Association of Sri Lankan Neurologists

World Stroke Organization

JAFFNA STROKE SYMPOSIUM AND ASN REGIONAL MEETING

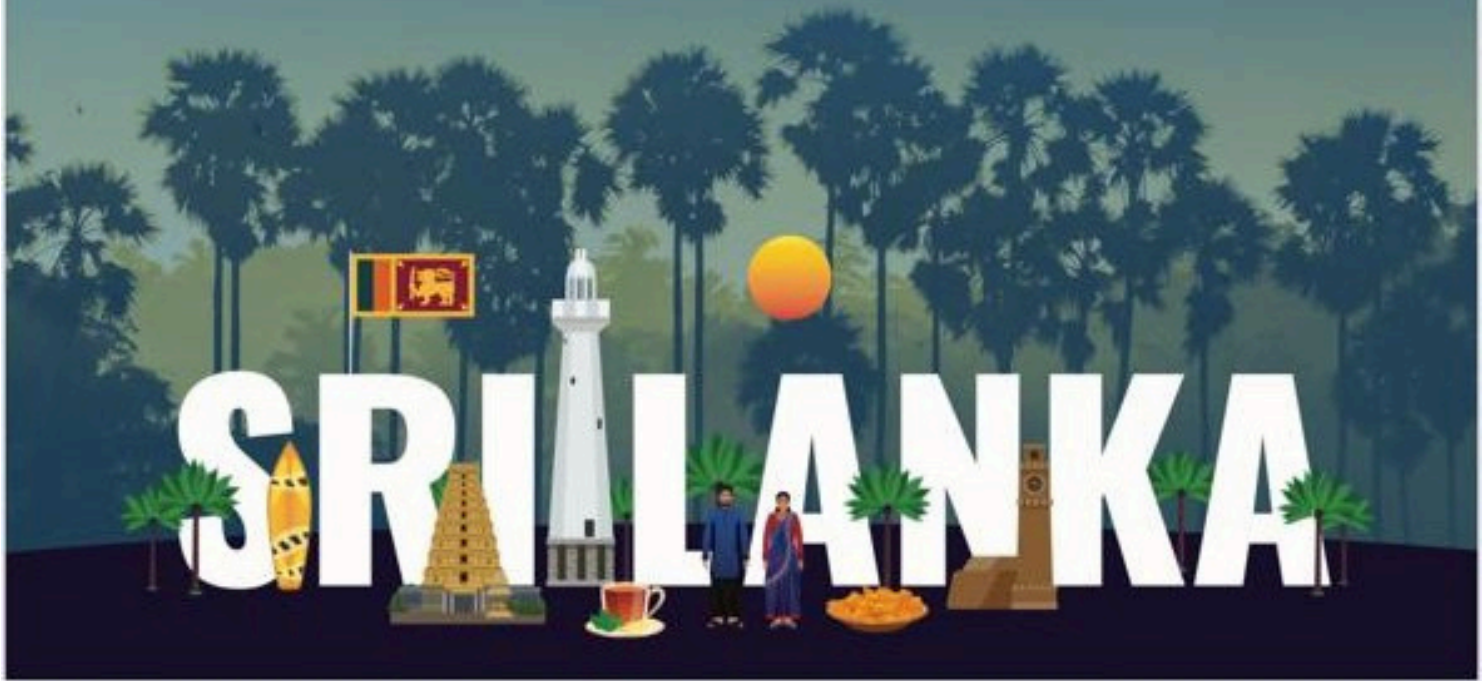
Integrated Neurology for Transformative Outcomes

04 - 06 JULY | 2025

THIRUVALLUVAR CULTURAL CENTER
JAFFNA, SRI LANKA

A COMPREHENSIVE STROKE WORKSHOP FOR ALLIED HEALTH PROFESSIONALS

06TH JULY 2025



Content

Association of Sri Lankan Neurologists

The Association of Sri Lankan Neurologists (ASN) was formed in response to the growing demand for a dedicated professional body to support the evolving field of Neurology in Sri Lanka. In the early 1970s, neurological services in the country were limited to just one neurologist based in Colombo. Since then, the specialty has grown significantly, with over 20 board-certified consultant neurologists now serving across various parts of the island. As the field expanded, so did the need for an organisation that could unite these professionals, support their clinical and academic endeavours, and provide a platform for collaboration and progress.

ASN is committed to achieving and maintaining excellence in neurological practice throughout Sri Lanka. It actively promotes education, training, and research in the field, ensuring that both current practitioners and future generations of neurologists are equipped with the knowledge and skills needed to deliver high-quality care. The association also plays a key role in shaping the direction of neurological services in the country by advising the Ministry of Health on relevant matters. Furthermore, ASN is dedicated to safeguarding the professional interests of neurologists and enhancing cooperation with related medical disciplines. One of its core values is fostering a spirit of fellowship and goodwill among neurologists, thereby building a strong, united community that works together to advance the field and improve neurological care for all Sri Lankans.

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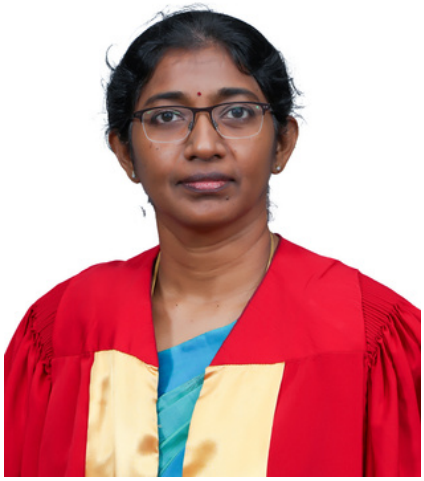
Message from the President, Association Of Sri Lankan Neurologists



Dear Colleagues and Participants,

I am honoured to extend a warm welcome to all attendees of the Jaffna Stroke Symposium (JSS). This event marks a significant opportunity for collaboration, learning, and innovation in the field of stroke care.

This symposium is a benchmark event in the history of regional academic programs of the Association of Sri Lankan Neurologists (ASN). Organised with international calibre, it features 15 distinguished international speakers and 10 local experts. We aim to effectively integrate the Northern and Eastern provinces with other parts of the island to achieve transformative outcomes. Importantly, this comprehensive event also seeks to educate allied professionals in the region.

As we gather here today, we are reminded of the critical importance of advancing our understanding and management of stroke. The impact of stroke on individuals and communities is profound, and it is our collective responsibility to enhance patient outcomes through knowledge-sharing and evidence-based practices.

Additionally, for those interested delegates overseas, and medical professionals in peripheral units who are unable to attend the symposium due to scheduled government duties, we are providing a Zoom platform to ensure their participation.

The symposium features a distinguished lineup of speakers who will provide valuable insights into the latest research, treatment modalities, and best practices in stroke management. I encourage all participants to engage actively in discussions, ask questions, and share your experiences, as this will enrich our collective knowledge and foster a spirit of collaboration.

I would like to express my gratitude to the organising committee for their dedication and hard work in bringing this event to fruition. Your efforts are instrumental in strengthening our network and enhancing the quality of stroke care across Sri Lanka.

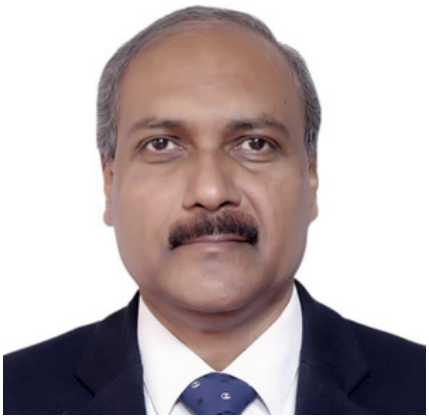
Let us take this opportunity to learn from one another, build lasting connections, and inspire each other to strive for excellence in our field. Together, we can make a significant difference in the lives of those affected by stroke.

Thank you for being here, and I wish you all a productive and enlightening symposium.

Warm regards

Dr Ajantha Keshavaraj
MBBS, MD, MRCP (UK), MRCP (Sub Neurology) UK,
MRCP (Geriatric Medicine), FRCP (Edin), FCCP
President, Association of Sri Lankan Neurologists

Message from the President, World Stroke Organization



It is a profound honour to join you in Jaffna for the Association of Sri Lankan Neurologists Conference 2025 and to inaugurate the Stroke Workshop, supported by the World Stroke Organization and SingHealth. This gathering marks a significant milestone in our collective efforts to advance stroke care and neurological health in Sri Lanka and beyond.

Stroke remains one of the leading causes of disability and death worldwide. The urgency to improve prevention, acute care, and rehabilitation is greater than ever. This workshop, supported by the World Stroke Organization, stands as a testament to our shared commitment to bridging knowledge gaps, fostering collaboration, and empowering clinicians with the latest evidence-based practices.

Jaffna, with its rich cultural heritage and resilient spirit, is a fitting host for this important dialogue. I commend the Association of Sri Lankan Neurologists for their vision and dedication in organising this event, and I extend my deepest appreciation to all participants, speakers, and partners.

Let this workshop serve as a catalyst for innovation, unity, and progress in stroke care. Together, we can transform outcomes and bring hope to countless lives.

Thank you, and I wish you all a successful and inspiring conference.

Prof. Jeyraj Pandian
MD, DM, FRACP, FRCP, FESO, FWSO, FNAMS
President
World Stroke Organization

Message from SingHealth

Singhealth Duke-NUS is committed to global stroke care in the Asian region and has ongoing collaborations for clinical service development, research, education and innovation. Jaffna is one of Singhealth's regional collaboration centres, and hence there are existing platforms to leverage for global stroke care efforts. Singhealth is very happy to support and participate in this event and we look forward to building stronger partnerships.

Message from the President, National Stroke Association of Sri Lanka

It is with great pride and enthusiasm that I welcome all participants to the Stroke Conference 2025 held in Jaffna. This landmark event marks another significant step in our collective mission to reduce the burden of stroke across Sri Lanka through collaboration, education, and innovation.

As the President of the National Stroke Association of Sri Lanka (NSASL), I am particularly pleased to see this important conference hosted in the Northern Province, enabling the engagement of a broader cross-section of healthcare professionals and the public. Stroke is a leading cause of disability and death in our country, and addressing this growing challenge requires both a unified national strategy and regionally empowered action.

This conference brings together experts, clinicians, researchers, and frontline healthcare workers to share knowledge, foster collaboration, and inspire improvements in stroke prevention, acute care, and rehabilitation. I extend my sincere gratitude to Dr Ajantha Keshavaraj for her exceptional leadership and dedication, as well as to all speakers, organisers, and delegates for their invaluable contributions.

Let this event strengthen our shared commitment to equitable, evidence-based stroke care for all Sri Lankans—regardless of geography.

Warm regards,
Dr Gamini Pathirana
MBBS, MD
President
National Stroke Association of Sri Lanka

Message from the Provincial Director of Health Services - Northern Province

It is with great pride and pleasure that I extend my warm greetings on the occasion of the Jaffna Stroke Symposium and the Regional Meeting of the Association of Sri Lankan Neurologists, scheduled to be held from the 4th to the 6th of July 2025 in Jaffna.

As the Provincial Director of Health Services for the Northern Province, I am especially delighted that the current President of the Association of Sri Lankan Neurologists is Dr. Ajantha Keshavaraj, a distinguished Consultant Neurologist from our very own Teaching Hospital, Jaffna. Her leadership is a testament to the growing strength and recognition of medical expertise in our region.

The programme has been thoughtfully curated, featuring a series of vital plenary sessions that are both timely and relevant. These sessions will no doubt contribute significantly to updating and enhancing the knowledge and skills of healthcare professionals in the Northern Province - a region where the health system continues to recover and rebuild after the prolonged years of conflict.

In this context, the decision by the Association of Sri Lankan Neurologists to host this year's academic event in Jaffna is both meaningful and commendable. I am confident that this symposium will provide an invaluable platform for knowledge exchange and capacity building among our medical community.

I extend my sincere appreciation to the organizers and resource persons, and I wish the Jaffna Stroke Symposium and Regional Meeting every success.

