A quarter of strokes occur in people aged 66 years of age. Returning to work is a key goal and recognised health outcome. However, NHS Rehabilitation often ends when minimal function is regained and fails to address work needs.

Vocational Rehabilitation (VR) is a process where those disadvantaged by illness or disability can ‘access, maintain or return to employment’. Policy and clinical guidelines support health based VR but evidence to underpin VR interventions for stroke survivors is lacking.

To test the feasibility of delivering an OT-led stroke-specific vocational rehabilitation (SSVR) intervention and measuring its effectiveness and cost-effectiveness compared to usual NHS rehabilitation (Usual Care, UC) in a feasibility randomised controlled trial (RCT).

Previously employed stroke survivors aged ≥16 who were in paid or unpaid work (>1 hour per week) or in full time education at stroke onset and intending to return, were recruited from acute and stroke rehabilitation units in one district general hospital over 15 months between September 2010 and December 2011 and randomised to receive SSVR or UC. People unable/unwilling to consent, not intending to work or medically precluded e.g. epilepsy were excluded.

Those randomised to receive SSVR were seen by the research OT for a mean of 9 SD 7, range 2-25) sessions of individually tailored vocational rehabilitation, which commenced within four weeks of hospital discharge. Primary and secondary outcomes were measured using standardized and bespoke postal questionnaires at 3, 6 and 12 months.

Self reported service use was cross-referenced with service records in 10% of participants and 23 letters/emails. Self-reported and actual service use data were discrepant. Cross-referencing for five participants was labour intensive, involving 51 phone calls and 23 letters/emails.

Participant characteristics are shown in Table 1. Most (29) had NIHSS scores ≤15, were in professional roles (65%) or self-employed (21.7%) at onset. Years of professional work/education.

Of the 126 patients screened 46 were recruited (36 men, mean 56 SD 12.7) 18-78 years) (Figure 2). Thirty-two people failed to meet the inclusion criteria and five were excluded due to; death (n=1), terminal illness (n=1), and confounding problems identified by the Ward staff (n=3). Forty-one people declined, most common reasons were failure to recognise need for support (n=8) and presence of cognitive and or speech difficulties (n=7).

SSVR can be delivered and its effects and costs measured using standardised and bespoke questionnaires.

This early intervention can potentially influence job retention rates in people with mild and moderate stroke. However, a larger trial is needed to demonstrate the effect and more reliable methods of capturing service use, income and benefit data and clearer definitions of work are needed.

Stroke severity and communication difficulties influenced participation. A different model may be needed for those with severe stroke and those unable to return to an existing job.

References

4. Core Quality Commission (2011) Supporting Life After Stroke: A Review of Services for People who have had a Stroke and their Carers. London CQC.