Authors' Response

We thank Ms. Kirkman for her time and consideration in reviewing our manuscript and concur with the main point of her commentary: although lesions in either hemisphere may create specific deficits, functional rehabilitation outcome may not be differentially affected. As our study indicates, there was no difference in functional outcome between left and right CVA patients regardless of the different sets of deficits.

In reviewing the references cited in the Commentary that suggest an alternative hypothesis—that right CVA patients do not do as well as left CVA patients in rehabilitation outcome—we found the results and the conclusions of these studies were not definitive or convincing.\(^1,2\) For example, in the study by Cassavan and associates, although left CVA patients took a shorter period of time to attain standing and ambulation in the parallel bars than right CVA patients, there was no significant difference in the time needed to attain ambulation outside the parallel bars and on elevations.\(^1\) The measures of ambulation outside the parallel bars and on elevations are more direct and relevant measures of outcome. To some extent the results of this study are in agreement with our premise that the right hemisphere influences postural mechanisms during recovery, and, therefore, postural mechanisms (mobility) should be specifically evaluated in the right CVA group and used as one prognostic indicator.

Gordon and colleagues found that right CVA patients, without spatial agnosia, performed better than left CVA patients on ADL measures.\(^2\) However, right CVA patients with spatial agnosia, had poorer ADL measures than left CVA patients. The groups were not well matched, however, the right CVA group was significantly more severely involved than the left CVA group at the time of admission, which seriously limits comparisons of outcome between the two groups.

Gainotti's studies regarding the influence of hemispheric specialization on the emotional response to stroke were interpreted in the Commentary as implying that left CVA patients with their painful awareness of their illness might participate more fully in rehabilitation than the right CVA patients who minimize or deny their illness.\(^3\) In our opinion, left CVA patients may be less motivated in therapy than right CVA patients secondary to their severe depressive reactions. It has been our experience that left CVA patients' awareness of their disabilities causes them to become withdrawn, and this compromises their full participation in therapy. Right CVA patients are often more compliant in therapy owing to their lack of insight into their disability.

Ms. Kirkman suggested comparing aphasic and non-aphasic left CVA patients in the subcategories of mobility, ADL, and perception/information processing. Although it was not presented in our publication, this ancillary analysis was performed, and we found the non-aphasic left CVA patients had significantly \((p < .05)\) higher scores in ADL abilities and perception/information processing than aphasic left CVA patients. These findings are consistent with the positive correlation of higher language scores with higher perception/information processing and higher ADL scores in the left CVA group of our study.

In summary, we are in agreement with Ms. Kirkman's analysis that developing an individual's rehabilitation prognosis should encompass the factors of attention, motivation, affect, perception, emotion, and family involvement. A cognitive evaluation should also be included because cognition can significantly influence patient performance in many of these areas.

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REFERENCES