

SAHK

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Stroke is by itself complex and multidimensional. In stroke management, special attention should be paid to the overall well-being of the survivors. Major problems for stroke survivors lie on their difficulties in integrating and generalizing skills learned from individual departmental units of traditional western model into real life situations. The Continuing Rehabilitation Centre of SAHK developed its rehabilitation program based on Conductive Education (CE), originated in Hungary and founded by Prof. András Petö, which creates a common platform that brings together multi-departmental specialists to apply their expertise in a holistic manner to address the all-round needs of community-dwelling stroke survivors. With the CE framework, we have established infrastructures that facilitate stroke survivors' re-integration into the community. We focus on 'leading out' abilities than 'removing' disabilities from our clients. We support life-wide learning in major life domains (i.e. self-care and leisure) by 'unlocking' underlying potentials to interact with the environment, to experience success and to develop self-worth. It is the establishment of trivial yet meaningful and successful participation in self-care and leisure that contributes to the improvement of physical and psychological well-beings. We also create life-long learning opportunities upon a 'through-train' community network that bridges hospital care to living in the community. The self-administered mind-body strategies, founded on the interdependency of body, speech and mind, are embedded in group task series, individual daily routine and socialization. A whole-day program rooted in an awareness of the body and an acceptance of his/her limitations, then moving forward with traits emphasizing emotions, thoughts and interpersonal relationships are customized for individual clients and their families in the community. Engagement in training under natural environment is the major objective in community rehabilitation. However, fear of fall prevents stroke survivors from participating in real-life events. Self-efficacy and -competency for real-life trainings are founded on balance control and reflected by community participation that were evaluated by the Berg's Balance Scale (BBS) and the Community Integration Questionnaire (CIQ) respectively. Twenty community-dwelling stroke survivors participated in our center's rehabilitation program volunteered to the study. Despite the fact that most of our clients are at their convalescent stage of recovery, improvement was found in both their balance control and community integration. Advancement in community integration and balance ability provide a solid foundation for the life-long rehabilitation of community-dwelling.



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