JOINT COMMITTEE FOR STROKE FACILITIES

TABLE OF ORGANIZATION

CENTRAL OFFICE STAFF

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Project Director
July 1969—Nov. 1970

ARNOLD H. GREENHOUSE
Project Director
Nov. 1970—June 1972

ELIZABETH C. HARTMAN
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PARTICIPATING ORGANIZATIONS

American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology and Otolaryngology
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American Association of Neuropathologists
American College of Physicians
American College of Radiology
American College of Surgeons
American Congress of Rehabilitation Medicine
American Dietetic Association
American Heart Association
American Hospital Association
American Medical Association
American Neurological Association
American Nurses Association
American Occupational Therapy Association
JOINT COMMITTEE FOR STROKE

American Osteopathic Association
American Physical Therapy Association
American Psychiatric Association
American Public Health Association
American Rehabilitation Foundation
American Society of Neuroradiology
Joint Commission on Accreditation of Hospitals
National Association of Social Workers
National Easter Seal Society for Crippled Children and Adults
National League for Nursing
National Medical Association
National Rehabilitation Association
Society of Neurological Surgeons
Society for Vascular Surgery

ADVISORY ORGANIZATIONS

Center for Disease Control
Joint Council Subcommittee on Cerebrovascular Disease NHLI-NINDS
National Heart and Lung Institute
National Institute of Neurological Diseases and Stroke
Regional Medical Programs Service
Social and Rehabilitation Service
U. S. Veterans Administration

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Margaret H. Sloan
Reuel A. Stallones
Samuel A. Trufant

*Deceased October 14, 1971

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Burton Wise
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Special Procedures and Equipment

WILLIAM S. FIELDS
Chairman

Roderic Bell
Robert J. Ellingson
H. Edward Garrett

Stroke, Vol. 3, May-June 1972
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<td>Raymond B. Bauer, Anthony P. Fletcher, Julio H. Garcia, Jack C. Geer, William F. McCormick</td>
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<td><strong>Rehabilitation</strong></td>
<td>Mary K. Johns, Judith H. Stanton</td>
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<td>D. Frank Benson, Joyce M. Collins</td>
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<td><strong>Training, Education, Manpower &amp; Research</strong></td>
<td>Roderic Bell, John Gilroy</td>
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**Chairman**

- Strokes in Children: Arnold P. Gold
- Nursing: Irene G. Ramey
- Pathology and Laboratory Procedures: John Moossy
- Rehabilitation: Mieczyslaw Peszczynski
- Community Health Services: Maynard I. Shapiro
Foreword

The Regional Medical Programs were established in 1965 by PL 89-239 (Heart Disease, Cancer and Stroke Amendments) to assist physicians and hospitals in providing the benefits of the latest advances in diagnosis and treatment to patients with heart disease, cancer, stroke and related diseases. Section 907 of that law is concerned with establishing a basis for evaluating the quality of medical facilities and resources available for the diagnosis and treatment of these diseases and calls for the compilation of a list of such facilities.

It is recognized that the optimum in definitive care for the more complicated cases of heart disease, cancer and stroke requires highly developed medical facilities. On the other hand, such facilities are not necessary for the majority of patients. Most essential care can and should be carried out in the office of the practicing physician, the clinic, or the community hospital. However, in developing lists of facilities, the Regional Medical Programs Service is endeavoring to help physicians and their patients by making known the full range of multidisciplinary consultation and assistance provided by the nearest major hospital which is well equipped for specialized care.

In order to implement Section 907 with regard to stroke, the groundwork for formulating stroke care guidelines was started with preliminary discussion between representatives of the Regional Medical Programs Service and leaders of professional and government groups involved in stroke diagnoses, treatment and research. Representatives of 17 national professional and voluntary health associations and organizations met in July 1968 and agreed that the American Neurological Association was the most appropriate group to coordinate efforts of all interested organizations in the development of guidelines for the care of stroke patients. The American Neurological Association formed the Joint Committee for Stroke Facilities to formulate and publish the guidelines. The Committee members include leaders in the field of stroke and representatives of national professional organizations working in this area. Since it was recognized that a large part of stroke treatment lies in the field of rehabilitation, there is also a heavy emphasis on rehabilitation in the membership structure of the Joint Committee.