Thank you.

Dr. V. P. S. D. Pathirana,
Provincial Director of Health Services,
Northern Province.

Message from the Director of Jaffna Teaching Hospital

It is with great appreciation and pride that I take this opportunity to recognize Dr. Ajantha Keshavaraj for her outstanding dedication, leadership, and service over the past decade at Teaching Hospital Jaffna.

Dr. Ajantha has been a cornerstone of our institution, consistently demonstrating an unwavering commitment to patient care, clinical excellence, and medical education. Her efforts have significantly enhanced stroke services in the Northern Province, and her leadership in organizing the Stroke Conference 2025 is a testament to her vision and tireless work ethic.

The Stroke Conference 2025 is a landmark event for Jaffna and for Sri Lanka as a whole. It brings together national and international experts, clinicians, researchers, and frontline healthcare providers to share insights and innovations in stroke prevention, treatment, and rehabilitation. Hosting this conference in Jaffna not only elevates the visibility of our region in the medical community but also empowers local professionals and institutions to play a leading role in the national stroke care agenda. This opportunity for collaboration and learning will no doubt leave a lasting impact on stroke care across the island.

On behalf of the hospital administration and staff, I extend our heartfelt congratulations and deep gratitude to Dr. Ajantha. We are truly fortunate to have a professional of her caliber among us, and we look forward to her continued contributions in shaping the future of healthcare in our region.

Warm regards,
Dr T Sathyamoorthy
Director
Teaching Hospital Jaffna

Message from the Guest of Honour

I am happy to give this message for the Jaffna Stroke Symposium organised by the Association of the Sri Lankan Neurologists (ASN) during the Induction of the newly elected President, Dr (Mrs) Ajantha Keshavaraj. The topics to be discussed in the Symposium are appropriate and very useful to the medical and paramedical practitioners as about 110 people are experiencing stroke per year in Sri Lanka. Nearly one in four among Sri Lankans are diabetic and they are more prone to stroke. Thus, the thoughtful topic is very important and appropriate, to the population which encounter the patients affected with stroke or who are more prone to have stroke.

More than having awareness and experience, it is also very important to update the knowledge and to share the knowledge. Thus, having this Symposium in Jaffna is highly appreciable as this region seldom has such privilege.

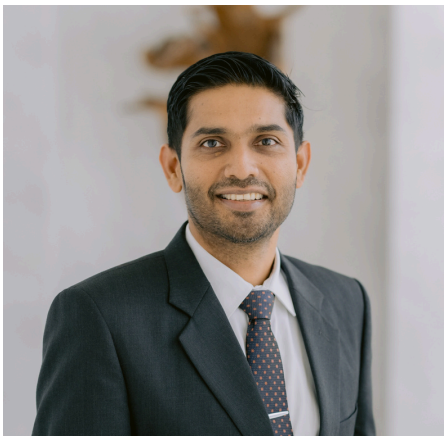
Even though Neurology began in Sri Lanka in the 1950s, the Association of Sri Lankan Neurologists (ASN) was established in 2007. I am happy that one of the Neurologists from Jaffna Teaching Hospital has become the President of the Association of Sri Lankan Neurologists and took the initiative to hold this very useful symposium in Jaffna.

I believe that the Association of Sri Lankan Neurologists will reach its next level with the leadership of Dr Mrs Ajantha Keshavaraj with her organised, dedicated and foreseeing contribution.

My Best Wishes for successful events from 4th to 6th of July 2025 and a prosperous tenure to Dr Mrs Ajantha Keshavaraj.

Prof. Vasanthy Arasaratnam,
BSc (Madras), MSc (Colombo), PhD (Jaffna)
Senior Professor of Biochemistry
Former Vice Chancellor, University of Jaffna
Member of the University Grants Commission

Message from the Special Guest



It is a privilege to join the Jaffna Stroke Symposium, a gathering that stands at the intersection of science, care, and collaboration. As Sri Lanka sets out to define its place in the AI-powered world, it is clear that technological progress cannot — and should not — happen in silos. The future belongs to those who can connect across domains, disciplines, and communities.

In my role as an academic, policy contributor, and national coordinator in AI development, I see immense value in bringing together engineers, clinicians, researchers, and educators to shape the trajectory of innovation. Events like JSS not only advance a medical agenda but also highlight the need for inclusive, human-centered technology strategies. I'm honoured to share a national perspective on Sri Lanka's AI journey and reflect on how we can build systems that serve our people responsibly, equitably, and with vision.

Prof. Roshan G. Ragel
BSc Eng Hons (Peradeniya), PhD (UNSW)
Professor in Computer Engineering,
University of Peradeniya

PROGRAMME

PROGRAMME - DAY 1 (04th JULY 2025)

Museum Hall – Thiruvalluvar Cultural Centre

TIME		
7:30 am - 8:00 am	**Registration**	
8:00 am - 8:20 am	**Jaffna Stroke Symposium Opening Remarks** **Prof Jeyaraj Durai Pandian** President, World Stroke Organization (WSO) India **Associate Prof Deidre De Silva** Singapore General Hospital, National Neuroscience Institute, SingHealth **Dr Gamini Pathirana** President - National Stroke Association of Sri Lanka (NSASL) **Dr Ajantha Keshavaraj** President, Association of Sri Lankan Neurologists	
	TOPIC	**RESOURCE PERSON**
	PLENARY 1 **DECODING STROKE: GLOBAL INSIGHTS**	
8:20 am - 8:45 am	Global Stroke Burden: Disparities and Epidemiology	Prof Jeyaraj Pandian
8:45 am - 9:05 am	Emergency Stroke Evaluation: Clinical Diagnosis Guide	Associate Prof. Deidre De Silva
9:05 am - 9:30 am	Decoding Stroke: The power of neuroimaging	Professor P N Sylaja
9:30 am - 9:40 am	**Discussion (Q & A)**	
9:40 am - 10:00 am	**Tea Break**	
	PLENARY 2 **PATHWAYS *TO RECOVERY FROM STROKE***	
10:00 am - 10:20 pm	Role of Prehospital Care in Stroke	Dr Padma Gunaratne
10:20 am - 10:40 am	Advances and Emerging evidence in intravenous thrombolysis for Hyper Acute Ischemic Stroke	Associate Prof. Ivy Sebastian
10:40 am - 11:00 am	Patient selection for thrombectomy in stroke	Prof Leve J D Joseph
11:00 am - 11:15 am	**Discussion (Q & A)**	
	PLENARY 3 **NAVIGATING NEUROLOGY: FROM EVOLVING INSIGHTS TO UNANSWERED QUESTIONS IN STROKE**	
11:15 am - 11:35 am	ICH Management: Evolving strategies and insights	Prof Craig Anderson
11:35 am - 12:00 pm	Beyond the Eye: Acute Higher cortical Visual Dysfunctions and its impact	Prof T Umapathy
12:00 pm - 12:20 pm	Unanswered questions in Stroke	Prof Urs Fischer
12:20 pm - 12:30 pm	**Discussion (Q & A)**	
12:30 pm - 1:30 pm	**Lunch**	
	PLENARY 4 **EXPLORING STROKE ETIOLOGY AND PREVENTION**	
1:30 pm - 1:50 pm	Etiological evaluation and assessment of Ischemic Stroke	Professor P N Sylaja
1:50 pm - 2:10 pm	Shielding Against Stroke: Proactive Measures for Secondary Prevention	Dr Arani Nitkunan
2:10 pm - 2:30 pm	Unusual aetiologies of the stroke in South Asia	Prof Udaya Ranawaka
2:30 pm - 2:40 pm	**Discussion (Q & A)**	
2:40 pm - 3:00 pm	**Tea Break**	
	PLENARY 5 **INNOVATION IN STROKE: INSIGHTS, MANAGEMENT AND CASE SCENARIOS**	
3:00 pm - 3:20 pm	Transient Ischemic Attack: Insights and Innovations in Prevention and Management	Dr Anomali Vidanagamage
3:20 pm - 3:45 pm	Auditory and Vestibular Disorders in Stroke: Insight and the Implications	Dr M Madhusudanan
3:45 pm - 4:05 pm	Case Scenarios: Tracking image challenges	Prof Leve J D Joseph
4:05 pm - 4:15 pm	**Discussion (Q & A)**	

5:45 pm - 7:00 pm	Ceremonial Inauguration of JSS
7:00 pm - 8:00 pm	ASN President Induction and Presidential Speech
8:00 pm - 9:00 pm	Cultural Events and Dinner

PROGRAMME - DAY 2 (05th JULY 2025)

Museum Hall – Thiruvalluvar Cultural Centre

TIME	TOPIC	RESOURCE PERSON
PLENARY 6 **ADVANCING STROKE CARE: BEST PRACTICES FROM PATIENTS SELECTION TO ESTABLISHMENT OF STROKE UNIT**		
9:00 am - 9:20 am	Navigating the critical moments: Mastering BP Management in hyper acute Stroke	Dr Padma Srivastava
9:20 am - 9:40 am	Threshold to Recovery: Mastering Decompressive Craniectomy in Stroke Management	Dr P. Athiththan
9:40 am - 10:00 am	Rare causes of Stroke: A Case Based Discussion	Prof P N Sylaja
10:00 am - 10:20 am	How to set up a stroke unit: Evidence based interventions in the stroke unit care	Associate Prof Ivy Sebastian
10:20 am - 10:30 am	**Discussion (Q & A)**	
10:30 am - 10:50 am	**Tea Break**	
PLENARY 7 **COMPREHENSIVE STROKE MANAGEMENT**		
10:50 am - 11:10 am	Management of Subarachnoid Hemorrhage	Prof Leve J D Joseph
11:10 am - 11:30 am	Stroke mimic and stroke chameleons A case-based discussion	Dr M Madhusudanan
11:30 am - 11:50 am	Cardioembolic Stroke	Associate Prof. Deidre de Silva
11:50 am - 12:00 pm	**Discussion (Q & A)**	
12:00 pm - 1:00 pm	**Lunch Break**	
PLENARY 8 **FROM RESEARCH TO REALITY: TRANSFORMING STROKE CARE FOR BETTER OUTCOMES**		
1:00 pm - 1:25 pm	Stroke rehabilitation in LMIC: An over view	Prof Dorcas Gandhi
1:25 pm - 1:45 pm	Cerebral Venous Thrombosis	Dr Gamini Pathirana
2:00 pm - 2:20 pm	Neuropsychiatric Assessment in Stroke: Unraveling the Mind-Body Connection	Prof L L Amila Isuru
2:20 pm - 2:40 pm	**Tea Break**	
PLENARY 9 **CONFRONTING CHALLENGES: EXPERT INSIGHTS ON REGIONAL CASE STUDIES**		
	PANELISTS Prof Jeyaraj Pandian Prof Udaya Ranawaka	
2:40 pm - 4:00 pm	Regional Cases & Expert Panel Discussion	
4:00 pm	**Tea**	

JAFFNA STROKE SYMPOSIUM AND ASN REGIONAL MEETING (06th JULY 2025)

PARALLEL SESSION A - MEDICAL PROFESSIONALS

Conference Hall – Thiruvalluvar Cultural Centre

TIME	TOPIC	RESOURCE PERSON
	PLENARY 10 **BOTOX AND SPASTICITY IN STROKE**	
8:00 am - 8:20 am	From assessment to Intervention: Addressing Post Stroke Spasticity with Botox	Dr Bimsara Senanayake
8:20 am - 8:40 am	Botox Administration: A Patient Centered Guide to safe and effective injection Technique	Dr Abhishek Srivastava
8:40 am - 9:10 am	**Discussion (Q & A)**	
	PLENARY 11 **PERSPECTIVE ASN REGIONAL MEETING – GENERAL NEUROLOGY AND A QUIZ**	
9:10 am - 10:30 am	Quiz: Fascinating Case Based Diagnosis	Dr Mathusudanan
10:30 am - 10:50 am	Neurological Complications with Substance Abuse	Dr M Saamir Mohideen
10:50 pm - 11:10 am	Acute Flaccid Paralysis: Quick Identification and Intervention in the Emergency Unit	Prof T Umapathy
11:10 pm - 11:20 am	**Tea Break**	
	PLENARY 12 **PIONEERING EXCELLENCE IN HEALTHCARE: A SINGHEALTH**	
11:20 am - 11:45 am	Acute Stroke Unit protocols	Associate Prof. Deidre de Silva
11:45 am - 12:10 pm	Addressing Complications in Acute Stroke Units	Dr Ng Wai May
12:10 pm - 12:35 pm	Care pathways, Audit, Databases and Value-Based care Discussion	Associate Prof. Deidre de Silva Dr Ng Wai May
12:35 pm - 12:50 pm	**Discussion (Q & A)**	
12:50 pm - 1:00 pm	Closing Ceremony	Dr Ajantha Keshavaraj President, Association of Sri Lankan Neurologists
1:00 pm	**Lunch**	

