

Summary

My patient is a 71-year-old widow from Horana, a diagnosed patient with poorly controlled Type II Diabetes Mellitus for 5 years, referred to Rehabilitation Hospital Ragama for post-stroke rehabilitation following a R/S Ischemic stroke – large MCA territory infarction probably due to atherosclerosis.

On examination she had MRC grade 4 face, arm, limb weakness which improved over time within the process of multidisciplinary approach including physiotherapy.

Post –stroke rehabilitation continued over a period of 40 days at stroke unit-RRH Ragama, during which patient's Barthel Index improved from 4 to 10 and dysphasia improved with speech and language therapy.

Functional dependency for ADLs and IADLs, poor compliance with medications and treatment were identified as other medical problems while care giver burden, potential financial constraints if disability persists and environmental risk factors for falls were identified as social issues.

Unavailability of community care follow-up for the patient was identified as a drawback in continuing post stroke rehabilitation following discharge.