

ABSTRACT OF MASTER THESIS

Title of master thesis: Use of individual types of positioning on patients after stroke in the acute and subacute phase of rehabilitation from the perspective of occupational therapy.

Stroke is one of the diseases that most affects the human population. It can result in temporary disability, permanent consequences and death. The patient's positioning after a stroke can affect many risks of secondary changes.

The aim of this work is to find out how occupational therapists are involved in the positioning of patients in the acute and subacute phase after a stroke in stroke centers in the Czech Republic and how the positioning in stroke centers takes place.

The literature and recommended procedures show that the correct positioning after a stroke in the acute and subacute phase prevents the development of immobilization syndrome and secondary changes. Positioning patients after a stroke can affect muscle tone, shoulder pain, prevent subluxation in the joints, maintain passive and active range in the joints, etc. In patients after a stroke, agitation should occur from the affected side to support the return of sensorimotor functions and to involve the affected parties to activities. The occupational therapist is most involved in positioning the affected upper limb, especially to influence spastic dystonia, when he uses antispastic positions and during everyday activities.

A questionnaire survey method was used for data collection. Questionnaires were sent to occupational therapists in stroke centers in the Czech Republic. There are 32 stroke centers in the Czech Republic and 29 occupational therapists from 29 stroke centers answered the questionnaire. The results show that only 16 (55,2%) stroke centers have regulations of positioning after a stroke. In 20 (68,97%) stroke centers, they have specially purchased positioning aids such as positioning pillows, splints, wedges and foam balls. Occupational therapists in 86,2% of cases use the supine position in patients after a stroke in the acute and subacute phase, in 93,1% they use positioning to prevent spasticity. 44,8% of occupational therapists use antispastic positions for positioning the paretic upper limb after the end of the occupational therapy unit and 41,8% also during occupational therapy. During activities of daily living 86,2% of occupational therapists position patients. Most occupational therapists have completed a course related to positioning. Due to the specifics of positioning patients after a stroke in the acute and subacute phase, it would be appropriate to develop a recommended procedure for caring for patients in stroke centers, which would include the correct positioning of the patient. Stroke centers should be equipped with positioning aids and staff should be trained throughout their lives.

Keywords: stroke, positioning, occupational therapist, stroke center