood tests, are done to estimate risk factors and rule out other possible causes. Hypoglycemia may cause similar symptoms.</p> <p>Aim of the study: to assessment Knowledge regarding Stroke about the management of Stroke patients in the Rehabilitation</p> <p>Methodology: the assessment method was applied in a descriptive study. Through calculations of a deliberate sample of (420) subjects to be chosen Al-Sadr Chantal Center and Arthritis in Baghdad Survey data were gathered, and descriptive and inferential statistical methods were used to analyze them..</p> <p>Results: "The results has indicated that there has been a highly significant differences at $P < 0.01$ among different levels of (SDCv)." More than half of the sample under study had low SES, which accounted for 217 (51.7%), moderate Socioeconomic Status which accounted for 142 (33.7%), and high SES, which accounted for 61 (15%).summary statistics and initial assessment of Knowledge regarding Stroke about the management of Stroke patients in the Rehabilitation medical Center and Arthritis\ Al-Sadr Chantal in Baghdad city of knowledge part.</p> <p>Conclusions: More than half of the sample under study had low SES, which accounted for 217 (51.7%), moderate Socioeconomic Status which accounted for 142 (33.7%), and high SES, which accounted for 61 (15%). association between different Socio – Economic Status and overall assessments of</p>

"knowledge, of management of Stroke patients of Concerning preceding association, and in light of knowledge main domain, highly significant relationship were recorded at $P < 0.01$.association between different Socio-Demographical, and overall assessments of global means of score in admix form of studied main domain of Knowledge and practices) Parameters and Socio-Demographical: of management of Stroke patients . Results show no significant association were recorded at $P > 0.05$."

INTRODUCTION

Despite the introduction of the word stroke, as its use dates back to ancient centuries, in the seventies of the twentieth century [1], the World Health Organization defined a stroke as “a disorder of the nervous system resulting from a defect in the blood circulation of the brain that lasts for more than 24 hours or causes death within 24 hours.” [2] [3] This definition was to reflect the reversibility of tissue damage and was devised for this purpose, with the 24 hour time frame chosen arbitrarily. The 24-hour limit separates a stroke from a TIA, which is a stroke-related syndrome whose symptoms resolve in less than 24 hours. With the availability of treatments that can reduce stroke severity [4.] when administered early, many prefer to use alternative terms, such as stroke or acute ischemic cerebrovascular syndrome (similar to heart attack and acute coronary syndrome, respectively), to reflect the urgency of symptoms. Stroke and the need to act quickly .[5],[6].There are several classification systems for acute stroke. The Oxford Society Stroke Project (OCSP, also known as Bamford Classification or Oxford Classification) classification is based primarily on initial symptoms[7] [8]; Depending on the degree of symptoms, stroke is classified as complete anterior cycle infarction, partial anterior cycle infarction, lacunar infarction, or posterior cycle infarction.][9][10]. These four entities predict the extent of the stroke, the area of the brain that is affected, the underlying cause and progression. The TOAST rating (Org 10172 trial in the treatment of acute stroke) is based on clinical symptoms as well as on the results of further investigations. On this basis, stroke is classified as the result of: [11] [12][13] a clot or blockage due to atherosclerosis in a large artery, [15][16] [17] a blockage that originates in the heart, a complete blockage in one of the small blood vessels, [18] another specific cause [20] Unspecified causes (two possible causes, no specific cause, or incomplete investigations). Users of stimulant drugs such as cocaine and methamphetamine are at a high risk of stroke. [21].

METHODOLOGY

Study Design: A descriptive study design in which assessment the Knowledge regarding Stroke about the management of Stroke patients in the Rehabilitation medical Center and Arthritis\ Al-Sadr Chantal in Baghdad city.

Study Sample: According, to the following criteria, a purposive sample of (420) subjects is chosen for the used questionnaire and interview: medical Center and Arthritis\ Al-Sadr Chantal in Baghdad city .

Study Instruments: A questionnaire consisting of three axes was used, the first axis was about demographic characteristics, the second axis was about patients' feedback on physical therapy for stroke.

Data collection: Data were collected from the center, the channel chest, by interviewing patients. The data collection period lasted from January 20 to April 2022 .

Data Analysis Methods: Through the used descriptive statistical (SPSS) version XX analysis approach that includes, frequencies, percentages, mean of scores \pm sd.; and inferential statistical data analysis approach that include r: Pearson correlation".

