

This study shows a strong effect of lower limb position on observer ratings of the ankle jerk in a sample of young healthy adults. This supports the notion that the position of the lower limb adopted to assess the ankle jerk may explain some of the differences in the prevalence of absent ankle jerk reported in several studies. The findings also agree with anecdotal reports³ that the sensitivity of the ankle jerk is higher when the hip is abducted than when the hip is adducted, but the kneeling position is the most sensitive of the three lower limb positions compared.

When screening for polyneuropathy, the kneeling position may be preferable to the other positions as it will reduce the number of false positives. However, the kneeling position will be unsuitable in settings where the patient is too ill or has impaired consciousness.⁴

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Randomised controlled trial of occupational therapy at home: results at 1 year

In the United Kingdom, about 25% of patients with stroke are not admitted to hospital. Unfortunately many of these patients remain in the community with little or no coordinated rehabilitation. We have recently published the results of a single blind randomised controlled trial of occupational therapy for patients with stroke remaining in the community.¹ We showed significant ben-

efits across a range of outcomes at 6 months after stroke; extended activities of daily living (EADL), personal ADL, gross motor function, handicap, and carer strain. Correspondence² suggested that these results were consistent with other similar smaller trials. In this report we present results at 1 year after stroke.

We identified patients from a community stroke register who had had a recent stroke (<1 month) and had not been admitted to hospital.¹ The stroke register covered a geographical area of Nottinghamshire and southern Derbyshire and incorporated 73 general practitioner practices, covering a population of 500 000 patients. Patients were included if they fulfilled the World Health Organisation (WHO) definition of stroke and had not been admitted to hospital. Patients were excluded if they lived in a nursing or residential home, could not speak or understand English before their stroke, or had a history of dementia. Patients were randomly allocated to up to 5 months of occupational therapy treatment at home (n=94) or to no intervention (n=91). The groups were well matched for baseline demographic characteristics.¹ The aim of occupational therapy was to encourage independence in personal and extended ADL. The number of visits given by the research occupational therapist to the intervention group ranged from 1 to 15, with a mean of six visits. Outcome measures were completed at 6 and 12 months after stroke. Outcome measures used at 1 year included the Barthel index, EADL scale, and the general health questionnaire (GHQ 28) for both patient and carer. All assessments were conducted in the patient's home by a blinded independent assessor.

Sixteen patients could not be assessed at 1 year: 10 had died during follow up (five in the occupational therapy group) and six withdrew from the study (four in the occupational therapy group). As the number of withdrawals from the study was small and evenly distributed between the groups, the analysis was conducted on the 147 patients who completed assessments. Demographic data at 1 year are illustrated in the table.

The primary outcome measure of the trial was the Nottingham EADL.³ Analysis of the EADL at 1 year after stroke, using the Mann-Whitney *U* test, showed that the group receiving occupational therapy were significantly less disabled (table).

Although it is important to ascertain whether an intervention is effective at certain time points, the above analysis does not take into account variation over time or that outcome measures at different points in time were from the same patients. We therefore applied an analysis of serial measurements.

The area under the curve (AUC) was calculated as a summary measure⁴ for outcome assessments in both groups. There was a significant difference between the groups in favour of the treatment group on the AUC EADL scale (Mann-Whitney *p*=0.001, 95% confidence interval (95% CI) 7 to 28) and the AUC Barthel index (Mann-Whitney *p*=0.01, 95% CI 0 to 9). There were no significant differences in the AUC for the GHQ for either the patient (Mann-Whitney *p*=0.48, 95% CI -39 to 21) or the carer (Mann-Whitney *p*=0.66, 95% CI -44 to 29).

This study indicated that patients who received occupational therapy had a greater level of independence in activities of daily living over a period of 1 year than patients who did not. Differences between the groups in terms of extended ADL were still apparent at 1 year.

The persistence of the beneficial effect of domiciliary occupational therapy adds further support to its clinical usefulness. There are grounds for establishing community occupational therapy services for patients with stroke, but further evaluation is required to confirm the generalisability of these findings and examine their economic implications.

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Relation between Glasgow outcome score extended (GOSE) and the EQ-5D health status questionnaire after head injury

In this *Journal* Wilson *et al* investigated aspects of the validity of the Glasgow outcome score (GOS) and the extended form (GOSE), particularly the relation between the GOS and subjective reports of health status.¹ A potentially useful relation between the GOSE, measured using a standard interview at 1 month after head injury,² and health status assessed using the Euroqol EQ-5D is now reported. The GOS is the most widely used method to describe overall outcome after head injury.³ The EQ-5D questionnaire is a validated tool that measures health status in

Comparison between the groups on demographic characteristics and outcome measures 1 year after stroke

	Occupational therapy n=73	No intervention n=74	
Demographic characteristics at 1 year:			
Mean (SD) age	73.3 (7.8)	74.7 (8)	
Sex (M/F)	41/32	31/43	
Side of hemiparesis			
Left	37	35	
Right	28	33	
Other	8	6	
Lives alone	21	29	
Outcome measure at 1 year	Median (IQR) scores	Median (IQR) scores	<i>p</i> Value
Barthel index	19 (16-20)	18 (15-20)	0.16
EADL	13 (13-18)	11 (4-17)	0.04
GHQ 28 Patient	20 (15-30)	18 (13-31)	0.62
GHQ 28 Carer	22 (11-28)	21 (14-25)	0.91