Letters to the editor

The recent World Health Organization report provides ‘evidence-based, expert-informed recommendations and good practice statements to support health systems and stakeholders in strengthening and extending high-quality rehabilitation services’. It is therefore regrettable that a CME section lacks any significant content on the needs of community residing individuals with residual impairments following episodes of cerebrovascular disease.

Conflicts of interest
The author has no conflicts of interest to declare.

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References
4 Frank A. Vocational rehabilitation: supporting all or disabled individuals in (no) work: a UK perspective. Healthcare 2016;4:36.

Response
Editor – The author makes some very valid comments about the importance of rehabilitation, particularly late after stroke, and the importance of making it patient centred and making the best use of assistive technology. All of these issues are addressed in the full guideline which is available online. Necessarily, the brief articles published in Clinical Medicine had to be very selective in their content but the guideline itself covers the whole range of issues from prevention to life after stroke.

Conflicts of interest
The author has no conflicts of interest to declare.

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