A COMPREHENSIVE STROKE WORKSHOP FOR ALLIED HEALTH PROFESSIONALS

06TH JULY 2025

PARALLEL SESSION B

Museum Hall – Thiruvalluvar Cultural Centre

TIME		
8:30 am - 9:00 am	Registration	
	TOPIC	**RESOURCE PERSON**
9:00 am - 9:20 am	An Introduction: The Role and Importance of Rehabilitation in Stroke centers and certification of Stroke Rehabilitation centers	**Prof Jeyaraj D Pandian** President WSO
9:20 am - 9:40 am	Restoring Mobility and Preventing Complications: Advances in Acute Post Stroke rehabilitation	**Prof Dorcas BC Gandhi**
9:40 am - 10:10 am	Comprehensive Rehabilitation for Post-Stroke Speech and Dysphagia Complications	**Mr P Gowritharan** Speech and Language Therapist
10:10 am - 10:40 am	Navigating Life After Stroke: Post Discharge Rehabilitation through Case Stories and strategies for community reintegration	**Rinita Mascarenhas** Senior Clinical Physiotherapist and Research Associate
10:40 am - 11:00 am	Tea Break	
11:00 am - 11:30 am	Essential Roles of Nursing in Stroke Rehabilitation: Advancing Patient Care and Recovery	**Dr Pramudika Kariyawasam** Senior Lecturer, Faculty of Allied Health Sciences
11:30 am - 11:50 am	Delivering Excellence in Stroke Rehabilitation: Key Quality Indicators and Evidence-Based Guidelines for Optimal Patient Care at resource poor setting	**Dr Ivy Sebastian**
11:50 am - 12:10 pm	Overview of stroke rehabilitation assessment	**Prof Dorcas Gandhi** **Dr Rinita Mascarenhas**
12:10 pm - 12:30 pm	**Discussion (Q & A)**	
12:30 pm - 1:30 pm	Lunch	
1:30 pm - 2:15 pm	Presentation by Participants with expert insights	
2:15 pm - 4:00 pm	Insights: Case Examples and Collaborative Group Discussions	**Dr Chamara Jayatunga** **Dr Anomali Vidanagamage** **Dr Pramudika Kariyawasam** **Mr P Gowritharan**
4:00 pm	Closing Remarks	**Dr Ajantha Keshavaraj** President, Association of Sri Lankan Neurologists

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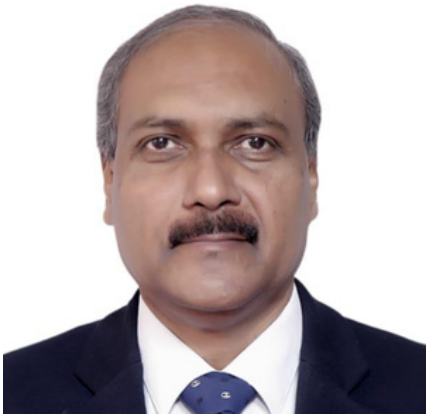

Prof. Jeyaraj D. Pandian

MD, DM, FRACP, FRCP, FESO, FWSO, FNAMS

Dr Jeyaraj D. Pandian is Professor and Head of Neurology and Principal at Christian Medical College, Ludhiana, India. He is the current President of the World Stroke Organisation, the first Asian elected to this position in 2024. He is also the past President of the Indian Stroke Association and Past Chair of the Asian Stroke Advisory Panel. He is a Fellow of the Royal Australasian College of Physicians, the Royal College of Physicians, the European Stroke Organisation, and the World Stroke Organisation.

He received the WSO Global Stroke Services Award in 2020, the Careers360 National Award for Research and Best Medical Teacher in 2023, and the Sitaram Jaipuria National Award for Medical Excellence and Research in 2023.

Dr Pandian has served on key committees with the World Health Organization, the Ministry of Health and Family Welfare, and the Indian Council of Medical Research. He is the National Principal Investigator for the Indian Stroke Clinical Trial Network (INSTRuCT).

He has 286 peer-reviewed publications, 190,699 citations, an h-index of 72, and an i10 index of 168. Under his leadership, CMC Ludhiana became the only WHO Collaborating Centre for Stroke in the world.

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Associate Prof. Deidre De Silva

MBBS, FRCP, FAMS (Neurology)

Assoc. Prof. Deidre Anne De Silva is a Senior Consultant Neurologist at the National Neuroscience Institute (NNI), Singapore General Hospital (SGH) campus, and serves as Director of the Stroke and Cerebrovascular Disease Programme at NNI. She holds academic appointments as Associate Professor at NUS-Duke Graduate Medical School and Clinical Associate Professor at the National University of Singapore. She currently serves as the Secretary of the World Stroke Organization and Chair of the Stroke Services Improvement Team under the Ministry of Health, Singapore.

She previously served as Head of the Department of Neurology at SGH from 2018 to 2023. Her training includes fellowships at Georgetown University, the National Institutes of Health, and the Royal Melbourne Hospital following her medical and specialist training in Singapore.

Her research focuses on stroke systems of care, Asian stroke patterns, hyperacute stroke imaging, novel stroke risk factors, stroke in South Asia, secondary prevention, and post-stroke outcomes. She has authored over 180 publications and led several clinical trials. She has received multiple awards including SingHealth Research Publication awards, Outstanding Clinical Research Awards, Outstanding Faculty award and Programme Excellence award for Stroke Interprofessional Education.

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Prof. P N Sylaja

MBBS, MD (Medicine), DM (Neurology), FRCP (Edin)

Dr P N Sylaja, is the Professor of Neurology and Head of the Comprehensive Stroke Care Program at Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala, India . She has been working in stroke for the past 23 years. She is the past President of the Indian Stroke Association, Honorary Professor of the University of Lancashire, UK, Fellow of the European Stroke Organisation, Fellow of the Indian Academy of Neurology and Fellow of the World Stroke Organisation (WSO). She is on the board of directors of the World Stroke Organisation and a member of the campaign committee of the WSO. She is a member of the Task Force Group of the Non-communicable disease division of the Indian Council of Medical Research. She is technical consultant for stroke care for the Government of Kerala. She has been working with the government in starting primary stroke units in the district hospitals in her state and actively involved in training nurses and community health workers in stroke care. She received the National Academic Award of the Indian Medical Association 2024 on Doctors day. She is a member of the guideline committee of the World Stroke Organisation. She is the editor in chief of the Annals of the Indian Academy of Neurology and on the editorial board of Cerebrovascular Diseases journal and the Journal of Stroke Medicine. She is the PI of many stroke trials and received funding from DBT-NIH,ICMR and NIHR. She has 253 publications to her credit with citations of 32271 and an h-index of 48 and an i10-index of -132.

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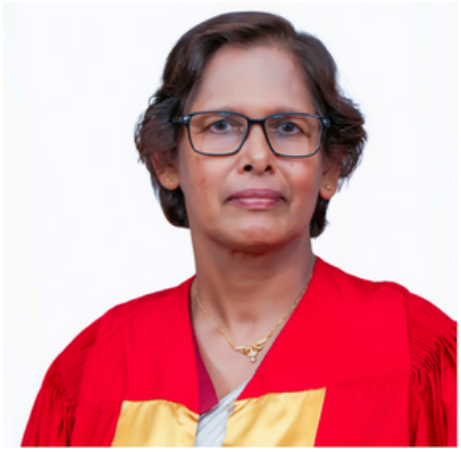

Dr Padma Gunaratne

MBBS(SL), MD(SL), FRCP(Edin), FRCP(Glasg), FRCP(Lond), FCCP, Hon FRACP, FAAN, FWSO

Dr. Padma Sriyani Gunaratne is a senior Board-certified Neurologist with over 35 years of specialist experience. Her clinical and academic focus has been in Neurology and Geriatric Medicine, with a strong emphasis on stroke care.

She has held several prestigious leadership roles, including President of the Sri Lanka Medical Association (2021), President of the Sri Lankan Association of Geriatric Medicine (2018 & 2019), President of the Ceylon College of Physicians (2011), President of the National Stroke Association of Sri Lanka (2010–2012), and President of the Association of Sri Lankan Neurologists (2008). Internationally, she served as a Board Member of the World Stroke Organization (2008–2015) and an Executive Committee Member of the Asia Pacific Stroke Organization (2011–2014).

She is the Founder of the Stroke Support Organization for Sri Lankans and led the Sri Lanka Stroke Clinical Registry (2015–2018) in collaboration with the World Stroke Organisation, World Federation of Neurology, and the Ministry of Health. She also chaired the committee that developed the National Guideline for Stroke Management in Sri Lanka (2023).

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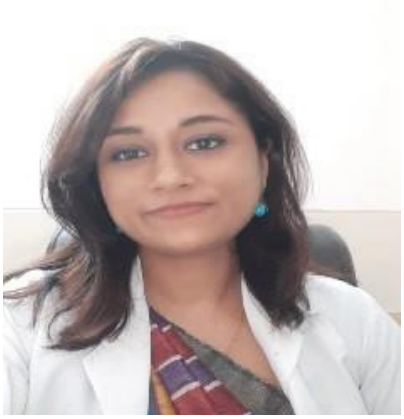

Associate Prof. Ivy Sebastian

MD (Int Med) DM (Neurology)

Dr Ivy Sebastian is an Associate Professor of Neurology at Christian Medical College and Hospital, Ludhiana, and an alumna of the institution. She completed a Clinical and Research Fellowship in Stroke at the Calgary Stroke Program, Canada, and was a fellow in the inaugural cohort of the World Stroke Organization's Future Leaders Program (2020–2022). She currently serves on the Board of Directors of the World Stroke Organization (2022–2026), is a core member of the Global Consortium of Stroke Rehabilitation (GCSR), and is actively involved with the WHO-SEARO initiatives for improving stroke care in South-East Asia.

Dr Sebastian has developed innovative, low-cost stroke care models for LMICs, including the ENIGMA Stroke App and the non-specialist model. She serves on the editorial boards of Stroke (InterSECT) and the Journal of the American Heart Association (JAHA). She has authored over 50 peer-reviewed publications, received multiple international awards, and contributed significantly to stroke research, policy, and capacity-building. Her h-index is 12 with over 800 citations. She leads and collaborates on several multicentric trials and implementation projects focusing on organised stroke care, rehabilitation guidelines, and health systems strengthening in resource-limited settings.

FACULTY

Prof. Leve J D Joseph

MBBS, MD, DM

Dr. S. Leve Joseph Devarajan is a Professor at the All India Institute of Medical Sciences (AIIMS), New Delhi, affiliated with the Department of Neuroimaging and Interventional Neuroradiology. He also serves as a Consultant Interventional Neuroradiologist at the BHRUT NHS Trust, Queen's Hospital, Romford, London.

His primary research interests include interventional neuroradiology, stroke, and paediatric neurovascular diseases. He has authored 86 papers in indexed journals, contributing significantly to the academic and clinical advancement of neurovascular care.

Dr. Devarajan has held key positions in professional societies, including Past Treasurer and Vice-President of the Indian Society of Neuroradiology and Executive Member of ISVIR (Delhi Chapter).

