The Modified Version of the Postural Assessment Scale for Stroke Patients (SwePASS)  
Measurement properties and a longitudinal follow-up  

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ABSTRACT

Aims: The aim of this thesis was to evaluate the measurement properties of the Modified Version of the Postural Assessment Scale for Stroke Patients (SwePASS) and to estimate the longitudinal change in postural control during the first 12 months after stroke.

Methods: A total of 152 patients with first-ever stroke participated in the studies included in the thesis, and 116 of these patients participated in a prospective follow-up with repeated assessments of postural control and questioners relating to falls at three, six and 12 months.

Results: The SwePASS proved to be highly reliable and responsive to change. Used in the first week after stroke onset, the SwePASS is able to identify those patients at risk of falling during the first year after stroke moderately well. Postural control, assessed using the SwePASS, shows an improvement during the first six months after stroke. Rasch analysis of the SwePASS indicates that it works as a global measurement of postural control in patients with stroke but displays disordered thresholds and local dependency. Further studies, with larger populations, are needed to confirm these results.

Conclusions: To summarise, the results of the measurement properties of the SwePASS indicate that this scale is useful in the clinical setting for patients with stroke.

Keywords: postural balance, stroke, outcome

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This thesis is based on the following papers:


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