

Keele Critically Appraised Topic (CAT Form)



Clinical Question

Should all people following a transient ischaemic attack (TIA) [mini-stroke] be assessed by a Stroke Specialist Therapist?

Clinical bottom line

There is insufficient evidence to establish whether patients following a transient ischaemic attack (TIA) [mini-stroke] should be assessed by a Stroke Specialist Therapist. There is a requirement for this area to be studied in the future, with robust trials and methodology.

Why is this important?

The referral of patients from the TIA clinic into the Stroke Specialist Therapy service in our trust is inconsistent. Physiotherapists and Occupational Therapists are currently requested via the Consultant team to assess patients following a TIA (mini-stroke) in the TIA clinic on occasions when deemed necessary. The aim of such clinical review is around admission prevention, and signposting to appropriate therapy based services. This is often an ad hoc request depending upon the needs of the patients that come into the clinic, and what has been identified by the assessing Consultant. This means that therapy involvement in the clinic is inconsistent. There is no formal service for this.

Recent teachings from an education programme run via the University College London (UCL) hospital detailed that their studies suggest that up to 60% of patients with a TIA have lasting damage that would be picked up if they had a routine magnetic resonance imaging (MRI) scan.

There are concerns around:

Are patients being overlooked for follow-up due to them not all being assessed by Physiotherapists and/or Occupational Therapists?

Are there subtle underlying cognitive or physical deficits being missed leading to readmission?

Could there be an improvement in diagnosis accuracy, medical management, referral for appropriate follow-up, and greater admission prevention if therapy and social needs were also assessed in all TIA presentations?

Search timeframe

All dates up to 10th November 2021

Search criteria

Population Intervention Comparison Outcomes (PICO) themes	Description	Search terms
Population and Setting E.g. adults with OA, primary care	Adults with: TIA Transient ischaemic attack Mini stroke Small strok Mild stroke	TIA Transient ischaemic attack Mini stroke Small stroke Mild stroke Mild cerebrovascular Minor cerebrovascular
Intervention or Exposure (i.e. what is being tested) e.g. manual therapy	Specialist therapy assessments Specialist physiotherapy assessment Specialist occupational therapy assessment	Physiotherap* Occupational Therap* Assess*
Comparison, if any e.g. usual care, leaflet	Routine care (medic review) No Physiotherapy/ Occupational Therapy assessment	
Outcomes of interest e.g. Visual analogue scale, Range of motion	Referral on to community services Identification of neurological deficit Patient satisfaction	

	Prevention of further TIA/ stroke Readmission	
Types of studies e.g. Randomised Controlled Trails, Systematic reviews	All study types included	

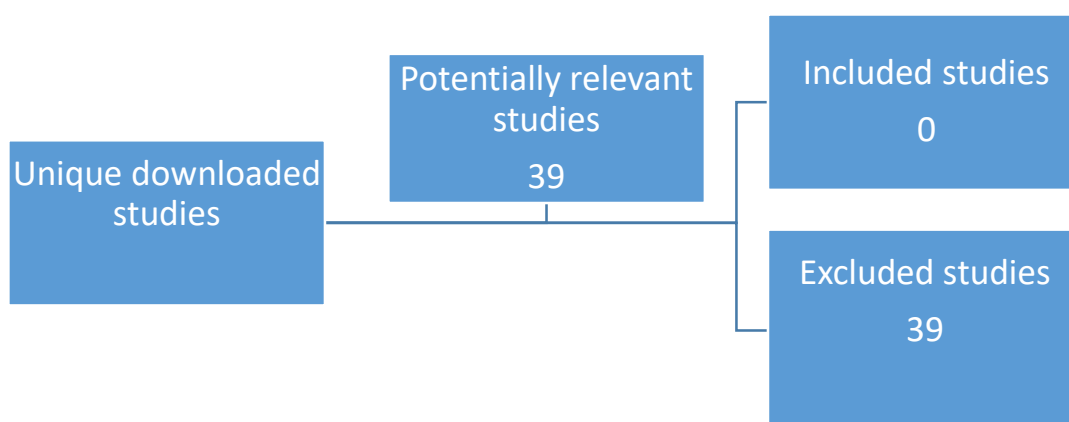
Databases searched

Medline, CINAHL, EMBASE, EMCARE, AMED, PUBMED.

Date of search

08.10.21

Results of the search: include the number in each box



Summary

The studies above were selected as being relevant following reading the abstract, with the potential of answering the CAT question relating to Specialist Therapists in the clinic. Following a more

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Accessible CAT Template 2023

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CAT to be reviewed: 2025

detailed read of the studies it was later determined that none of them answered the CAT question or addressed the CAT topic.




Implications for practice

There are no studies that focus on the topic of Specialist Therapists in TIA clinics, so it was impossible to draw appropriate conclusions to answer the CAT question. Moving forward this is an area of interest and requires research to determine the potential value of Specialist Therapist assessments in TIA clinics. A service evaluation is a suggested initial starting point to inform future research trials.

What would you post on X (previously Twitter)?

No current research assesses Stroke Therapists in TIA clinics. Subtle deficits/referrals may be missed; research must explore specialist therapy roles.

Please tick the box that best reflects your clinical bottom line and include the picture on page 1

CAT image	Evidence quality	Checkbox
	Good quality evidence to support use....	<input type="checkbox"/>
	Insufficient or poor quality evidence OR substantial harms suggest intervention used with caution after discussion with patient...	<input type="checkbox"/>
	No good quality evidence, do not use until further research is conducted OR Good quality evidence to indicate that harms outweigh the benefits....	<input checked="" type="checkbox"/>

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