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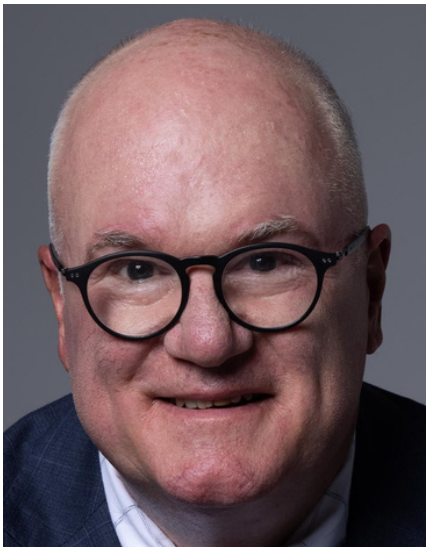

Prof. Craig Anderson

BMedSc, MBBS, PhD, FRACP, FAFPHM, FAHMS, FAHA, FWSO

Professor Craig Anderson is Professor of Neurology and Epidemiology in the Faculty of Medicine at the University of New South Wales, and is a clinical academic neurologist at Royal Prince Alfred Hospital, Sydney, Australia. He is Executive Director of The George Institute China at Peking University Health Science Center in Beijing, China.

Prof. Anderson is an international authority on the causes and management of stroke, and aspects of cardiovascular disease, who has led numerous clinical trials to influence guidelines and practice. These include defining optimal levels of blood pressure control for the acute treatment and secondary prevention of ischaemic stroke and intracerebral haemorrhage. He has received numerous awards for research excellence and to various professional stroke organisations. He is Editor-in-Chief of Cerebrovascular Diseases, Associate Editor of the International Journal of Stroke, and President-elect of the World Stroke Organisation.

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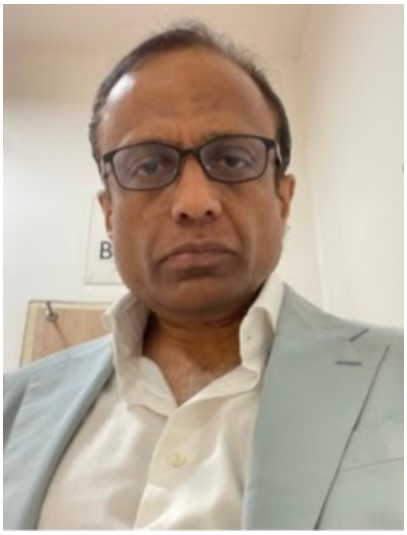

Prof. T Umapathy

MBBS (Singapore), MRCP (UK)

Prof. Umapathi N. Thirugnanam is a Senior Consultant Neurologist at the National Neuroscience Institute, Singapore, and the National Eye Center. His subspecialty interests include neuromuscular diseases, neurophysiology, neuro-ophthalmology, and autonomic disorders.

He has received numerous accolades for his contributions to medical education, including the NG Outstanding Partner Award, NHG Internal Medicine Residency Outstanding Teaching Award, NUS YLL SOM Dean's Award for Teaching Excellence, NUS Special Recognition Award (including in 2022), Duke-NUS Outstanding Faculty Award, and the SingHealth RISE Award over multiple years.

Prof. Umapathi has authored numerous publications in peer-reviewed journals and is actively engaged in clinical research. His primary research interests include Guillain-Barré syndrome, diabetic neuropathy, and other neuromuscular disorders, as well as broader issues related to the practice of medicine in the Global South.

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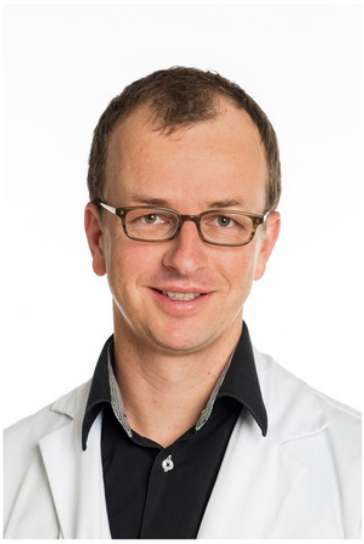

Prof. Urs Fischer

MD, MSc

Prof. Urs Martin Fischer is Director and Chairman of the Department of Neurology at the University Hospital Bern and Professor of Neurology at the University of Bern. He is also President of the Swiss Neurological Society and President-Elect of the European Stroke Organisation.

He completed his clinical training in medicine and Neurology at the University of Bern and University Hospital Bern, Switzerland. He has been actively involved in clinical services, research and training throughout his career and is the founder and organiser of the ESO-ESMINT-ESNR Stroke Winter School and the Asian Stroke Summer School.

Prof. Fischer has led or co-led several major clinical trials, including SWITCH, SWIFT DIRECT, and ELAN, focusing on acute stroke treatment and intracranial stenosis and has authored over 400 peer-reviewed publications and delivered more than 500 lectures in over 30 countries. He serves on the editorial board of the European Stroke Journal and has been associate editor of the Journal of NeuroInterventional Surgery.
He has received numerous awards, including the ESO Scientific Excellence Award (2020) and the Maupertuis Research Award (2024).

FACULTY

Dr Arani Nitkunan

MBBS, MA (Cantab), FRCP (UK)(Neurology), PhD (London)

Dr Arani Nitkunan is a Consultant Neurologist at Croydon University Hospital and St George's University Hospitals NHS Foundation Trust, London, where she also serves as the Clinical Lead for Neurology. She is the Co-Chair of the South West London ICS Neurology Network and currently chairs the Association of British Neurologists (ABN) Services Committee.

Dr Arani Nitkunan has previously served as a Trustee on the Board of the Neurological Alliance and has held several influential roles within the ABN, including Co-Chair of the Equality, Diversity & Inclusion Committee and membership on both the Acute Neurology and Quality Committees. Her research and publications span a range of topics, including acute neurology, workforce planning, equality and inclusion, remote consultations, and outpatient coding, reflecting her broad expertise and commitment to advancing neurological services.

FACULTY

Prof Udaya Ranawaka

MBBS, MD, MRCP, FRCP (Lond), FCCP, FAHA, FAAN

Professor Udaya Ranawaka is Professor in Neurology at the University of Kelaniya, and Honorary Consultant Neurologist and Head of the Stroke Unit at the Colombo North Teaching Hospital, Ragama, Sri Lanka.

He is a past President of the National Stroke Association of Sri Lanka, Association of Sri Lankan Neurologists and the Ceylon College of Physicians. He has been awarded Fellowships by the Ceylon College of Physicians, Royal College of Physicians of London, American Stroke Association and the American Academy of Neurology. He is a member of the Asian Stroke Advisory Panel.

He is the Chairperson of the Sri Lanka Clinical Trials Registry and is a Member of the Advisory Group of the International Clinical Trials Registry Platform, WHO. He has been a National Coordinator/Principal Investigator in several international clinical trials and research collaborations. He has received over 50 national and international research awards, delivered over 130 invited lectures at national and international scientific meetings, and has over 90 peer-reviewed publications to his credit.

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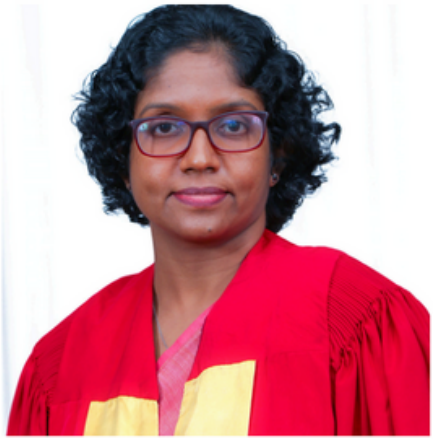

Dr Anomali Vidanagamage

MD (Medicine), MRCP (UK),
MRCP (UK – Neurology)

Dr Anomali Vidanagamage is a board-certified Consultant Neurologist with a special interest in stroke and neuromuscular disorders. She currently serves at the District General Hospital, Hambantota, and also provides neurological care at the District General Hospital, Embilipitiya.

She received her neurology training at the Institute of Neurology, National Hospital of Sri Lanka, and underwent overseas training at the Atkinson Morley Neuroscience Centre, St. George's University Hospital, London. She was awarded the Dr. P.T. de Silva Gold Medal in Clinical Medicine and the Dr. M.V.P. Peiris Gold Medal for Surgery during her medical training.

Dr. Vidanagamage is committed to strengthening neurology and stroke services in resource-limited settings and advocates for improved rehabilitation and vocational training for individuals with neurological disabilities. She is a Council Member and former Co-Secretary of the Association of Sri Lankan Neurologists, and currently serves as the Associate Secretary of the Sri Lanka Stroke Association.

Her research interests include stroke, neuromuscular disorders, and neuronal repair. She has presented at several international forums and contributed to numerous peer-reviewed journal articles.

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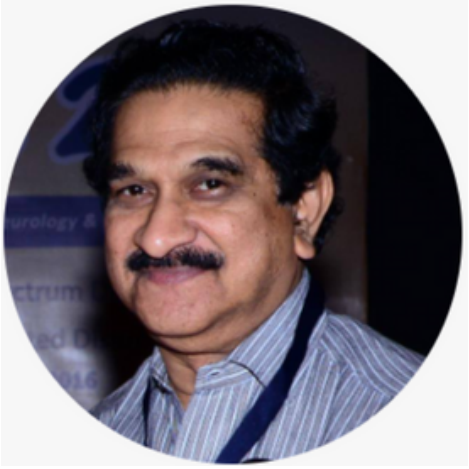

Prof. M. Madhusudanan

MD, DM, FIAN

Prof. M. Madhusudanan currently serves as Professor and Head of the Department of Neurology at Travancore Medicity Medical College and Hospital, Kollam. He is also an Adjunct Professor of Neurology at Manipal University, Manipal, and Senior Consultant Neurologist at PRS Hospital, Trivandrum. Additionally, he holds the title of Professor-Emeritus at Medical College, Trivandrum, and formerly served as Professor and Head of the Department of Neurology at Medical College, Kottayam.

Prof. Madhusudanan has 46 publications in national and international journals, has contributed 20 textbook chapters in Neurology and Medicine and has published books on Higher Neural Functions and Neurological Evaluation – Pearls & Pitfalls.

His work has been recognised with several awards, including the Eapen Samuel Award for the best research paper in 1998, the Lifetime Achievement Award from NEUCON in 2014, the Master Teacher Award from SHINE in 2015, and Lifetime Achievement Awards from the Neurological Society of India (Kerala Chapter)(2020) and from the Madras Neuro Trust (2025).

FACULTY

Dr Padma Srivastava

MD, DM. FRCP (Edin), FAMS, F.N.A.Sc., FIAN, FNA

Prof. M.V. Padma Srivastava serves on the Board of Directors of the World Stroke Organisation. She received the Padma Shri, the fourth highest civilian honour by the Government of India in 2016 for her contributions to medical science and has received many other awards, including the National Award for Science and Technology Communication (2017) from DST, Government of India and the METRODORA Women in Science Excellence Award (2022) by the International Alliance of Patients Organisations (IAPO).
She currently serves as the Chairperson of Neurology at Paras Health Gurugram, India and was formerly Professor and Head of the Department of Neurology and Chief of the Neurosciences Center at All India Institute of Medical Sciences, New Delhi, India.

Her research interests are in stroke, vascular dementia, and multiple sclerosis and she has over 425 indexed publications and an H-index of 58. She is the National Coordinator for the SITS-NEW stroke thrombolysis registry and SITS-SEARS registry and actively contributes to national stroke guidelines and surveillance programs in India. She is a member of various government task forces including the FIST, under DST, Govt. of India, and Neurosciences Task Force of DBT, ICMR. Prof. Srivastava has delivered several orations and serves on academic and policy committees for institutions like PGIMER, AIIMS Raebareli, and Ambedkar University. She is also currently involved in major projects, including an ICMR Centre of Excellence for Stroke Recovery incorporating assistive devices, brain stimulation, and stem cell therapies.