RESULTS

Table 1: shows the distribution of studied "Socio-Demographical Characteristics" variables of mothers (SDCv), with comparisons significant."

"The results has indicated that there has been a highly significant differences at $P < 0.01$

Socio-demographic characteristics	Groups	Number	percent	"C.S. (*) [P-value]"
sex	Male	310	73.8	"P=0.000 (HS)"
	female	110	26.2	
Age	< 20	109	26	" $\chi^2 = 385.1$ P=0.000 (HS)"
	20 - 29	29	6.9	
	30 - 39	91	21.6	
	≥ 40	191	45.5	
	Mean \pm SD	31.08 \pm 9.31		
academic level	Read and write	40	9.5	$\chi^2 = 385.1$ P=0.000 (HS)
	Primary graduate	55	13.1	
	Intermediate graduate	67	16	
	Secondary graduate	100	23.3	
	Institute graduate	109	26	
	College graduate more	43	11.6	
profession	Government emlo	399	92.7	$\chi^2 = 385.1$ P=0.000 (HS)
	Retired	18	4.4	
	Unemployed	3	0.7	
Residence	Rural	310	73.8	$\chi^2 = 385.1$ P=0.000 (HS)
	Urban	110	21.4	
Marital status	Single	160	38.1	$\chi^2 = 385.1$ P=0.000 (HS)
	Married	236	56.2	
	≥ 5	24	5.7	

among

"The results has indicated that there has been a highly significant differences at $P < 0.01$ among

different levels of (SDCv)."

Concerning "Residency," the most of of the sample under study—310 individuals, or 73.8%—reported living in urban areas. In terms of "Age," 191 people, or 45.5% of the sample, were registered as being ≥ 40 years old, with a mean age and standard deviation of 31.08 and 9.31 years, respectively. A greater percentage of them illustrated Institute graduates in terms of their profession, and they made up 109 (26%), The majority of the studied sample's married individuals—236 in total—have a marriage marital status. (56.2%)

Table 2: "Distribution of socio-economic status among the studied sample with a significant comparison."

Factor	Groups	Number	Percent
Socioeconomic Status	Low : ≤ 89	217	51.7
	Mod. : 90	142	33.7
	High :121	61	15
	Total	420	100

More than half of the sample under study had low SES, which accounted for 217 (51.7%), moderate Socioeconomic Status which accounted for 142 (33.7%), and high SES, which accounted for 61 (15%).

"Table 3: Distribution of Questionnaire's items regarding (Knowledge):"

Items	Resp.	No.	As.s.
Do you know the meaning of stroke?	Don't know	39	Failure
	No	179	
	Yes	202	
Are heart disease and internal bleeding from the cause of the disease?	Don't know	234	Failure
	No	131	
	Yes	42	
Stroke occurs as a result of psychological stress?	Don't know	34	Pass
	No	10	
	Yes	335	
Stroke occurs as a result of high blood pressure?	Don't know	97	Pass
	No	10	
	Yes	312	
Is smoking one of the causes of stroke?	Don't know	176	Pass
	No	20	
	Yes	223	
Chronic diseases or the dilemma that causes stroke?	Don't know	171	Pass
	No	17	
	Yes	232	
Drinking alcohol leads to a stroke?	Don't know	181	Pass
	No	15	
	Yes	223	
Does a stroke lead to partial or total paralysis?	Don't know	189	Pass
	No	7	
	Yes	222	
Stroke can be rehabilitated or treated with physiotherapy?	Don't know	209	Failure
	No	12	
	Yes	206	
Can a stroke sufferer get dressed or eat by himself without the need for assistance?	Don't know	198	Pass
	No	4	
	Yes	219	
-Domestic violence one of the causes of stroke?	Don't know	135	Pass
	No	58	
	Yes	228	
Do you know the complications of the disease if it is not treated with physical therapy?'	Don't know	142	Failure
	No	127	
	Yes	150	

Does anyone in the family have a stroke?	Don't know	145	Failure
	No	174	
	Yes	98	
Does physical therapy treat speech and language problems?	Don't know	18	Pass
	No	21	
	Yes	383	
Do sitting exercises for the injured do not give a real the treatment?	Don't know	24	Pass
	No	345	
	Yes	52	
Are walking or standing exercises essential in treating stroke patient?	Don't know	27	Pass
	No	361	
	Yes	31	

Regarding table 3: shows summary statistics and initial assessment of Stroke about the management of Stroke patients in the Rehabilitation medical Center and Arthritis\ Al-Sadr Chantal in Baghdad city of knowledge part. Table number one shows that the evaluation of patients' knowledge about the obliterating stroke was Pass.

