patients revealed distinguished clinical features. In SCA 10 cases the phenotype is rather peculiar, including pure ce rebellar ataxia and saccadic eye movement dysmetria. SCA 3 patients, on their turn, show cerebellar ataxia, oph-

thalmoplegia, diplopia, eyelid retraction, facial fasciculation, pyramidal signs and peripheral neuropathy.

KEY WORDS: spinocerebellar ataxia type 10, autosomal dominant cerebellar ataxia, pure cerebellar ataxia.

* Avaliação clínica e genética de oito famílias brasileiras com ataxia espinocerebelar tipo 10 (Resumo). Tese de Doutorado. Universidade Federal do Paraná (Área: Medicina Interna). Orientador: Lineu César Werneck.

GROUP PHYSIOTHERAPY IMPACT OF QUALITY OF LIFE IN HEMIPARETIC PATIENTS WITH STROKE.(ABSTRACT)*. THESIS. SÃO PAULO, 2004.

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Background and Purpose. Stroke is the disease that disabilities the most people in the world, influencing in a very unfavorable way the quality of life of the patients and their relatives. Therefore, physiotherapy must be part of their recovering process, and can be in a group.

Objective. To verify and compare the effects of the group physiotherapy on a health-related quality of life and on the activities of daily living (ADL) of hemiparetic patients with ischemic stroke in the acute phase of the disease to the effects on patients who received na individualized physiotherapy.

Method. The clinical trial study with randomized allocation was the method used. We included patients treated at the Physiotherapy Service of the outpatient Department of Neurology of the São Paulo Federal University - Paulista Medicine School, from January 2001 to December 2003, al aged over 21 years, with hemiparesis caused by ischemic stroke in the territory of middle cerebral artery, after hospital discharge, within 30 days of the stroke, and that could count on a relative or a helper to participate in the physiotherapy sessions, agreeing to and signing a document of free and explained consent to participate in the study. The patients were sequentially allocated in study groups of 2 patients (to receive group physiotherapy) or 1 patient in the control groups (to receive individualized physiotherapy) respectively. Then they were paired according to the initial Barthel Index Score below 85 points to enable comparative analysis between the groups. The evaluation instruments employed included the Barthel Index (BI) and the Stroke Impact Scale (SIS), and were applied before and after the physiotherapy. The therapy was similar to both study group and control group, was ministered by the same physiotherapeutic in 24 weekly sessions (in consecutive weeks), of 60-minute duration each, and utilized the functional kinesiotherapy based on the American Physical Therapy Association guide.

Results. A total of 157 patients participated in the study, with na droup out of 8% loss, including 145 patients (88 from the study group and 57 from the control group) who improved significantly in all evaluation variables of the BI and the SIS. We paired a total of 56 patients (16 from the study group and 40 from the control group) and the comparative results didn't show a significant difference in the improvement in the BI and SIS between the groups, except for the dimension mobility of SIS, in which we detected better improvement in the control group patients.

Conclusion. Group physiotherapy for hemiparetic patients form ischemic stroke during the acute phase of the disease, improved the health-related quality of life, evaluated with the Stroke Impact Scale (strength, mobility, hand function, activities of daily living and instrumental activities of daily living, memory, communication, emotion, handicap and stroke recovery), perceived by the patient himself, and improved the ADL, evaluated with Barthel Index under the physiotherapeutic evaluation. The impact of group physiotherapy on stroke patients in the acute phase was similar to the individual physiotherapy, except for the mobility, which according to the patient's perspective was better developed during the individualized physiotherapy. Group physiotherapy can be considered a valuable therapeutic strategy for physiotherapy services with a huge demand and or physiotherapy programs which want to address aspects connected to the quality of life of stroke patients, beyond the physical ones.

KEY WORDS: group physioterapy, stroke, quality of life, rehabilitation, clinical trial.

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