FACULTY

Dr P Athiththan

MBBS (Colombo), MRCS (Eng), MD (Surgery)

Dr S. P. Athiththan is a Consultant Neurosurgeon currently serving at the Teaching Hospital, Jaffna. He underwent international training as a Fellow at the Royal Stoke University Hospital in the UK.

Dr Athiththan has participated in multiple international certificate courses including the National Trauma Management Course (IATSIC) in Singapore, Teaching on the Run, PICC Line training, Neuro-endoscopy, Complex Spine, and Microvascular Anastomosis in Cerebral Vessels.

He has authored two international publications and presented numerous local communications. He has served as a resource person at symposiums of the Jaffna Medical Association, College of Surgeons of Sri Lanka and its Northern Chapter, Neurosurgical Association of Sri Lanka, and various clinical societies and training programs including those in the UK.

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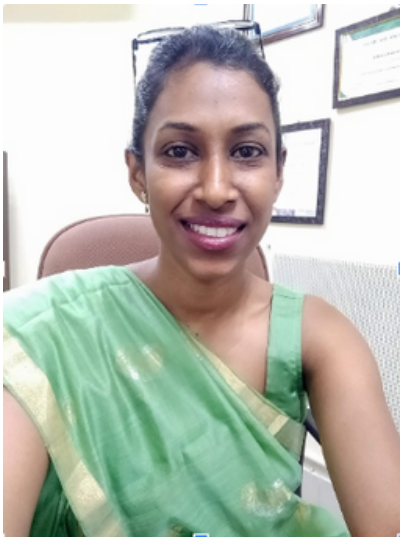

Prof. Dorcas Gandhi

BPT, MPT (Neurology and Psychosomatic disorders),
CMT, FWT-IA

Prof. Dorcas Gandhi is a Neurophysiotherapist currently serving as Professor and Vice Principal at the College of Physiotherapy, and Clinical Supervisor and Telerehabilitation Consultant at Christian Medical College and Hospital, Ludhiana, India. She is also a Research Fellow in the Department of Neurology at CMC Ludhiana.

She has received several research grants, including awards from the World Stroke Organisation, Indian Association of Physiotherapists, DBT India Alliance/Wellcome Trust, and the World Heart Federation. She is a Fellow of the Lancet Citizens' Commission and a member of the Lancet Neurology Commission on Stroke Rehabilitation.

In 2023, Prof. Gandhi was appointed to the World Stroke Organisation's Rehab Implementation Committee and she is a Founder of the 'Global Consortium of Stroke Rehabilitation' (GCSR). She has developed and implemented stroke rehabilitation training modules across South-East Asia and has authored over 30 publications in peer-reviewed journals, with more than 1,500 citations, an h-index of 14, and an i10 index of 17.

She is the recipient of several awards including the Future Leader of Stroke Rehabilitation (2024–2026) by the World Stroke Organisation, Emerging Leader in Stroke Rehabilitation award by the International Alliance of Stroke Recovery and Rehabilitation (2023) and the 'Emerging Leader' award by the World Heart Federation (2018).

FACULTY

Dr Gamini Pathirana

MBBS (Ruhuna), MD (Colombo)

Dr. Gamini Pathirana is a Consultant Neurologist at the National Hospital of Sri Lanka (NHSL), where he has served since 2016 and currently leads the hospital's stroke unit. He is the President of the National Stroke Association of Sri Lanka.

He underwent overseas training at Sir Charles Gairdner Hospital in Perth, Australia. Prior to his current role at NHSL, he served as a consultant neurologist in Badulla, Anuradhapura, and Ratnapura.

Dr. Pathirana's clinical and academic interests include stroke neurology, neuro-ophthalmology, and neuro-palliative care. In addition to his clinical duties, he contributes to medical education as an Honorary Senior Lecturer at the Faculty of Medicine, University of Ruhuna.

FACULTY

Prof L L Amila Isuru

MBBS (Ruhuna), MD (Psychiatry) (Colombo), MRCPsych (UK)

Prof. Amila Isuru is Professor of Psychiatry and Head of the Department of Psychiatry at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. He also serves as an Honorary Consultant Psychiatrist at Teaching Hospital Anuradhapura.

He is a Board Member of the National Dangerous Drug Control Board, Secretary of the Board of Study in Psychiatry at the Postgraduate Institute of Medicine (PGIM), Chair of the Substance Subcommittee of the Sri Lanka College of Psychiatrists, and Country Representative to the World Psychiatric Association's Addiction Psychiatry Committee.

His research spans grief, schizophrenia, depression, post-stroke psychiatry, dementia, and substance use, with over a dozen peer-reviewed international publications in leading journals including Psychological Medicine, BMC Psychiatry, BJPsych Advances, and Asian Journal of Psychiatry. His work has earned national and international recognition, including the College Oration Award (2019) and the Royal College of Psychiatrists Overseas Bursary Prize (2016).

Prof. Isuru has also authored book chapters, presented at global conferences, and serves as a reviewer for several academic journals including Frontiers in Psychiatry, BMC Palliative Care, and the Sri Lanka Journal of Psychiatry.

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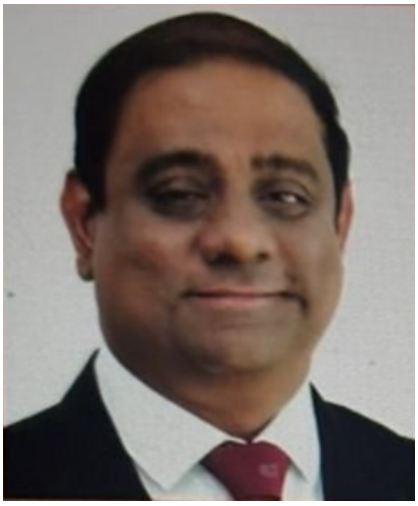

Dr Bimsara Senanayake

MD (Colombo), MRCP (UK), FRCP (London)

Dr. Bimsara Senanayake is a Senior Consultant Neurologist at the Institute of Neurology, National Hospital of Sri Lanka, Colombo. He has played a pivotal role in advancing neurology in Sri Lanka. He pioneered the creation of the Association of Sri Lankan Neurologists (ASN) in 2006, serving as its Founder Joint Secretary and later as President in 2012. He is the Founding President of the Movement Disorders Society of Sri Lanka, Sri Lanka Committee on Treatment and Research in Multiple Sclerosis and Related Disorders (SLCTRIMS), and the Sri Lanka Sleep Neurology Association (SLSNA). He also launched the country's first dedicated neurology journal—the Sri Lanka Journal of Neurology.

He serves as National Delegate to the World Federation of Neurology and as the Country Representative for both MSIF and the International Parkinson's and Movement Disorder Society. He has trained numerous specialists and has authored over 125 publications in reputed international journals.

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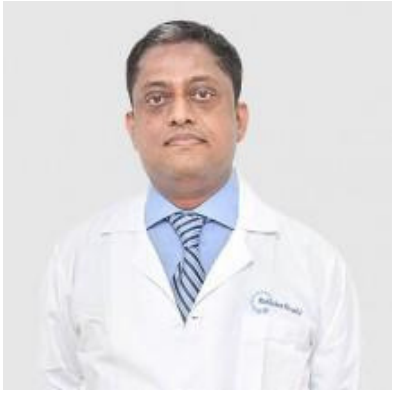

Dr Abhishek Srivastava

MBBS, MD, DNB, PhD

Dr Abhishek Srivastava is a Consultant Physiatrist and Director of the Center for Physical Medicine and Rehabilitation at Kokilaben Hospital, Mumbai. He established the first comprehensive and largest private sector rehabilitation center in India at Kokilaben Hospital.

He serves as Member at Large in the Presidium of the World Federation for Neurorehabilitation (WFNR), Chair of the WFNR Multiple Sclerosis Special Interest Group, Chair of the Education Committee of the Asia Oceania Society for Neurorehabilitation (AOSNR), and is a member of the Lancet Commission for Neurorehabilitation. He also contributes to the World Health Organization as a Development Group Member for the Traumatic Brain Injury Rehabilitation Package of Interventions.

Nationally, he has held key roles including Chair of the Neurorehab Subsection of the Indian Academy of Neurology, Director of the Indian Federation for Neurorehabilitation, and Organizing Secretary of the World Congress for Neurorehabilitation (WCNR 2018).

His clinical expertise includes stroke and traumatic brain injury rehabilitation, spasticity management, rehabilitation robotics, and hyperbaric oxygen therapy. He has edited three books, contributed 15 chapters, published over 80 research papers, and delivered more than 300 invited talks at national and international conferences.

FACULTY

Dr M Saamir Mohideen

MBBS, MD (Medicine), MRCP (UK)

Dr M. Saamir Mohideen is a Board Certified Consultant Neurologist in Sri Lanka. He received his specialized overseas training at King's College Hospital, London, UK, a globally recognized center for neurology and neurosciences.

Dr. Mohideen is the current Secretary of both the National Stroke Association of Sri Lanka and the Epilepsy Association of Sri Lanka,
With special clinical interests in Stroke Neurology, Epilepsy, and Neuromuscular Diseases, he is dedicated to advancing diagnosis, treatment, and research in these key areas of neurology.

FACULTY

Dr Ng Way May

DNP (Duke), MN (NUS), BN (La Trobe), Adv Dip Neuroscience Nursing (NYP), Dip Nursing (NYP)

Dr Ng Wai May is an Advanced Practice Nurse with special interest in stroke. She currently serves as Director of Nursing at the National Neuroscience Institute and holds an Assistant Clinical Professor position at Duke-NUS Neuroscience ACP. She earned her Doctor of Nursing Practice from Duke University in 2019.

At the national level, she is a member of the Stroke Services Improvement (SSI) team, Ministry of Health (MOH) and was involved in the re-organisation of stroke services, and the set-up of Hyperacute Stroke Centres in Singapore. Wai May has also influenced and launched stroke systems of care, as well as standardised nursing practices at various hospitals, including Singapore General Hospital, Khoo Teck Puat Hospital and Tan Tock Seng Hospital.

She has extensive experience in teaching and training, including international training programs on neuroscience nursing and stroke management in countries including Sri Lanka. She is the author of multiple research publications and has presented numerous papers at international conferences. She has received several awards for her work, including the President's Award for Nurses and many National awards for nursing excellence.

FACULTY

Mr P Gowritharan

BSc (Speech & Hearing Sciences, Kelaniya), Dip Counselling (NISD)

Mr P Gowritharan is a Senior Clinical Speech-Language Pathologist with over 10 years of experience specialising in stroke rehabilitation, neurogenic communication disorders, and dysphagia management. He currently works at the Teaching Hospital, Jaffna, where he assesses adult neuro patients in both acute and outpatient rehabilitation settings, including patients with stroke, traumatic brain injury, and progressive neurological disorders.

He holds a BSc in Speech and Hearing Sciences (specialised in Speech Therapy) from the University of Kelaniya and a Diploma in Counselling from the National Institute of Social Development, Sri Lanka. He is a registered Speech Therapist with the Sri Lanka Medical Council (SLMC Reg. No: 113).

His core competencies include therapy for aphasia, dysarthria, dyspraxia, swallowing evaluations and interventions (including FEES), and cognitive-communication disorders. He is also actively involved in patient and caregiver education and multidisciplinary neurorehabilitation. He has conducted workshops for interdisciplinary stroke care teams in Northern Sri Lanka. He also provides clinical supervision and training for undergraduate students in Speech and Language Therapy and Linguistics from both Sri Lankan and international universities.

He has published two books: Speech Therapy & Counseling Intervention in Stroke Management and Living with Dementia. His research has been recognised nationally and internationally, including a presentation at the ASHA Convention in Philadelphia (2016) and 1st place at the Association for Sri Lankan Neurologists poster competition (2016).

