

## WFNR SURVEY

WFNR is conducting a world-wide, ad hoc survey on structures, resources and future needs in neurorehabilitation.

This survey may help WFNR to plan further initiatives in improving education and services.

The questionnaire is short and concise and can be answered in less than 30 minutes.

The survey is addressing individual members as well as representatives of local, national, regional or supraregional bodies.

Please note at the beginning, your scope, depth of information in the survey and details to contact you further.

If you have any questions please contact our head office stating „SURVEY 2023“

The questionnaires should be returned to:

Tracey Mole  
WFNR Executive Director  
[traceymole@wfnr.co.uk](mailto:traceymole@wfnr.co.uk)

### Question 1

Please give your name and contact information:

Name: \_\_\_\_\_

Residing Country: \_\_\_\_\_

Contact email : \_\_\_\_\_

Your gender:

- Male
- Female
- Prefer not to state

Your age category:

- <25 years
- 25-49 years
- 50-64 years
- >65 years

and click one of the boxes to reflect the scope of your response:

My scope of view is

- individual institution

Please give name and address and population size

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- local organisation (eg a national or WFNR affiliated society)

Please give name and address and population size

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- other regional body

Please give name and address and population size

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international or supraregional organisation

Please give name and address and population size

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## Question 2 Targets of neurorehabilitation

Please click one or more of the following boxes to indicate your neurorehabilitation targets and give a percentage of their possible importance for your day to day practice:

- |  |         |
|--|---------|
| <input type="checkbox"/> Stroke  | ----- % |
| <input type="checkbox"/> Traumatic Brain Injury                          | -----%  |
| <input type="checkbox"/> Spinal Cord Injury                              | -----%  |
| <input type="checkbox"/> Cerebral Palsy                                  | -----%  |
| <input type="checkbox"/> Neuromuscular disorders                         | -----%  |
| <input type="checkbox"/> Back pain                                       | -----%  |
| <input type="checkbox"/> Alzheimer's Disease and other related Dementias | -----%  |
| <input type="checkbox"/> Multiple Sclerosis                              | -----%  |
| <input type="checkbox"/> Parkinson Disease and similar                   | -----%  |
| <input type="checkbox"/> Other, please list                              |         |
| _____  | -----%  |

## Question 3 What are the most frequently used ways of care and percentage of patients? Multiple answers possible

- |  |        |
|--|--------|
| <input type="checkbox"/> inpatient rehabilitation  | -----% |
| <input type="checkbox"/> day care rehabilitation   | -----% |
| <input type="checkbox"/> outpatient rehabilitation | -----% |
| <input type="checkbox"/> home care with consulting | -----% |
| <input type="checkbox"/> Others                    | -----% |

In case there is a structured sequence, please indicate (eg inpatient followed by home care)

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#### Question 4 Available Resources (Personnel)

Please tick boxes for staff members and indicate either the number of staff in your institution or give a rough estimate of available staff for 100 000 patients in your area

- |  |          |                 |
|--|----------|-----------------|
| <input type="checkbox"/> Physicians (General)                | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Physicians (Neurologists)           | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Physicians (PMR specialists )       | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Physiotherapists                    | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Occupational therapists             | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Nursing staff                       | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Speech/Language specialists         | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Dysphagia specialists               | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Psychologists or Neuropsychologists | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Psychological assistants            | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Sport medicine therapists           | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Nutriciants/Nutritionist/Dietician  | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Social workers                      | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Teachers                            | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Trainee (student/resident/fellow)   | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Other -----                         | No:----- | Nr/100000 ----- |

#### Question 5 Available resources (technical)

Please tick boxes on the availability and numbers and possible availability / 100000 population

- |   |          |                 |
|---|----------|-----------------|
| <input type="checkbox"/> Gait Treadmills  | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Motion robots UE | No:----- | Nr/100000 ----- |

- |  |          |                 |
|--|----------|-----------------|
| <input type="checkbox"/> Motion Robots LE                        | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> FES / peripheral nerve stimulation      | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Transcranial Direct Current Stimulators | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Transcranial Magnetic Stimulation       | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Brain Computer interfaces               | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> Computer devices for cognitive rehab    | No:----- | Nr/100000 ----- |
| <input type="checkbox"/> VR / AR devices                         | No:----- | Nr/100000 ----- |