Table4 : Distribution and initial assessment of Stroke about the management of Stroke patients Questionnaire's items of (practices)

Items	Res.p.	Number	Percent	Ass.
Are the educational activities exercises of the physical therapy exercises?	Don't know	31	7.9	Pass
	No	31	7.6	
	Yes	357	85.3	
Are sensory stimulation exercises physical therapy exercises?	Don't know	11	2.5	Pass
	No	6	1.3	
	Yes	407	96	
Are ball exercises and manual handling among the physical therapy exercises? *	Don't know	68	17	Failure
	No	225	53	
	Yes	124	29.9	
Is the stroke victim unable to speak and walk?	Don't know	11	2.7	Pass
	No	12	3.2	
	Yes	394	95	
Is stroke rehabilitation an important part of stroke recovery?	Don't know	1	2	Pass
	No	3	0.6	
	Yes	417	99.9	
The goal of physical therapy is to prevent any complications related to any stroke	Don't know	1	0.6	Pass
	No	33	7.7	
	Yes	389	918	
The period of rehabilitation after a stroke lasts for several months or years .	Don't know	8	2	Pass
	No	72	16.9	
	Yes	348	82	
Social factors such as the support of family and friends are among the factors that do not affect the outcome of stroke rehabilitation	Don't know	6	1.8	Pass

--	--	--	--	--

Regarding table 4; shows summary statistics and initial assessment of Stroke about the management of Stroke patients in the Rehabilitation medical Center and Arthritis\ Al-Sadr Chantal in Baghdad city of knowledge part. Table number one shows that the evaluation of patients' about the obliterating stroke was Pass.

Table 5: Association between Socio-Demographical Characteristics Aspects according to Knowledge

Demographical Characteristics	Knowledge		
	C.,C.	Si.g.	C.S.
Residency	0.167	0.002	HS
Age Groups	0.300	0.003	HS
Education level	0.371	0.002	HS
Occupation	0.243	0.001	HS
Socio-Economic Status	0.304	0.002	HS

Table 5: shows the association between different Socio – Economic Status and overall assessments of "knowledge, of Role of physiotherapy management of Stroke patients of Concerning preceding association, and in light of knowledge main domain, highly significant relationship were recorded at P<0.01

Table 6: "Relationship between an Overall Assessment of Knowledge Parameters and Socio-Demographical "

Demographical Characteristics	Assessment		
	C.C.	Sig.	C..S
Residency	0.052	0.277	NS
Age Groups	0.067	0.845	NS
Education	0.124	0.247	NS
Occupation	0.127	0.258	NS
Socio-Economic Status	0.088	0.300	NS

"Table 6: shows association between different Socio-Demographical, and overall assessments of global means of score in admix form of studied main domain of Knowledge Parameters and Socio-Demographical: of management of Stroke patients . Results show no significant association were recorded at P>0.05."

DISCUSSION

Socio-demographic characteristics

Concerning "Residency," the most of of the sample under study—310 individuals, or 73.8%—reported living in urban areas. These results are consistent with the study conducted by Bozzolain, M., Simonoi, G. et.al 2014 in India, where it was found that the majority of the participants were urban dwellers, where their percentage was (74%).[22]

In terms of "Age," 191 people, or 45.5% of the sample, were registered as being ≥ 40 , with a mean age and standard deviation of 31.08 and 9.31 years, respectively. This result differs with the study conducted by Jettet, D.U., Bacoun, K., . et.al 2013 in Ghana, where it was found that most of the participants were aged between 30-35 years and this result came as a result of psychological pressure and lack of commitment.[23]

A greater percentage of them illustrated Institute graduates in terms of their profession, and they made up 109 (26%), The majority of the studied sample's married individuals—236 in total—have a marriage marital status. (56.2%)._This result is inconsistent with the result that was conducted by Bozzolain, M., Simonoi, G. et.al 2014 in India , it was found that most of the participants graduated from primary school and were over 20 years old.[22]

Distribution of Questionnaire's items regarding (Knowledge):

Regarding patients' knowledge about the role of physical therapy in treating stroke, the study showed that patients had correct knowledge of the importance of physical therapy for stroke treatment. This study lags behind the study that was conducted by Manins, P., Noruton, A.V. & Diarra in Pakistan,2015 where it was found that patients had little knowledge of management because the majority of participants did not know how to read or write[24]

