

APEX NIH Stroke Scale Group A Patient 1-6(Complete)2022

Patient 1 - Answer 1a- 0

1b- 0

1c- 0

2- 0

3- 0

4- 1

5a- 3

5b- 0

6a- 1

6b- 0

7- 1

8- 2

9- 0

10- 0

11- 1

Patient 2 - Answer 1a- 0

1b- 2

1c- 0

2- 0

3- 0

4- 1

5a- 0

5b- 0

6a- 0

6b- 0

7- 0

8- 1

9- 2

10- 1

11- 0

patient 3 - Answer 1a- 0

1b- 0

1c- 0

2- 0

3- 0

4- 1

5a- 0

Apex Innovations Nih Stroke Scale Answers Test A

Colleen Rose Walsh



Apex Innovations Nih Stroke Scale Answers Test A:

NIH Stroke Scale National Institute of Neurological Disorders and Stroke (U.S.),2011* The Predictive Value of the NIH Stroke Scale in Functional Outcome Using the Functional Independence Measure Scale Colleen Rose Walsh,1998

Baseline NIH Stroke Scale Responses Predict Ischemic Stroke Subtype Enrique Carlos Leira,2007 **Application of the NIH Stroke Scale for Validation of Telemedicine as a Diagnostic Tool. Assessing the Effects of Bandwidth on Audio and Video Quality** Edward F. McDonough,2001 *FINDING THE BEST APPROACH TO ANALYZE THE NIHSS AT 24 HOURS TO MEASURE TREATMENT EFFECT IN TRIALS OF ACUTE STROKE* Nadinda van Ende,2017

Background NIH stroke scale NIHSS is increasingly used as outcome in RCTs of acute stroke treatment but no consensus exists on how to analyze the effect of treatment on NIHSS Our aim is to study what the best approach is to analyze this important early indicator of treatment effect Methods We used the data from the MR CLEAN trial n 500 in a bootstrap analysis with 5000 runs to estimate valid and generalizable treatment effect parameters based on NIHSS Missing values for pertinent outcome and baseline variables were imputed with single regression if less than 4% NIHSS was analyzed with 5 different approaches identified in the literature For the approaches that used regression models unadjusted and adjusted estimates for age baseline NIHSS and collateral score were calculated We added the effect on mRS for comparison We compared the effect estimates between the different approaches and the Z statistic as a measure that combines strength of the effect and precision Results Baseline characteristics were evenly distributed between intervention and control NIHSS scores at 24 h and 1 week were available with less than 1% and 4% missing values The absolute z value of the regression model of the effect of EVT on mRS at 3 months was 3.12 and 3.15 after adjustment Z values or any type of effect analysis of NIHSS at 1 week were not better than those at 24 hours data on poster figure Z values for plain NIHSS and change in NIHSS from baseline were substantially lower than the reference value Z values for dichotomized NIHSS exceeded the reference only for two of the three dichotomizations The z value of the effect parameter u_{201c} improvement u_{201d} exceeded the reference but only barely so for fair improvement The effect parameter difference in log NIHSS at 24h exceeded the reference Discussion Using plain NIHSS or change in NIHSS in a linear regression model to estimate the effect of acute stroke treatment is not an efficient and sensitive approach Dichotomizing the NIHSS in good outcome or improvement seems efficient but the best cut point will vary unpredictably depending on the patient population and chance We conclude that analysis of the effect of treatment on the full NIHSS scale with linear regression on log transformed data provides an efficient way to analyze early treatment effects with the NIH stroke scale

The Change of the National Institute of Health Stroke Scale in Patients with Acute Ischemic Stroke at Baseline and Discharge and Its Prediction on Prognosis ,2017

Objective To evaluate the change of NIHSS score in patients with acute ischemic stroke at baseline and discharge Methods This was a study of multicenter stroke registration in our country a total of 54 centers are involved This study assessed the neurological deficit

score NIHSS of patients admitted to hospital corrected demographic data health insurance type clinical classification risk factors past medical history Multivariate regression analysis was used to analyze the influence factors of NIHSS score on the outcome of discharge Then changes in NIHSS with baseline at discharge and the relationship between NIHSS and MRS were compared Results 5473 ischemic stroke patients were recruited The NIHSS score at discharge was significantly lower than the baseline with an average reduction of 1 points a median of between the ages of four and a score of 0 to about 3 The left lower limb movement was the most obvious All items of NIHSS had influence on prognosis like age level of consciousness consciousness level instruction awareness of questioning gaze facial palsy sensation visual fields limb movement sensation ataxia dysarthria language extinction and inattention multivariate regression analysis shows facial palsy the level of consciousness instruction vision Limb movement effects on the prognosis of patients At the time of discharge NIHSS score decreased significantly compared to the baseline Conclusion The NIHSS score at discharge was significantly lower than the baseline with an average reduction of 1 points interquartile range 0 to 3

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