

New Australian guidelines released for the rehabilitation of children with stroke

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Researchers and health professionals have produced the first [rehabilitation guidelines](#) in Australia to help children who have had a stroke. Somewhere between 100 to 300 Australian children suffer a stroke every year. A stroke occurs when a blood clot blocks an artery and interrupts blood flow to the brain or when a blood vessel supplying the brain bursts and causes bleeding into the brain.

Associate Professor Mark MacKay, from the Murdoch Children's Research Institute who chaired the Guideline Development Committee of the "[The Subacute Rehabilitation of Childhood Stroke Clinical Guidelines](#)" said more than half of the [children](#) who suffer a [stroke](#) will have long-term disabilities, affecting their physical functioning, communication, learning and social behavior.

"The lifelong burden of stroke is of course greater for children than adults, because more than half of strokes occur in children under five years of age. These children, therefore, face decades of living with disability," said A/Prof MacKay, who is also a neurologist with the Royal Children's Hospital.

"But perhaps the most crucial difference between paediatric and adult stroke is that the child will face difficulties achieving an independent life because the stroke happens while the child's brain is still developing, whereas adults who have strokes lose independence."

A/Prof MacKay said providing children with the best possible rehabilitation can reduce the long-term financial, psychological, functional and emotional effects of [childhood stroke](#).

Dr Sarah Knight, Team Leader in the Disability and Rehabilitation team at the Murdoch Children's Research Institute and Victorian Paediatric Rehabilitation Service, led the development of the guidelines.

"A key recommendation of the guidelines is that rehabilitation be delivered by an team of [health professionals](#) from diverse backgrounds," she said.

"For example [occupational therapists](#), physiotherapists, education consultants, clinical psychologists, neuropsychologists, speech pathologists, social workers and dieticians should work together with the child and their family in their rehabilitation to achieve the absolute optimal outcome for the child."

Dr Knight said it was crucial that the child's family be involved in all stages of the child's [rehabilitation](#).

"In particular the family must be involved in creating an individual care plan, setting goals for the child and they should also have a role in therapy sessions," Dr Knight said.

"This involvement will also help the family feel capable and ready to care for the child at home."

Dr Knight said it was vital that when a teenager moves from paediatric to adult services they be educated how to access the services they need

and to advocate for their needs.

"Ideally the individual should be assisted by a transition coordinator," she said.

The guidelines for best practice are aimed at hospital and community based healthcare professionals and will be available on the Murdoch Children's Research Institute and Victorian Paediatric Rehabilitation Service websites.

Provided by Murdoch Children's Research Institute

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