



NICE clinical guidelines: Stroke rehabilitation Long-term rehabilitation after stroke

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guidance.nice.org.uk/cg162

NICE have published a summary of their recommendations for stroke rehabilitation. Electrical stimulation for both upper limb are included in the guidelines. While stating that ES for the upper limb is not routinely used for all patients, recommendations are given for when and how it can be considered. For the lower limb the guideline simply refers to the pre-existing published IPG278 guidelines.

NICE also make recommendations for where additional research is needed and top of the list is to establish the cost effectiveness of ES in the upper limb.

Below we summarise the relevant sections of the text:

Electrical stimulation: upper limb

1.9.14 Do not routinely offer people with stroke electrical stimulation for their hand and arm.

1.9.15 Consider a trial of electrical stimulation in people who have evidence of muscle contraction after stroke but cannot move their arm against resistance.

1.9.16 If a trial of treatment is considered appropriate, ensure that electrical stimulation therapy is guided by a qualified rehabilitation professional.

1.9.17 The aim of electrical stimulation should be to improve strength while practising functional tasks in the context of a comprehensive stroke rehabilitation programme.

1.9.18 Continue electrical stimulation if progress towards clear functional goals has been demonstrated (for example, maintaining range of movement, or improving grasp and release).



Electrical stimulation: lower limb

1.9.31 For guidance on functional electrical stimulation for the lower limb see Functional electrical stimulation for drop foot of central neurological origin (NICE interventional procedure guidance 278).

2 Research recommendations

The Guideline Development Group has made the following recommendations for research, based on its review of evidence, to improve NICE guidance and patient care in the future.

2.1 Upper limb electrical stimulation

What is the clinical and cost effectiveness of electrical stimulation (ES) as an adjunct to rehabilitation to improve hand and arm function in people after stroke, from early rehabilitation through to use in the community?

Why this is important

After stroke an estimated 30–70% of people have reduced or no use of one arm and hand. ES has long been thought to be a possible useful adjunct to rehabilitation to improve arm and hand function. ES is believed to enhance the training effect of active, task-specific and strengthening rehabilitation programmes. However, the evidence to date does not inform clinicians or people with stroke whether ES will be an effective addition to rehabilitation for them. A linked-series of studies are needed to:

1. Identify the dose, practice parameters and rehabilitation programme content needed to effect change in hand and arm function with ES.
2. Characterise the clinical profiles of people who will benefit from ES in early, middle and late stages of the stroke pathway.

The primary outcome measure should be the person's assessment of improvement in function. Secondary outcomes should include measures of impairment, function and quality of life and these should reflect people with low-, middle- and high-functioning upper limbs.

For the full document go to <http://guidance.nice.org.uk/CG162>