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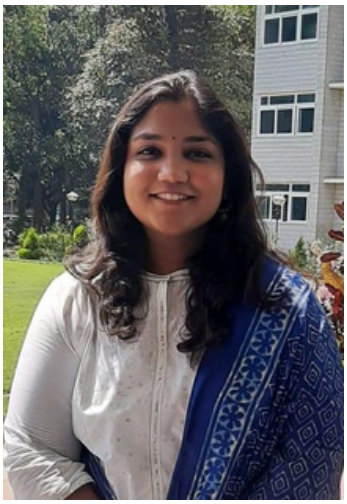

Dr Rinita Mascarenhas

MPT, BPT

Rinita Mascarenhas is a Senior Physiotherapist and Research Associate at the Department of Neurology, Christian Medical College Hospital, Ludhiana, India.

She has contributed significantly to stroke care through her role as Project Manager for the WHO SEAR technical support project and the ATTEND 2 app-based telerehabilitation platform. Her academic portfolio includes multiple peer-reviewed publications, book chapters and presentations on stroke and rehabilitation at conferences such as the IFNR Conference and SIPCON.

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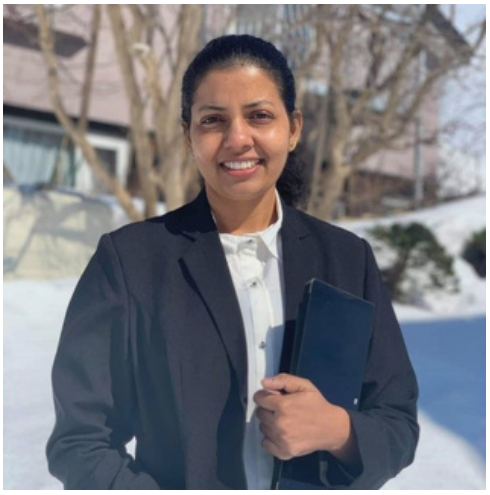

Dr Pramudika Kariyawasam

PhD (Rehabilitation Sciences, Hokkaido), MPhil (Nursing, Ruhuna), BSc (Hons) Nursing (SJP)

Dr. Pramudika Nirmani Kariyawasam is a Senior Lecturer in the Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna. She holds a Doctor of Philosophy in Rehabilitation Sciences from the Health Sciences University of Hokkaido, Japan, and a Master of Philosophy in Nursing from the University of Ruhuna. She completed her BSc (Hons) in Nursing with Second Class Upper Division from the University of Sri Jayewardenepura.

Dr. Pramudika Kariyawasam's academic career spans over a decade, having served as Lecturer from 2013 to 2019 and Demonstrator in nursing degree programmes at both Ruhuna and Sri Jayewardenepura universities prior to her current post.
Her research interests include stroke care, neurorehabilitation, quality of life, and brain plasticity. She has published several full papers in international indexed journals and presented more than ten abstracts at local and international forums. She received the Best Oral Presenter Award for the neuroscience section at the SAAP Conference in Nepal, 2016.

She is an experienced trainer in palliative care, soft skills development, and neurodegenerative disease care under the nEUROcare project. She also contributes to the CAPAGE project on elder care and completed e-learning training on research ethics with the Japan Society for the Promotion of Science.

FACULTY

Dr Chamara Jayatunga

MBBS, MD, DFSEM (UK)

Dr. Chamara B. Jayatunga is a Consultant in Rehabilitation Medicine currently based at the Rheumatology and Rehabilitation Hospital, Ragama—the largest rehabilitation hospital in Sri Lanka, with over 100 dedicated rehabilitation beds.

He completed a two-year tenure as a Specialty Doctor in Neurorehabilitation at the Royal Berkshire NHS Foundation Trust, Reading, UK (2021–2023). He holds a Diploma in Musculoskeletal Medicine from the Faculty of Sports and Exercise Medicine, UK, and became a Diplomate Member of the Faculty in October 2023.

Dr. Jayatunga is actively involved in advancing rehabilitation services in Sri Lanka. He serves as the Convenor of the Expert Committee on Rehabilitation under the Sri Lanka Medical Association. He is also a Council Member of the College of Specialists in Rheumatology and Rehabilitation and the Sri Lanka Association of Geriatric Medicine.

ABSTRACTS

ABSTRACTS - DAY 01

8:20 am - 8:45 am

Global Stroke Burden: Disparities and Epidemiology

Prof. Jeyaraj D Pandian

Stroke remains a leading cause of death and long-term disability worldwide, with profound implications for global health systems. This talk explores the current epidemiological landscape of stroke, highlighting disparities across regions, income levels, and demographic groups.

According to the Global Burden of Disease Study 2021, stroke accounted for over 12 million deaths and 224 million disability-adjusted life years (DALYs) projected by 2050. While age-adjusted rates of stroke incidence and mortality have declined globally—by 7% and 28% respectively—absolute numbers continue to climb due to population growth and aging. Low- and middle-income countries bear a disproportionate share of this burden, with upper-middle-income nations projected to experience the most severe impact.

Disparities are also evident within countries, where socioeconomic status, access to healthcare, and education significantly influence stroke outcomes. Men and older women are particularly vulnerable, and ischaemic stroke, which constitutes 85% of all cases, remains the most prevalent subtype.

8:45 am - 9:05 am

Emergency Stroke Evaluation: Clinical Diagnosis Guide

Associate Prof. Deidre De Silva

In this session, we will cover the key components for stroke evaluation in the time sensitive hyperacute stroke assessment. It is important to be prompt to minimise delay to treatment and at the same time well conducted to collate the data needed to decide on the indications and risks of hyperacute reperfusion treatment, as well as other emergency management. The evaluation guide will include history from the patient and family, information from paramedics and medical records, targeted physical examination and bedside investigations.

ABSTRACTS - DAY 01

9:05 am - 9:30 am

Decoding Stroke: The Power of Neuroimaging

Prof. P N Sylaja

Neuroimaging has a central role in the diagnosis and acute management of stroke. The most important aspect is to differentiate ischaemic versus haemorrhagic stroke and also in further aetiological evaluation of stroke. Non-contrast CT and MRI are equally good in the evaluation of acute stroke, but CT is much faster . CT angiography and MR angiography are important vascular imaging options in acute stroke. CT angiography in acute ischaemic stroke helps in identifying the presence of vascular occlusion, its location, clot burden, thrombus permeability and the status of the collaterals. CT perfusion may be needed in select situations especially in the late window period to differentiate core versus penumbra to decide on intravenous thrombolysis and mechanical thrombectomy. MRI, though time consuming, is usually preferred in situations of vertebrobasilar stroke, minor stroke and TIA and in stroke mimics.

10:00 am - 10:20 pm

Role of Prehospital Care in Stroke

Dr Padma Gunaratne

Organized pre-hospital care is essential for stroke management, particularly with time-dependent treatments like intravenous thrombolysis and endovascular thrombectomy, which promote rapid reperfusion and improve patient outcomes. This care relies on recognising strokes by the guardian, alerting emergency services, and recognising stroke and ensuring timely patient transfer by Emergency Medical Technicians (EMTs) to the appropriate facility as early as possible.

Acronyms like FAST or BE FAST assist laypersons in recognising acute strokes, while trained EMTs use these and other validated tools to recognise and assess the severity and to determine appropriate hospital transfers, enhancing pre-hospital care.

The National Guideline on Management of Stroke (2023) in Sri Lanka emphasizes strengthening pre-hospital care through public education, effective communication, transport to stroke centers, and training programs for EMTs and call handlers.

The system in resource-limited settings differs significantly from stroke services in developed countries. Evidence-based guidelines from these settings are crucial for improving pre-hospital stroke care. Additionally, networking and systems for data integration and real-time feedback are essential components in this regard.

ABSTRACTS - DAY 01

10:20 am - 10:40 am

Advances and Emerging Evidence in Intravenous Thrombolysis for Hyper Acute Ischaemic Stroke

Associate Prof. Ivy Sebastian

Intravenous thrombolysis (IVT) remains the cornerstone of hyperacute management of ischaemic stroke, with ongoing advances enhancing its efficacy and expanding its therapeutic window. Recent evidence supports the use of alteplase within 4.5 hours of symptom onset, with emerging data extending potential benefit up to 24 hours in selected patients using advanced perfusion imaging techniques. Tenecteplase has shown superiority over alteplase in achieving early reperfusion, particularly in large vessel occlusions. Efforts to reduce door-to-needle times significantly improve functional outcomes, emphasizing the critical importance of rapid treatment initiation. Additionally, IVT at primary stroke centers has demonstrated comparable effectiveness to comprehensive centers, facilitating broader access to timely therapy. While symptomatic ICH remains the primary complication, careful patient selection and imaging-guided approaches continue to optimize safety. Ongoing trials are addressing unresolved questions regarding extended time windows, optimal dosing, and integration with endovascular thrombectomy to further improve stroke outcomes.

10:40 am - 11:00 am

Patient Selection for Thrombectomy in Stroke

Prof. Leve J D Joseph

Judicious patient selection remains the cornerstone for the success of any thrombectomy program, particularly in resource limited settings. Such decisions are made acutely, even during odd hours, often involving a multidisciplinary team. Therefore, it is essential for every institution to evolve a comprehensive Standard Operating Procedure involving all the stakeholders and considering the local factors.

Nevertheless, a thorough understanding of the general principles underlying patient selection is mandatory for the acute stroke team, especially the neuro-interventionists. The physiological response to acute large or medium vessel occlusion varies significantly among individuals, resulting in infarct growth rates that can range from extremely slow to exceedingly rapid. The core objective of emergency multimodal stroke imaging is to assess this tissue clock—that is, to determine the infarct core versus the salvageable penumbra. NCCT and CTA are essential in every patient. Functional imaging may involve CT Perfusion or MRI. Protocols may vary but `imaging selection` has become the standard of care.

ABSTRACTS - DAY 01

11:15 am - 11:35 am

ICH Management: Evolving Strategies and Insights

Prof. Craig Anderson

Spontaneous intracerebral haemorrhage (ICH) affects ~3.4 million people globally each year, and although less frequent than ischaemic stroke accounts for more death and disability. The often nihilist approach to ICH is changing with results of several randomized trials showing benefits of bundle care protocols, early intensive blood pressure (BP) lowering, and targeted neurosurgery. A major focus of this talk is on the optimal approach to controlling BP in acute ICH, as this is this the simplest, low-cost, and most widely effective treatment to implement, although it has been a challenging journey to define. The challenges are now to define (i) how best to implement this knowledge within hospital-based systems of care, and (ii) whether biomarkers may facilitate the rapid diagnosis of ICH for BP-lowering treatment in the pre-hospital ambulance setting.

11:35 am - 12:00 pm

Beyond the Eye: Acute Higher Cortical Visual Dysfunctions and Its Impact

Prof. T Umapathy

Using a series of case vignettes, I would illustrate the anatomic- physiologic basis of post-stroke visual cortical cognitive dysfunction such as visual agnosia and Balint syndrome.

ABSTRACTS - DAY 01

12:00 pm - 12:20 pm
Unanswered Questions in Stroke
Prof. Urs Fischer

1:30 pm - 1:50 pm
Aetiological Evaluation and Assessment of Ischaemic Stroke
Prof. P N Sylaja

Aetiological evaluation of ischaemic stroke is very important as it helps in treatment decisions and influences prognosis. There are many classification systems for aetiological evaluation of stroke which includes the Causative classification system, Trial of Org 10172 in Acute Stroke Treatment (TOAST) and the ASCOD, but mostly TOAST classification is used in clinical practice. The TOAST classification divides the aetiology into large artery atherosclerosis, cardioembolic, lacunar, determined and undetermined causes. The large artery and cardioembolic strokes constitute the most commonest aetiologies. The recurrence risk is also higher in them compared to the other aetiologies. In addition to parenchymal imaging, vascular imaging including the intra and extracranial vessels, cardiac evaluation which includes echocardiographic evaluation and Holter monitoring and evaluation of the risk factors are important for the aetiological classification of ischaemic stroke. This detailed evaluation is important to prevent further stroke recurrence and plan effective secondary prevention strategies.