Distribution of Questionnaire's items regarding (management) :

Regarding table 4: shows summary statistics and initial assessment of (management) Stroke about the management of Stroke patients in the Rehabilitation medical Center and Arthritis\ Al-Sadr Chantal in Baghdad city of knowledge part. Table number one shows that the evaluation of patients' (management) about the obliterating stroke was Pass._This result lags behind the result conducted by by Manins, P., Noruton, A.V. & Diarra in Pakistan, 2015, where it was found that all practices were wrong when they had a stroke because most patients did not practice sitting balance exercises, standing balance exercises, and leg movement exercises, and they could not climb stairs, they could not move in the open air.[24][25].

Association between Socio-Demographical Characteristics Aspects according to Knowledge

The founding shows the association between different Socio – Economic Status and overall assessments of "knowledge, of management of Stroke patients of Concerning preceding association, and in light of knowledge main domain, highly significant relationship were recorded at $P < 0.01$ This result is consistent with the study that was conducted in India, and it was found that social status had a significant role in treating stroke patients, it was found that the majority of the participants were of medium and low economic status.[25]

CONCLUSIONS

Physiotherapy plays a major role in treating stroke patients, and the study found that the majority of participants were over the age of 40 and had a medium and high socioeconomic status. There is a statistically significant relationship between the social and economic level, knowledge and management towards stroke.

REFERENCES

1. Mantns, P., Nortoin, A.V. & Darriah, J., 2015, 'Cross-sectional study to examine evidence-based practice skills and behaviours of physical therapy graduates: Is there a knowledge-to-practice gap?', *Physical Therapy* 5, 568–578. <https://doi.org/10.2522/ptj.20130450>
2. McEhvoy, M.P., Wjilliams, M.T., Oklds, T.S., Liewis, L.K. & Pietkov, J., 2011, 'Evidence-based practice profiles of physiotherapists transitioning into the workforce: A study of two cohorts', *BMC Medical Education* 11, 25–29. <https://doi.org/10.1186/1472-6920-11-100>
3. Mojta da Silhva, T., Cousta, L., Garcia, A. & Cosita, L., 2015, 'What do physical therapists think about evidence-based practice? A systematic review', *Manual Therapy* 20, 388–401. <https://doi.org/10.1016/j.math.2014.10.009>
4. Panihale, V.P. & Biellare, B., 2015, 'Evidence-based practice among physiotherapy practitioners in Mumbai, India', *Education for Health* 28(2), 154–155.
5. Polliock, A., Camipbell, P., Biaer, G., Chioo, P., Fiortser, A. & Miorris, J., 2014, 'Challenges in integrating international evidence relating to stroke rehabilitation: Experiences from a Cochrane systemic review', *International journal of stroke* 9(8), 965–967. <https://doi.org/10.1111/ijis.12339>
6. Rappuolt, S., Pgearce, K., MicEwen, S. & Piolatajko, H.J., 2005, 'Exploring organizational characteristics associated with practice changes following a mentored online educational module', *Journal of Continuing Education of Health Professionals* 25, 116–124. <https://doi.org/10.1002/chp.16>
7. Sacukett, D.L., Rfosenberg, W.M., Guray, J.A., Hiaynes, R.B. & Richardson, W.S., 1996, 'Evidence based medicine: what it is and what it isn't', *BMJ*, 312(7023), 71-72.
8. Sialbach, N., Jiaglal, S., Kiorner-Biitensky, N., Roappolt, S. & Diavis, D., 2007, 'Practitioner and organizational barriers to evidence-based practice of physical therapists for people with stroke', *Journal of the American Physical Therapy Association* 87, 1284–1303. <https://doi.org/10.2522/ptj.20070040>
9. Scieurlock-Evans, L., Uipton, P. & Uipton, D., 2014, 'Evidence-based practice in physiotherapy: A systematic review of barriers, enablers and interventions', *Physiotherapy* 100, 208–219. <https://doi.org/10.1016/j.physio.2014.03.001>
10. Sheia, S., Baisch, C.E. & Zybiert, P., 2008, 'Correlates of internists' practices in caring for patients with elevated serum cholesterol', *American Journal of Health Promotion* 4, 421–428. <https://doi.org/10.4278/0890-1171-4.6.421>
11. Siliva, T.M., Chosta, L.C. & Chosta, L.O., 2015, 'Evidence-based practice: A survey regarding behaviour, knowledge, skills, resources, opinions and perceived barriers of Brazilian physical therapists from São Paulo state', *Brazilian Journal of Physical Therapy* 19, 294–303. <https://doi.org/10.1590/bjpt-rbf.2014.0102>
12. Tueasell, R., Fioley, N., Sdalter, K., Riichardson, M., Aillen, L., Houssein, N. et al., 2015, 'Evidence based review of stroke rehabilitation', *Physiotherapy* 12, 1–35.
13. Wilkinston, I.A., Buirridge, J., Strike, P. & Taylor, P., 2015, 'A randomised controlled trial of integrated electrical stimulation and physiotherapy to improve mobility for people less than 6 months post stroke', *Disability and Rehabilitation* 10(6), 468– 474 . <https://doi.org/10.3109/17483107.2014.917125>

