The above comments continue to support our original conclusion that "the 3-oz water swallow test is a sensitive screening tool for identifying patients at risk for clinically significant aspiration who need referral for more definitive MBS evaluation."

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**Stroke Rehabilitation Outcome Studies: Selection for Meta-analysis**

Ottenbacher and Jannell have used meta-analysis to study the effect of stroke rehabilitation on functional outcome following stroke. The studies that they cite actually address two separate issues: (1) Do patients randomized to focused stroke rehabilitation units do better than those given physical, occupational, and speech therapy on a general medical ward? (2) Is one type of rehabilitation technique better than another in optimizing functional recovery within the stroke rehabilitation unit? Pooling studies addressing these separate issues obscure the primary question: Are focused stroke rehabilitation units advantageous?

There are now six studies that prospectively randomize patients (based on bed availability) to either a focused stroke rehabilitation unit or a general medical unit. Five of these studies have found significant benefits for those admitted to a focused stroke rehabilitation unit with respect to one or more of the following: higher overall activity of daily living scores, higher walking/transfer activity of daily living subscores, greater frequency of home vs institutional discharge, or shorter length of stay. An earlier study by Waylonis et al. used historical controls before and after establishing a focused rehabilitation unit. This retrospective historically controlled study is fraught with bias and should not be analyzed with the prospective studies mentioned above.

Most of the studies cited by Ottenbacher and Jannell compared the potential benefit of one therapy technique vs another, all within a focused stroke rehabilitation unit. No one therapeutic technique showed consistent benefit over another. Which transfer technique a patient learns to use for moving from bed to wheelchair is not as important as the fact that he/she is taught to do it in a consistent manner until he/she becomes independent. Including studies addressing the benefit of specific therapy techniques in the same meta-analysis used to assess the value of focused stroke rehabilitation units is unjustified. It obscures the favorable results documented in five of the six prospectively randomized studies referenced above.

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Reding and McDowell have argued that our recent article using meta-analysis to study the impact of stroke rehabilitation addresses two separate issues. They are: (1) Do patients randomized to focused stroke rehabilitation units do better than those given physical, occupational, and speech therapy on a general medical ward? (2) Is one type of rehabilitation technique better than another in optimizing functional recovery within a stroke rehabilitation unit? Actually, our study deals with several questions related to the effectiveness of stroke rehabilitation. These questions are reviewed in our discussion under the following headings: "Independent Variable," "Dependent Variable," "Design Characteristics," and "Design Interactions." Reding and McDowell contend that by pooling randomized controlled trials examining focused stroke rehabilitation programs with other trials that compare individualized rehabilitation approaches or comparisons with standard medical intervention we "obscure the primary question: Are focused stroke rehabilitation units advantageous?"

Our purpose was to "examine the effectiveness of programs of stroke rehabilitation on functional outcomes." We provided explicit operational detail...