mobile devices with similar accuracy. Algorithms were potentially portable to wearable devices. Qualitative observations on the state and applicability of technology were made. *Conclusions:* Software analysing heart rhythm may be accurate for AF screening, but has not been tested on wearable devices. Such technology is promising but may be limited by hardware accuracy and high false positive rates.

P.059

Predictors of gastrostomy tube placement in patients with dysphagia after acute stroke

R Joundi (Toronto)* G Saposnik (Toronto) R Martino (Toronto) J Fang (Toronto) J Porter (Toronto) M Kapral (Toronto)

Background: In patients with acute stroke, nasogastric (NG) tubes are commonly inserted for feeding when dysphagia is identified, and percutaneous endoscopic gastrostomy (PEG) tubes are placed for severe or persistent dysphagia. However, little is known regarding predictors of PEG insertion. *Methods:* We used the Ontario stroke registry from 2003-2013 to identify baseline characteristics of all patients with NG or PEG tube insertion after stroke. We used multiple logistic regression with backwards selection to determine variables that were independent predictors of PEG tube insertion during admission. *Results:* 4002 patients with NG and 1903 patients with PEG were included in the analysis. Independent predictors of PEG were: Age (80+ vs. <60; odds ratio [OR] 1.70), past history of stroke (OR 1.17), higher stroke severity (severe vs. mild stroke; OR 1.37), stroke unit admission (OR 1.46), and dysphagia screening (OR 1.52). Factors associated with reduced odds of PEG insertion were: Prior history of peptic ulcer disease (OR 0.70), prior independence (OR 0.78), dementia (OR 0.76), palliative status (OR 0.49), and thrombolysis (OR 0.66). *All p< 0.01 *Conclusions:* The strongest predictors of PEG were older age, higher stroke severity, stroke unit admission and dysphagia screening. Patients with dementia had reduced odds of PEG. Thrombolysis also reduced odds of PEG and may be protective.

P.060

Altered oculomotor learning in thalamic stroke patients

A Richard (Montreal)* F Ostendorf (Berlin)

Background: Visuomotor learning can be elicited experimentally by displacing the target of a saccade during the ongoing eye movement. In healthy subjects, the resulting mismatch between expected and experienced visual error after saccade completion elicits a gradual adaptation of saccade amplitude. The goal of this project was to explore the role of cerebro-thalamo-cerebellar circuits in the dynamics of visuomotor learning. *Methods:* Patient RK is a 38-year-old right hand dominant male who suffered a focal thalamic stroke of the right thalamus, confined to ventral lateral posterior and ventral medial nuclei. We employed a standard saccadic adaptation paradigm and assessed dynamics of visuomotor learning by fitting a simple state-equation to saccade amplitudes towards the ipsi- and contralesional hemifield. *Results:* While RK was able to adapt saccade amplitudes in both directions, adaptation dynamics were different for leftward versus rightward saccades. Rightward, ipsilesional saccades exhibited a lower learning rate but similar retention of al-

tered saccade metrics, compared to leftward, contralesional saccades. *Conclusions:* The present study assessed a patient with a focal lesion to the right cerebellar thalamus on a saccade adaptation paradigm. Results demonstrated slower visuomotor learning for saccades into the ipsilesional hemifield, suggesting an important contribution of cerebello-cortical projections mediated by thalamic relays for visuomotor learning.

P.061

An outcome study of ischemic stroke patients admitted to a rehabilitation unit

S Glass-Kaastra (Owen Sound) A Saab (London)* G Young (Owen Sound)

Background: Earlier studies suggest that age and stroke severity are the main determinants in stroke patient disposition after rehabilitation. We examined these and other variables to determine those that correlated with returning home vs. long-term care (LTC). *Methods:* Chart review of ischemic stroke patients with initial alpha-FIM scores between 40 and 80 admitted to our Rehabilitation Unit from January 1, 2005 to December 31, 2014. Univariate and multivariate analyses were performed. *Results:* There were 162 suitable patients. 130 went home and 32 went to LTC. The multivariable analysis showed the following variables favored LTC disposition: age (1.2x increased risk with increased age, P < 0.01), residence (17.5x increased risk if not starting at home, P < 0.01), right vs. left hemisphere (5.4x greater risk with right hemisphere, p = 0.01), bowel continence (10.6x greater risk if not continent, p < 0.01), and caregiver (0.05x decreased risk if a caregiver is present, p < 0.01). No differences were found for sex, diabetes mellitus, atrial fibrillation, previous stroke, congestive heart failure, COPD, obesity, hemianopsia or financial status. *Conclusions:* Numerous variables probably affect patient disposition after rehabilitation for acute ischemic stroke.

P.062

Fun for the brain: activities promoting stroke recovery in the acute phase

R Sourial (montreal)* A Jacbson (montreal)*

Background: Canadian Stroke Best Practices recommend early mobilization and engagement in activities after stroke to enhance recovery. StrokeEngine reports the use of music can further promote recovery by harnessing neuroplasticity. Using music to enhance participation in activities after stroke may impact favorably on outcome after stroke. *Methods:* This descriptive study will be offered to patients admitted on the stroke unit. Based on the music preferences of willing participants and guided by the physiotherapy assessment, music, singing or dance movements will be incorporated into extra-therapeutic activities using specific musical instruments matched to patient ability. The music-enhanced activity program includes at least 3 sessions per week with a trained volunteer and additional sessions with family members for the duration of the hospital stay. Each session will last between 20 and 30 mins. The program will run for six weeks. *Results:* Data on patient participation in daily therapy and activities on the stroke unit will be presented and compared to a