

1. Please describe the study design that the authors employed in this research (e.g. prospective, retrospective, randomized, case-control)? Why do you think the authors used this approach?
2. Patients were admitted a mean of 19 days post-stroke and stayed in the hospital for rehabilitation 60 days (page 205). What is the importance of this information in interpreting the study relevance for US practice?
3. The authors report that atrial fibrillation is associated with lower scores on the Functional Independence Measure and less improvement in the Functional Independence Measure during rehabilitation hospitalization. A colleague who read the article tells you "the article suggests atrial fibrillation causes poor rehabilitation outcomes." Is this true? Why or why not?
4. What are some possible confounding variables in the study comparison of subjects with and without atrial fibrillation?
5. Describe the process of informed consent and Institutional Review Board (IRB) review that would usually pertain to this type of study in the US. What kind of review or consent process was used by the authors in this research?
6. A Mann-Whitney U test is described on page 207. Why was it used instead of a t-test?
7. What is the question addressed by the chi-square test, page 206?
8. Look at the graph on page 205. What does "percentile" on the x axis refer to? Does the graph depict raw data or derived data after an analysis? What is the most important point ("take home message") of the graph?
9. In the abstract, the authors' state, "The presence of atrial fibrillation has a negative prognostic value on post stroke outcome, particularly in the elderly patients." Do you agree? State why or why not, and whether you feel atrial fibrillation should be considered in patients' candidacy for acute rehabilitation.
10. How would you change the study design to improve this study, in order to better determine how patients with atrial fibrillation will do in rehabilitation?