### Question 5 Available diagnostics

Please tick boxes for general availability and figures

- |   |           |                 |
|---|-----------|-----------------|
| <input type="checkbox"/> Clinical chemistry             | No:-----  | Nr/100000 ----- |
| <input type="checkbox"/> Regular ECG                    | No: ----- | Nr/100000 ----- |
| -   |           |                 |
| <input type="checkbox"/> Long term ECG monitoring       | No:-----  | Nr/100000 ----- |
| <input type="checkbox"/> Cardiac ultrasound             | No:-----  | Nr/100000 ----- |
| <input type="checkbox"/> Vascular Ultrasound            | No:-----  | Nr/100000 ----- |
| <input type="checkbox"/> Nerve Conduction studies/EMG   | No:-----  | Nr/100000 ----- |
| <input type="checkbox"/> Evoked Potentials              | No:-----  | Nr/100000 ----- |
| <input type="checkbox"/> CT scan                        | No:-----  | Nr/100000 ----- |
| <input type="checkbox"/> MRI scan                       | No:-----  | Nr/100000 ----- |
| <input checked="" type="checkbox"/> Dysphagia endoscopy | No:-----  | Nr/100000 ----- |

### Question 6 Guideline usage

If you regularly use guidelines for treatment, please tick the categories and delineate the guidelines you use:

- |   |       |
|---|-------|
| <input type="checkbox"/> Stroke                 | _____ |
| <input type="checkbox"/> Traumatic Brain Injury | _____ |
| <input type="checkbox"/> Spinal Cord Injury     | _____ |
| <input type="checkbox"/> Cerebral Palsy         | _____ |

- Parkinson \_\_\_\_\_
- Multiple sclerosis \_\_\_\_\_
- Neuromuscular disorders \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Question 7 Do You use ICF Classification regularly for:**

- delineation of impairment
- delineation of activities
- delineation of participation

If you use it only in some conditions, please list them

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**Question 8 How do you think WFNR can be most helpful in supporting you?  
(Please tick one or more boxes)**

- Provide various continuous education (webinar, congress, etc)  
(Please delineate the most important fields: \_\_\_\_\_)
- Improve education for care givers
- Organise regional or international trials
- Compile and disseminate neurorehabilitation guidelines
- Networking with neurorehabilitation professionals
- Mentoring platform and opportunities

**Question 9 Do You use one or more of the following specific therapeutic procedures? (Please tick one or more boxes)**

- Constraint induced motor therapy (CIMT also called forced use training)
- Gait training on treadmills with partial body weight support
- Gait training with stationary exoskeleton-robots

- Gait training with wearable exoskeletons
- VR or AR programmes for motor rehab
- VR or AR programmes for cognitive rehab
- Computer based cognitive rehabilitation (Please specify -----)
- Cognitive therapies Please specify (-----)
- Neuromodulation with transcranial magnetic stimulation
- Neuromodulation with transcranial DC stimulation
  
- Other (Please specify-----)

**Question 10**

How many hours of group or individual therapies can You offer per week

Group -----

Individual -----

**Question 11** How do You assess rehab process and outcomes

- team conferences
- interviews (e.g. by telephone)
- other

please specify

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**Question 12** Do You use specified tools to monitor the rehab process and outcomes

- scores

Please specify -----

- written documentation

other

please specify

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**Question 12** How do You define rehabilitation goals

interaction with patient

Please specify -----

Interaction with family and /or care giver.

Please specify-----

Interaction with employers or vocational surround of patient.

Please specify -----

**Question 13** Do You use formalised scores or other instruments for goal definition?

Please specify -----

**Question 14** Do You have outreach programs into the community

Please specify -----

**Question 15** Do You use one or more of the following specific pharmacological approaches to facilitate brain recovery ? (Please tick one or more boxes)

Antidepressant agents (SSRI etc)

Cerebrolysin

Dopaminergics

Piracetam

Other (Please specify -----)

Avoidance of drugs known to interfere with brain palsticity (detrimental drugs)



Botulinum Toxin

**Question 16 Do You use one or more of the following digital tools (Please tick one or more boxes)**

Digital communication for consulting with physicians ( telemedicine ) Please specify -----

Digital communication for outreach in the community (Please specify-----)

Digital or telemedical tools for home consulting (Please specify-----)

Digital or telemedical tools for home therapy ( Please specify-----)

Use of artificial intelligence (AI) tools for structuring published information

Please specify -----

Use of artificial intelligence (AI) tools for clinical decision making

Please specify-----

Other (Please specify -----)

**Question 17** We may have missed aspects You would like to bring our attention to

Please specify-----

**Question 18** What is most important to help You in Your daily work

Better education -----

Better personell resources -----

Better technical resources -----

Better interaction with colleagues ( e.g. experts )-----

**Other General Questions**

**Have you attended any of these WFNR meetings or eduational/research opportunities in the past?**

World Congress for Neurorehabilitation

Silver Jubilee Webinar

- WFNR Certificate Teaching Course – Clinical Pathways in Stroke Rehabilitation
- Research Webinar

**Have you visited the World Federation for Neurorehabilitation website**

<https://www.wfnr.co.uk/>

- Visited in the past month
- Visited in the past 6 months
- Visited in the past 12 months
- No

**Have you heard about the WFNR Mentoring Programme?**

- Yes
- No, I would like to find out more
- No, not interested

**Which regional or international conferences have you attended in the last 12 months?**

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