ABSTRACTS - DAY 01

1:50 pm - 2:10 pm

Shielding Against Stroke: Proactive Measures for Secondary Prevention

Dr Arani Nitkunan

The greatest risk of a vascular event is early after stroke or TIA and may be as high as 25% within three months, half of which is within the first four days. It is therefore important to commence secondary prevention urgently. It has been proposed that the combination of lifestyle changes and other secondary prevention measures could deliver a greater than 80% risk reduction in vascular events for people with stroke or TIA. In Sri Lanka, modifiable risk factors of hypertension and obesity are increasing with reduction in smoking and stability of alcohol use. Adherence to long term therapies for chronic illnesses in low-middle income countries averages less than 50%. Increasing effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments.

2:10 pm - 2:30 pm

Unusual Aetiologies of the Stroke in South Asia

Prof. Udaya Ranawaka

South Asia is home to 22% of the world's population, and contributes a disproportionately high proportion (over 40%) of global stroke deaths. Many unusual and fascinating causes of stroke are seen in the tropical countries of South Asia. This talk will highlight some of these interesting causes of stroke, which include tropical infections and venomous bites and stings. Both ischaemic and haemorrhagic strokes are seen with these unusual causes. The pathophysiological mechanisms, clinical spectrum and the natural history of stroke due to these causes are poorly understood, and there are no treatment guidelines to guide management of stroke in these patients. Awareness of these unusual stroke aetiologies is the key in early recognition and appropriate management of patients presenting with stroke in South Asian countries. More research, preferably with international collaboration, is needed to improve our understanding of these rare but fascinating causes of stroke and to develop optimal management strategies.

ABSTRACTS - DAY 01

3:00 pm - 3:20 pm

Transient Ischaemic Attack: Insights and Innovations in Prevention and Management

Dr Anomali Vidanagamage

Transient Ischemic Attack (TIA) is a brief episode of neurological deficit caused by focal brain or retinal ischaemia with no evidence of an acute infarction. After a TIA, the risk of completed stroke is up to 8% within the first 8 to 15 days. TIAs precede a completed stroke in as many as 25% of patients with stroke.

In Sri Lanka, TIAs represent approximately 7% of stroke-related admissions, with rising incidence paralleling increased hypertension, diabetes, and dyslipidaemia. TIAs were considered as giving the clinicians the best opportunity to avoid a completed stroke and its devastating consequences.

Standardised screening via clinical tools (e.g. ABCD2/ABCD3-I), urgent brain (MRI/CT) and vascular imaging, ECG, echocardiography, and metabolic panels are essential. Evidence-based prevention includes antiplatelets, high-intensity statins, antihypertensives, and anticoagulation for atrial fibrillation.

Innovative strategies in Sri Lanka include developing acute TIA care pathways, strengthening tele-TIA triage, and expanding stroke-registry data to monitor quality of care.

3:20 pm - 3:45 pm

Auditory and Vestibular Disorders in Stroke: Insight and the Implications

Prof. M Madhusudanan

One of the common challenges is when a patient presents with acute vertigo and we are at a loss to find out whether it is a benign acute peripheral vestibulopathy or a more sinister cause like a brain stem infarct. Not uncommonly vertigo may be an isolated symptom in vertebrobasilar stroke. To complicate matters, the initial diffusion-weighted MRIs may be false negative in 12%-20% of the stroke patients during the first 48 hours. In this session, the presenter high lights how to differentiate between the two clinically. Auditory complaints as a presentation of stroke are uncommon. Nevertheless, some vertebrobasilar strokes can present with tinnitus and deafness. Contrary to common belief, presence of acute onset of deafness in a patient with acute vertigo should make one suspect a central cause rather than a peripheral one.

ABSTRACTS - DAY 01

3:45 pm - 4:05 pm

Case Scenarios: Tracking Image Challenges

Prof. Leve J D Joseph

Each patient presenting with acute stroke can pose unique therapeutic challenges. Clinical decision-making becomes particularly nuanced in cases with low NIHSS scores, uncertain time of onset, advanced age, or significant clinical–radiological mismatch. Posterior circulation strokes, especially those presenting late, continue to represent both diagnostic and therapeutic dilemmas. Imaging protocols must be tailored to the clinical question in each scenario.

Thrombectomy procedures themselves are not without technical challenges. Vascular access may be complicated by a difficult aortic arch or tortuous arterial anatomy. Clot characteristics—including clot burden, location, source, and composition—influence the likelihood of successful retrieval. Tandem occlusions, many of which require stenting and antiplatelet therapy, can be particularly demanding to manage. Additionally, intracranial atherosclerotic disease—commonly encountered in Asian populations—presents one of the most challenging subsets, often requiring tailored strategies beyond conventional thrombectomy techniques.

In this talk, I share our experience in managing a spectrum of such complex and diverse clinical scenarios.

ABSTRACTS - DAY 02

9:00 am - 9:20 am

Navigating the Critical Moments: Mastering BP Management in Hyper Acute Stroke

Dr Padma Srivastava

Hypertension in ICH is common. Main rationale for hypertensive therapy is to reduce haematoma expansion and therefore prevent further clinical deterioration and long term poor functional outcomes. However, inconsistent results amongst clinical trials have led to weak recommendations in guidelines.

In all patients with acute ICH, regardless of severity of stroke syndrome, institution of BP management should be as early as possible aiming for a target systolic BP of approximately 140 mm Hg but not below 130 mm Hg. The intensity to which the BP is lowered to this target depends on several factors such as initial systolic BP, frailty and renal function. IV nicardipine is probably the best choice but depending on availability IV labetalol may be used.

Acute BP management should be provided in a bundle, incorporating anticoagulation reversal and correction of hyperglycemia and pyrexia. Despite the fundamental relationship between BP and cerebral blood flow, the optimal management of BP in AIS is not straight forward. For patients receiving IV thrombolysis, the AHA/ASA guidelines recommend a BP < 185/100 mm Hg in order to decrease the risk of hemorrhagic transformation. For those not receiving thrombolysis, the guidelines recommend " permissive hypertension" up to 220/120 mm Hg. Before mechanical thrombectomy, for patients receiving IV TPA, a BP target of < 185 mm Hg is recommended. During MT, the primary goal should be to prevent significant low BP (target SBP > 140 mm Hg or MAP > 70 mm Hg). Targeting the SBP in the 140-160 mm Hg range may be optimal especially in the setting of good collaterals. Following MT, the primary goal should be to prevent high BP (target SBP < 160 mm Hg or MAP < 90 mm Hg) as there is convincing evidence data that higher SBPs lead to a worse functional outcome and higher risk of hemorrhagic transformation.

ABSTRACTS - DAY 02

9:20 am - 9:40 am

Threshold to Recovery: Mastering Decompressive Craniectomy in Stroke Management

Dr P. Athiththan

Strokes are considered as the second commonest cause for mortality and the leading cause for acquired disability. Decompressive craniectomy in large ischaemic strokes has been proven to reduce morbidity and mortality in 40 to 80 % of patients. Large ischaemic strokes include malignant MCA infarcts. Predictors of malignant cerebral oedema, other indications for decompression in ischaemic strokes, clinical and socioeconomical outcome including survival, quality of life and earning capacity have to be considered before the surgical management. Age, physiological reserve and comorbidities of the patient, extent of pre-op optimisation needed, timing of surgery, surgical technique and complications, pre-op and post-op management facilities, facilities for rehabilitation and factors that can affect patient satisfaction are the other factors which need to be considered in making decisions on the surgical management of strokes. Osmotherapy, hypothermia, ICP monitoring techniques and medical management of cerebral oedema are options to reduce surgical interventions. Increased surgical intervention with decompressive craniectomy reduces mortality due to strokes but it may increase the number of those disabled and the level of dependance for day to day activity, which may increase socioeconomic issues and burden in health systems and social services.

9:40 am - 10:00 am

Rare causes of Stroke: A Case-Based Discussion

Prof P N Sylaja

ABSTRACTS - DAY 02

10:00 am - 10:20 am

How to Setup A Stroke Unit: Evidence-Based Interventions in the Stroke Unit Care

Associate Prof. Ivy Sebastian

Setting up a stroke unit is an evidence-based strategy proven to reduce death, disability, and institutionalisation after acute stroke. Essential components include a dedicated, geographically defined ward exclusively for stroke patients, staffed by a multidisciplinary team of specialists such as neurologists, nurses, physiotherapists, occupational therapists, speech therapists, neuropsychologists, and social workers with expertise in stroke care. Provision for specialised stroke services, including continuous monitoring, early mobilisation, and rehabilitation, supported by protocols and standard operating procedures to ensure timely, coordinated care are essential. Regular multidisciplinary meetings and involvement of patients and families enhance personalised care and recovery planning. Early supported discharge by specialised teams extends rehabilitation beyond the hospital. Overall, stroke units embody organised, comprehensive care that significantly improves functional outcomes and survival across all patient subgroups

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10:50 am - 11:10 am

Management of Subarachnoid Haemorrhage

Prof. Leve J D Joseph

Aneurysmal subarachnoid haemorrhage (aSAH) is a severe life-threatening condition, requiring multi-disciplinary intensive medical care. Management paradigms of aSAH are dictated by the known timeline of possible complications. Re-rupture of the aneurysm is a dreaded, potentially fatal early complication. Hence, early management efforts, apart from the basic resuscitation measures are directed at securing the ruptured aneurysm (s) either by surgical or endovascular methods. Interventional neuroradiology techniques offer minimally invasive solutions and primarily involve simple, or balloon assisted coiling in the acute setting. Intrasaccular devices (like WEB) and intrasaccular assisted coiling have also been used with increased success and safety. Stent assisted coiling is selectively used in the acute setting due to the need for dual antiplatelets. Flow diverters are useful for blister aneurysms. Delayed cerebral ischaemia and vasospasm need intensive medical and endovascular interventions. Other potential complications like hydrocephalus, electrolyte disorders, dysglycaemia, infections, etc. require appropriate surgical / medical / supportive care.

ABSTRACTS - DAY 02

11:10 am - 11:30 am

Stroke Mimic and Stroke Chameleons: A Case-Based Discussion

Prof. M Madhusudanan

A common challenge faced by a physician in the emergency department is to differentiate whether an acute neurological deficit was in fact due to stroke itself or some other disorder simulating stroke. It is often a challenging situation since imaging may be normal in the first few hours where it is crucial not to miss a stroke. Stroke Chameleons are those with actual strokes, but whose presentations are unusual or atypical, suggesting a non-vascular cause and on the other hand there are other conditions which are not actually strokes but look like stroke. Nearly 30% of the suspected stroke-like presentations are in fact pseudo-strokes. Improper / inadequate history especially in the first few minutes or hours of the acute event and non–classical presentations often cause difficulty in making a proper diagnosis. More over, small strokes, early presentations, stroke in the young, strokes in the posterior circulation location also causes additional challenges. In this session, the presenter has provided a case based approach, giving examples in both category.

11:30 am - 11:50 am

Cardioembolic Stroke

Associate Prof. Deidre de Silva

This session will include the prevalence and risk factors for cardioembolic stroke. In addition, we will review the common and less common cardioembolic sources of embolism. The investigations that should be considered in appropriate settings to evaluate for cardioembolic aetiology will be discussed. And finally, we will briefly review the concepts of managements in the hyperacute period as well as in the longer term for secondary prevention.

ABSTRACTS - DAY 02

1:00 pm - 1:25 pm

Stroke Rehabilitation in LMIC: An Overview

Prof. Dorcas Gandhi

Stroke remains a leading cause of disability and mortality worldwide, with low- and middle-income countries (LMICs) bearing a disproportionate burden. Approximately 85% of global stroke deaths occur in LMICs, where healthcare infrastructure, workforce, and rehabilitation services are often limited or poorly integrated. This talk provides an overview of stroke rehabilitation in LMICs, focusing on the current landscape, key challenges, and potential opportunities for improvement.

We will explore the multifaceted barriers to effective rehabilitation, including inadequate access to trained professionals, limited availability of assistive technologies, low public awareness, and socio-economic constraints. Additionally, the absence of structured post-stroke care pathways and community-based rehabilitation programs significantly hinders recovery and long-term outcomes. Cultural beliefs, stigma, and gender disparities further complicate the delivery of comprehensive rehabilitation services.