The Joint Committee was most fortunate in obtaining the services of A. L. Sahs, M.D., to act as General Chairman. Dr. Sahs is Professor and Head of the Department of Neurology at the University of Iowa College of Medicine, which graciously allowed Dr. Sahs to assume chairmanship of the Joint Committee. Dr. Sahs has been assisted by two very capable project directors: Dr. Arnold H. Greenhouse, Professor and Chairman of the Department of Neurology, University of New Mexico School of Medicine, who succeeded Dr. Warren V. Huber, Director of Neurology for the Veterans Administration.

During the past 15 years, many changes have taken place in the treatment of stroke. We have seen an increased rate of salvage and remarkable degree of improvement in stroke patients through early initiation of physical therapy. We have recognized the significance of transient ischemic attacks as important forewarners of stroke. We have seen that a certain percentage of strokes are directly resultant of certain diseases of extracranial blood vessels and that correction of their pathology may prevent future stroke. And we have recognized the importance of the control of hypertension, a condition which may also portend future stroke.

With these developments, and with the issuance of these and future stroke guidelines, we have the opportunity to improve stroke treatment in the 1970s. But with this opportunity comes a challenge issued to us all—that our knowledge be widely distributed and applied.

The work of the Joint Committee, as seen in this and future reports, is an answer to this challenge and a significant contribution to the improved quality of care for stroke patients throughout our nation. On behalf of the Regional Medical Programs Service, I would like to express appreciation to the American Neurological Association and to all the participating organizations and individuals who have contributed to the work of the Joint Committee for Stroke Facilities for their exceptional dedication in the preparation of these reports.

HAROLD MARGULIES, M.D.
Director, Regional Medical Programs Service,
Health Services and Mental Health Administration, U.S. Department of Health, Education and Welfare

Stroke, Vol. 3, May-June 1972
REPORT OF THE JOINT COMMITTEE FOR STROKE FACILITIES
I. EPIDEMIOLOGY FOR STROKE FACILITIES PLANNING

Introduction

Approximately 200,000 persons in the United States die yearly from stroke, which is the third most common cause of death exceeded only by heart disease and cancer. Stroke ranks at or near the top of the list of crippling diseases. Recognition of these problems appeared in the report of the President's Commission on Heart Disease, Cancer and Stroke, which was published in 1965.

The Joint Committee for Stroke Facilities was created in 1969 under the aegis of the American Neurological Association to develop guidelines and criteria for facilities and personnel to provide appropriate medical care (prevention, diagnosis, treatment and rehabilitation) of patients with stroke. The reports are being published in several sections in Stroke, and will be combined ultimately in a single volume entitled Guidelines for Stroke Care.

The following schedule will be adhered to insofar as possible:

Epidemiology for Stroke Facilities Planning
Clinical Prevention of Stroke
Clinical Management of Stroke
Strokes in Children
Nursing Care of Stroke Patients
Stroke Rehabilitation
Laboratory Evaluation of Stroke

Special Procedures and Equipment in the Diagnosis and Management of Stroke
Community Health Services for Stroke
Training, Education, Manpower, and Research

The Joint Committee for Stroke Facilities has been supported through Regional Medical Programs Service Contract HSM 110-69-436 with the American Neurological Association. Further details are described in the Foreword.

The Committee hopes to review and update its guidelines periodically as new methods of diagnosis and treatment are developed. The Study Groups have labored diligently to create a series of reports which define the current status (1972) of methods and techniques in the diagnosis and treatment of stroke, together with related information including the availability of advanced specialty training in such facilities. I wish to thank all those who have participated in the preparation of these documents.

Comments, criticisms and corrections are invited. They should be sent to the General Chairman, Suite 1010, 1776 K Street, N. W., Washington, D.C. 20006.

A. L. Sahs, M.D.
General Chairman

NOTE TO READER:
The Joint Committee for Stroke Facilities was created through a contract with Regional Medical Programs Service. The project upon which this publication is based was performed pursuant to Contract HSM-110-69-436 between the American Neurological Association and Health Services and Mental Health Administration, Department of Health, Education and Welfare to help fulfill the requirements of Section 907 of Public Law 89–239, which established the Regional Medical Programs in 1965.

Cross-references will be indicated from time to time to material developed in other sections. Pages will be designated whenever possible, but the sequence of publications will not permit this in many instances. However, the Table of Contents included with each Section should aid in directing the reader to the appropriate pages.
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I. EPIDEMIOLOGY FOR STROKE FACILITIES PLANNING

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