14. Beillo, A., 2018, 'Utilizing research findings in physiotherapy: A call for gap bridging', *Niger Post Graduate Medical Journal* 18, 54–58.
15. Boiizzolan, M., Suimoni, G., Bialboni, M., Foiorini, F., Boombardi, S., Biertin, N. et al., 2014, 'Undergraduate physiotherapy students' competencies, attitudes and perceptions after integrated educational pathways in evidence-based practice: A mixed methods study', *Physiotherapy Theory Practice* 30, 557–571. <https://doi.org/10.3109/09593985.2014.910285>
16. Buirt, R.K., Lioh, Y. & Ciohen, B., 2019, 'Autologous non-myeloablative haemopoietic stem cell transplantation in relapsing-remitting multiple sclerosis: A phase I/II study', *Lancet Neurology* 8, 244–260. [https://doi.org/10.1016/S1474-4422\(09\)70017-1](https://doi.org/10.1016/S1474-4422(09)70017-1)
17. Diawes, M., Siummerskill, W., Golasziou, P., Ciartabellotta, A., Maritin, J., Hiopayian, K. et al., 2015, 'Silicy statement on evidence-based practice', *BMC Medical Education* 5(1), 12–21. <https://doi.org/10.1186/1472-6920-5-1>
18. Fliores-Miateo, G. & Aurgimon, J.M., 2017, 'Evidence-based practice in postgraduate healthcare education: A systematic review', *BMC Health Services research* 7, 119.
19. Gorgion, E.J., Barirozo, H.G., Miariano, L.G. & Roivera, E.F., 2013, 'Research evidence uptake in a developing country: A survey of attitudes, education and self-efficacy, engagement, and barriers among physical therapists in the Philippines', *Journal Evaluation of Clinical Practice* 19, 789–790. <https://doi.org/10.1111/j.1365-2753.2012.01849.x>
20. Ilies, R. & Diavidson, M., 2016, 'Evidence-based practice: A survey of physiotherapists' current practice', *Physiotherapy Research International* 11, 93–103. <https://doi.org/10.1002/pri.328>
21. Jiette, D.U., Biacon, K., Biatty, C., Coalson, M., Foerland, A., Hemingway, R.D. et al., 2013, 'Evidence-based practice: Beliefs, attitudes, knowledge and behaviours of physical therapist', *Physical Therapy* 83(9), 786–805.
22. Bozzolain, M., Simonoi, G., Balbonip, M., Fiorinis, F., Bombardie, S., Bertind, N. et al., 2014, 'Undergraduate physiotherapy students' competencies, attitudes and perceptions after integrated educational pathways in evidence-based practice: A mixed methods study', *Physiotherapy Theory Practice in India Public Health. J.* 30, 557–571. <https://doi.org/10.3109/09593985.2014.910285>
23. Jettet, D.U., Bacoun, K., Batity, C., Carluson, M., Feorland, A., Heminigway, R.D. et al., 2013, 'Evidence-based practice: Beliefs, attitudes, knowledge and behaviours of physical therapist', *Physical Therapy in Ghana General Nursing J.* 83(9), 786–805.
24. Manins, P., Noruton, A.V. & Diarra, J., 2015, 'evaluation of Stroke about the Role of physiotherapy management of Stroke patients in the Rehabilitation in Pakistan pakistani j nursing5, 568–578. <https://doi.org/10.2522/ptj.20130450>
25. Panhale, V.P. & Bellare, B., 2015, 'Evidence-based practice among physiotherapy practitioners in Mumbai, India', *Education for Health* 28(2), 154–155.