Poster and platform presentations

Conclusions: Cortical infarcts and PICH have significant differences in both absolute and cusum derived diurnal BP change compared to controls. This may reflect damage to the central component of the baroreceptor reflex arc. As yet the prognostic implications of these findings are unclear.

A non-invasive examination of scapula motion in affected and unaffected shoulders after stroke: correlations with pain, muscle tone and subluxation.

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Introduction
Painful restriction of shoulder movement after stroke is common, but its nature remains unclear. The relationship between scapula motion and pain has not previously been considered. Following the development of a scapula locator that utilises surface landmarks within an electromagnetic field (Johnson GR 1993 Clin. Biomech. 8:269-273), we have been able to record magnitude and patterns of scapula rotation (ScR) during humeral abduction.

Methodology
We examined the affected (AS) & unaffected (US) shoulders of 30 patients 6 months post-stroke (23 with first ever stroke) during humeral abduction from 0 to 50 degrees. The following correlations were considered: a history of shoulder problems pre-stroke, current pain, upper limb Motricity score, muscle tone, palpable subluxation & performance on the Frenchay Arm Test.

Results
Three patterns of ScR emerged when the AS & US were compared: 16 subjects had symmetrical scapula movement; 6 had quicker progression of ScR in the AS than US ("lead"); 8 had slower rate of ScR in the AS ("lag"). Using Fishers exact test & Mann-Whitney U test, lead was associated with pain (p=0.007). Lag was associated with subluxation (p=0.007), increased tone (p=0.02), lower Motricity score (p=0.0023) & reduced function (p=0.005), but not pain. There was no association between pain & subluxation. A history of shoulder problems pre-stroke showed no associations. These relationships also held for 1st ever stroke.

Conclusions
This new technique has provided information not available by clinical examination, and has demonstrated three clear ScR categories with different clinical associations. A prospective study is planned to investigate these findings in more detail.

Can simple clinical features be used to identify symptomatic patients with severe carotid stenosis?

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Introduction
Carotid endarterectomy reduces the risk of stroke in symptomatic patients with severe ipsilateral carotid stenosis. Symptomatic patients should therefore undergo carotid Doppler imaging, but in some centres access to imaging is limited. We therefore investigated whether simple clinical features alone or in combination could be used to identify patients with severe carotid stenosis, so that they could be referred preferentially for carotid imaging.

Methods
1041 patients with acute stroke, transient ischaemic attacks (TIAs) or retinal artery occlusion, admitted to our hospital or seen in neurovascular clinics were