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Association of bed rise difficulty scale with trunk impairment and functional scales among stroke patients

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Question- Is there any association between BRDS and trunk impairment and functional scales among stroke patients? Can BRDS be a reliable tool for clinical assessment? Design: Cross sectional study Participants: 24 acute stroke patients. Outcome measures: Bed rise difficulty scale, Trunk impairment scale, Trunk control test, Timed up and go test, and supine to sit rising time. Results: Karl Pearson's correlation revealed a strong significant correlation of BRDS with TIS (r= -0.70), TUG test (r=0.70) and supine to sit time (r=0.74) whereas a moderate significant correlation was found between BRDS and TCT (r= -0.67) where p value less than 0.05 is significant. The interrater reliability of BRDS shows 0.83 as strong level of agreement. Conclusion: The present study concludes that the bed rising difficulty scale is significantly correlating with the trunk impairment and functional scales among stroke patients stating that it can be a reliable tool to quantitatively assess bed rising quality among stroke patients. TUG test is found to be a good predictor of gait. As trunk performance affected due to stroke influences the bed rising quality that is associated with poor functional mobility, BRDS can also be a good predictor of functional mobility. This scale can be used as clinical assessment tool as it is less time consuming and will reveal the impaired movement pattern which can be targeted for further rehabilitation Outcome measures: Bed rise difficulty scale, Trunk impairment scale, Trunk control test, Timed up and go test, and supine to sit rising time. Results: Karl Pearson's correlation revealed a strong significant correlation of BRDS with TIS (r= -0.70), TUG test (r=0.70) and supine to sit time (r=0.74) whereas a moderate significant correlation was found between BRDS and TCT (r= -0.67) where p value less than 0.05 is significant. The interrater reliability of BRDS shows 0.83 as strong level of agreement. Conclusion: The present study concludes that the bed rising difficulty scale is significantly correlating with the trunk impairment and functional scales among stroke patients stating that it can be a reliable tool to quantitatively assess bed rising quality among stroke patients. TUG test is found to be a good predictor of gait. As trunk performance affected due to stroke influences the bed rising quality that is associated with poor functional mobility, BRDS can also be a good predictor of functional mobility. This scale can be used as clinical assessment tool as it is less time consuming and will reveal the impaired movement pattern which can be targeted for further rehabilitation