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Letter to the editor

Invisible neurological symptoms in neurorehabilitation of ischemic strokeYuveldris Ramona Saborit Oliva I*  <https://orcid.0000-0002-8233-0761>Alexis Suárez Quesada I  <https://orcid.org/0000-0002-7672-5601>

ⁱUniversity of Medical Sciences of Granma. Carlos Manuel de Céspedes Provincial General Hospital, Bayamo. Granma, Cuba.

*Corresponding author. E-mail: yuvisaboritoliva@gmail.com

Dear Director:

Stroke is a global health problem. It is the second leading cause of death and the leading cause of disability worldwide. Motor deficit is the most common consequence of that medical emergency.⁽¹⁾

The goal of neurorehabilitation is to restore sensorimotor function; however, a silent reality limits functional recovery: neurological symptoms of attentional, perceptual, visual-sensory, and apraxic origin, due to their invisible nature, go unnoticed in conventional rehabilitation programs. This letter aims to alert rehabilitation professionals to the importance of early detection.

The neurological symptoms to which attention should be paid include, among others, the following: (1) spatial hemineglect, a deficit in spatial attention to stimuli on the side opposite the brain lesion, reported in 30% of left hemisphere lesions and 50% of right hemisphere lesions, affecting mobility; (2) visual agnosia, a perceptual deficit, probably present in 60-80% of patients with right hemisphere stroke who do not receive personalized treatment; (3) hemianopia, a visual field deficit, occurring in



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approximately 8-10% of survivors, increasing the risk of falls and causing difficulty performing activities of daily living; (4) apraxia, the inability to perform learned voluntary movements. (5)

The clinical manifestations described rarely receive specific attention during rehabilitation. Standard assessment scales do not systematically explore them due to their non-motor nature, and patients, unaware of their deficits, do not report them. Consequently, they affect task comprehension and response implementation, with devastating consequences: caregiver burden, frustration for the therapeutic team because they interfere with the acquisition of motor skills, limitation of functional independence, increased risk of accidents, and false therapeutic plateaus.

Hemineglect, visual agnosia, hemianopsia, and apraxia are invisible sequelae that affect the neurorehabilitation of stroke; identifying them promptly will allow the development of specific perceptual or sensory stimulation programs and environmental adaptations to promote functional recovery.

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Inter-conflicts and

No conflict of interest is declared and it is relevant.

Authors' contributions

Yuveldris Saborit Oliva: Conceptualization, Methodology, Visualization, Editorial Staff, Preparation of the original draft, Editorial Staff, Revision.

Alexis Suto Rez Quesada: Conceptualization, Methodology, Editorial Staff, Revision.

