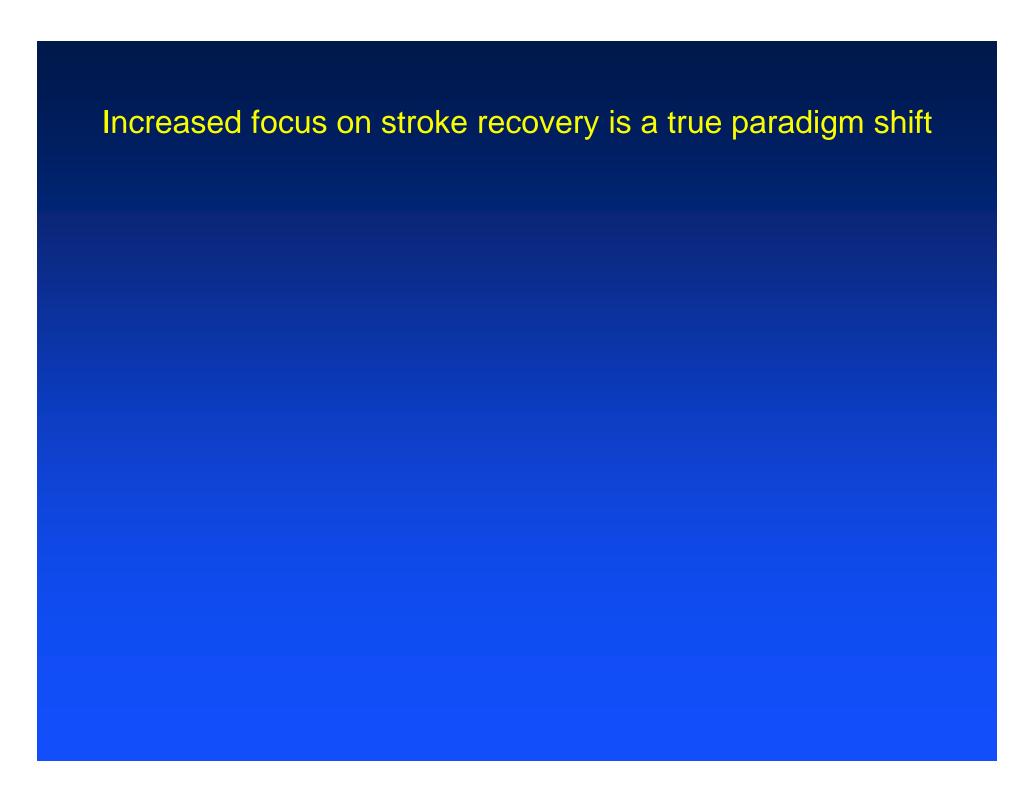
### StrokeNet

# Recovery & Rehabilitation Working Group *Update*

February 9, 2015

Steven C. Cramer, MD



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"There is no standard higher than the assent of the relevant community...."

— Thomas S. Kuhn

The Structure of Scientific Revolutions

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- 1 active trial
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Stroke recovery and rehabilitation trials differ from acute and preventative stroke studies in key ways

Current focus is to address these differences

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This is a complex baseline scenario for starting a clinical trial

#### Structural issues

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Major cultural exchanges are needed to derive maximal results

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#### Scientific issues

- --Many fundamental questions still need major guidance, e.g., the optimal timing and dose of post-stroke therapy.
- --Published recovery/rehabilitation studies are often small, uncontrolled, focused on subjects with mild deficits, etc.

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- --activity-dependent neural plasticity
- --need for increased granularity: neural systems approach

### Many submissions to NINDS, but only 3 reached the Recovery & Rehabilitation Group thus far:

#### 1 funded

"Telerehabilitation in the Home versus Therapy In-Clinic for Patients with Stroke"

#### 1 under consideration

"Optimizing Motor Training Dose In the Early Post-Stroke Period"

1 returned to the PI with constructive feedback

#### Next steps

- Articulate the key questions: white paper
- Spread the word: a new dawn
- Promote StrokeNet at meetings related to recovery and rehabilitation; meetings attended by StrokeNet Recovery & Rehabilitation Group members include ISC, AAN, ANA, ASNR, SfN, APTA, AOTA, and ACRM.
- Explore synergy with the VA system
- Promote standardized post stroke physiotherapy and treatment protocols
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The therapeutic time windows in recovery & rehabilitation trials are wide--nearly all patients should be offered study enrollment.

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