

A Clinical-Research Network to Identify Spatial Disorders After Brain Injury and Improve the Quality of Rehabilitation Care

Hypothesis: Implementing neuroscience-based clinical procedures to identify spatial neglect as part of usual and standard care can be feasible, and can predict patient-relevant outcomes.

Purpose: Identification of spatial neglect patients, who are at risk of poor outcomes and incur greater care cost, can help target initiatives to improve quality care, benefiting the stroke survivor and our society cost-efficiently.

The study procedures have three parts (Aims):

1) We will **track the use of** three neuroscience-based clinical assessments in the inpatient rehabilitation setting

A) the Kessler Foundation Neglect Assessment Process (Chen et al., 2012; Chen et al., 2015) to administer the Catherine Bergego Scale, a functional performance evaluation that is valid and reliable to use to screen for spatial neglect

B) spatial-motor flexibility (SMF) measured by a simple clicking task

C) truncal leaning and postural asymmetry, measured by a simple transfer board sitting task.

2) We will examine the predictive value of these measures, contrasted with a functional performance assessment (the Functional Independence Measure), to project length of stay, the occurrence of falls during inpatient rehabilitation, and discharge disposition after leaving the inpatient rehabilitation setting. All of these outcomes are collected by the clinical sites as part of their internal, administrative monitoring of care outcomes and quality.

3) We will examine how many patients with spatial neglect symptoms are treated for neglect after they are identified, as part of usual and standard care, and whether they received the KF-PAT (prism adaptation training).