Despite these challenges, innovative and contextually adapted approaches are emerging. Task-shifting strategies, tele-rehabilitation, and community health worker involvement have shown promise in extending rehabilitation reach in resource-constrained settings. Case studies from selected LMICs will be presented to illustrate successful models of care, highlighting the importance of intersectoral collaboration and health system strengthening.

This talk aims to emphasize the urgent need for scalable, cost-effective, and culturally sensitive rehabilitation strategies in LMICs. By identifying critical gaps and showcasing practical solutions, we advocate for policy support, international partnerships, and investment in local capacity building to improve stroke outcomes and quality of life for millions affected across the developing world

ABSTRACTS - DAY 02

1:25 pm - 1:45 pm

Cerebral Venous Thrombosis

Dr Gamini Pathirana

Cerebral venous sinus thrombosis (CVST) is an infrequent but potentially devastating cause of stroke, accounting for 0.5–1% of all strokes, with a predilection for younger adults and females, especially during pregnancy, puerperium, or when associated with thrombophilias and autoimmune diseases. The pathophysiology involves thrombosis of dural sinuses and/or cortical veins, leading to impaired venous drainage, elevated intracranial pressure, and in some cases, venous infarction or haemorrhage. Diagnostic precision has improved with CT venography and advanced MRI sequences, enabling early and accurate identification. Clinical presentations remain diverse—ranging from isolated headache to focal deficits, seizures, or coma—mandating vigilant clinical suspicion. Anticoagulation with low molecular weight or unfractionated heparin remains first-line therapy, even in the presence of haemorrhage. Direct oral anticoagulants are gaining attraction as alternatives in selected patients. While randomised data for endovascular therapy remain limited, it may be considered in fulminant cases. This presentation will critically examine updated diagnostic pathways, risk stratification, controversies in anticoagulant choice and duration, and future directions including individualised management, biomarkers, and secondary prevention in CVST.

2:00 pm - 2:20 pm

Neuropsychiatric Assessment in Stroke: Unraveling the Mind-Body Connection

Prof L L Amila Isuru

Neuropsychiatric consequences of stroke are highly prevalent, and they reduce quality of life, engagement with treatment, and prevent full recovery. Hence, identification and treatment of depression, cognitive impairment and delirium are imperative to improve patients' functional outcome and reduce mortality. A comprehensive assessment of spared and impaired cognitive domains is vital in planning patient-centred interventions.

Post-stroke depression is reported in 15–40 % of patients with stroke and is considered one of the strongest predictors of quality of life in people who have survived a stroke. Early treatment is known to lead to improvements in functional capacity and survival.

However, the neuropsychiatric consequences of stroke are underdiagnosed and undertreated Hence, incorporating a comprehensive neuropsychiatric assessment should be an integral part of stroke care.

ABSTRACTS - DAY 03

8:00 am - 8:20 am

From Assessment to Intervention: Addressing Post Stroke Spasticity with Botox

Dr Bimsara Senanayake

Here we explore a comprehensive, evidence-based approach to the assessment and management of post-stroke spasticity, with a focus on botulinum toxin (BOTOX®). Spasticity affects up to 43% of stroke survivors and significantly impairs function and quality of life. The pathophysiology involves neural and non-neural mechanisms, necessitating a multidimensional assessment strategy. Key components include standardised clinical evaluations, patient-centered goal setting, and a stepwise treatment algorithm incorporating BOTOX®. BOTOX® is highlighted for its proven efficacy in reducing tone, enhancing range of motion, and improving patient-reported outcomes. Optimal outcomes require individualised injection planning, precise localisation (preferably with ultrasound), and integration with rehabilitation therapies. Case studies demonstrate practical applications in both upper and lower limb spasticity. Safety considerations, dosing strategies, and recent research developments—including multimodal treatments and neuroplasticity-enhancing techniques—are also discussed. The presentation concludes with implementation strategies from a multidisciplinary clinic model and emphasises early intervention for long-term functional gains.

8:20 am - 8:40 am

Botox Administration: A Patient Centred Guide to Safe and Effective Injection Technique

Dr Abhishek Srivastava

Post Stroke Spasticity (PSS) management should be guided by its potential impact on function and well-being, rather than merely on the difficulty with passive muscle stretch or loss of range of motion. Other factors to consider before management include duration of condition, previous response to therapies, topographical involvement, and response to medication, potential side effects, and cost. The optimal combination of rehabilitation techniques along with cost-effective medical and neurological management may provide the most favourable outcomes for PSS treatment. Five key factors have to be taken into consideration to optimise the effect of the botulinum toxin for PSS: proper evaluation and goal setting while planning the injection, proper muscle selection and accuracy while performing the injection, and utilisation of combination of adjunctive therapies after the injection.

ABSTRACTS - DAY 03

9:10 am - 10:30 am

Quiz: Fascinating Case-Based Diagnosis

Prof. Madhusudanan

In this session, the speaker intends to present challenging stroke cases which were difficult to diagnose initially. Rather than the conventional quiz, he will be asking audience response at each level to arrive at the diagnosis in terms of the clinical finding to look for or the investigation one requires to reach the diagnosis. This session is expected to be interactive between the presenter and the audience.

10:30 am - 10:50 am

Neurological Complications with Substance Abuse

Dr M Saamir Mohideen

Substance abuse in Sri Lanka predominantly affects young adult males (98.5%), with 86.8% aged 18-35 years. Rehabilitation centre data reveals 89.3% are poly-drug users, primarily combining cannabis (most prevalent) and heroin (74.1% report as most problematic). Clinicians encounter delayed presentations of neurological complications including withdrawal seizures, toxic neuropathies, and vasculopathies, exacerbated by limited diagnostic resources and pervasive peer-group exposure (96.1%). This talk aims to review : (1) characteristic neurological syndromes in poly-drug users, (2) practical diagnostic approaches using available neuroimaging and clinical biomarkers, and (3) management strategies for prevalent opioid-related complications and cannabis-induced psychosis. This demonstrates an urgent need for culturally-adapted neurological screening in high-risk communities, context-specific protocols for early intervention, addressing critical gaps in current diagnostic pathways while navigating sociocultural barriers to care. Recommendations aim to optimise neurological outcomes in Sri Lanka's unique substance use landscape.

ABSTRACTS - DAY 03

10:50 pm - 11:10 am
Acute Flaccid Paralysis: Quick Identification and Intervention in the Emergency Unit
Prof. T Umapathy

A number of common neurological diseases e.g. Guillain-Barre syndrome and transverse myelitis present acutely. These may be difficult to differentiate from acute stroke, especially in resource limited settings, with significant therapeutic and prognostic consequences.

Using a a series of case vignettes I would illustrate some useful clinical tips.

11:20 am - 11:45 am
Acute Stroke Unit Protocols
Associate Prof. Deidre de Silva

During this session, we will share the protocols utilised at the Singapore General Hospital Acute Stroke Unit. This would focus on various components including acute monitoring, swallowing assessment, screening for the need for referral to therapists, deep vein thrombosis prophylaxis, and bladder management. We will also cover specific treatment protocols such as intravenous thrombolysis, mechanical thrombectomy, hemicraniectomy, and carotid stenting. For each protocol, we will discuss the rationale and key components, as well as how it has helped with our acute stroke unit management.

11:45 am - 12:10 pm
Addressing Complications in Acute Stroke Units
Dr Ng Wai May

Nurses are at the forefront of detecting and managing stroke complications that can hinder recovery and prolonged hospitalisation or even increase mortality. The session focuses on the nursing role in preventing complications e.g. pneumonia, pressure injuries etc. Emphasis will be on clinical vigilance, timely escalation, multi disciplinary approach.

ABSTRACTS - DAY 03

12:10 pm - 12:35 pm

Care pathways, Audit, Databases and Value-Based Care Discussion

Associate Prof. Deidre de Silva, Dr Ng Wai May

This session involves 4 topics which are important for maintaining, monitoring and improving care of stroke. For care pathways, we will discuss the key steps and considerations in the development of care pathways. We will share our processes for thrombolysis and thrombectomy audits to showcase the concepts and benefits of stroke audits. For databases, we will cover the reasons for considering developing and maintaining a stroke database and how this has benefits for clinical and research work. Value-based care is important in stroke in order to contain cost and improve outcomes. We will discuss utility and platforms of stroke value-based care by sharing the Singapore General Hospital experience.

ABSTRACTS - COMPREHENSIVE WORKSHOP

9:00 am - 9:20 am

An Introduction: The Role and Importance of Rehabilitation in Stroke Care and Certification of Stroke Rehabilitation Centres

Prof. Jeyaraj Pandian

Stroke rehabilitation is a cornerstone of comprehensive stroke care, playing a critical role in restoring function, enhancing quality of life, and reducing long-term disability. With nearly two-thirds of stroke survivors requiring some form of rehabilitation, the need for structured, evidence-based, and accessible rehabilitation services has never been more urgent. This talk explores the essential role of rehabilitation in the stroke care continuum and the growing importance of certifying stroke rehabilitation centres to ensure standardised, high-quality care.

Rehabilitation begins as early as 24 to 48 hours after a stroke and continues through various phases of recovery. It involves a multidisciplinary team—including physiatrists, physical and occupational therapists, speech-language pathologists, and neuropsychologists—working collaboratively to address motor, cognitive, and emotional impairments. The process leverages neuroplasticity, the brain's ability to reorganize and adapt, to help patients regain lost functions through repetitive, task-specific training.

Certification of stroke rehabilitation centers, such as through programs introduced by the World Stroke Organization (WSO) ensures adherence to best practices, promotes clinician expertise, and enhances patient outcomes.

9:20 am - 9:40 am

Restoring Mobility and Preventing Complications: Advances in Acute Post Stroke Rehabilitation

Prof. Dorcas Gandhi

Stroke is a major cause of long-term disability, with early rehabilitation playing a pivotal role in restoring mobility and preventing secondary complications. This talk focuses on recent advances in acute post-stroke rehabilitation, emphasizing strategies that enhance functional recovery and reduce the risk of complications during the critical early phase of care.

We begin by exploring the importance of early mobilization and its impact on neuroplasticity, functional independence, and long-term outcomes. Evidence-based approaches such as task-specific training, early out-of-bed mobilization, and dosages for therapies highlighting how these interventions can accelerate mobility recovery when initiated promptly. The role of multidisciplinary care teams including physiotherapists, occupational therapists, nurses, and physicians, is also examined in optimizing patient outcomes.

In addition to motor recovery, the prevention of complications such as deep vein thrombosis, pressure injuries, joint contractures, dysphagia, malnutrition and deconditioning is a key focus. Emerging technologies and protocols, including wearable sensors for monitoring mobility, early use of functional electrical stimulation, and individualized exercise prescriptions, are transforming acute rehabilitation practices.

Case examples and recent clinical trial findings will be presented to illustrate the practical application of these advances in diverse clinical settings. Finally, we address implementation challenges, including resource limitations and patient variability, and propose strategies to bridge the gap between research and practice.

This talk aims to equip clinicians and rehabilitation professionals with updated knowledge and tools to enhance early stroke rehabilitation efforts, ultimately improving functional outcomes and quality of life for stroke survivors.

9:40 am - 10:10 am

Comprehensive Rehabilitation for Post-Stroke Speech and Dysphagia Complications

Mr P Gowritharan

Stroke is a leading cause of acquired speech, language, and swallowing impairments, including aphasia, dysarthria, apraxia of speech, and dysphagia. These complications profoundly affect communication, nutrition, safety, and quality of life. Comprehensive rehabilitation integrates early, individualised, and evidence-based interventions through a multidisciplinary team, with speech-language pathologists (SLPs) playing a vital role. SLPs provide detailed assessments, restorative and compensatory therapies, cognitive-communication strategies, and tailored dysphagia management, including instrumental assessments such as video fluoroscopic swallowing study (VFSS) and fiberoptic endoscopic evaluation of swallowing (FEES). Oral care, counselling, and caregiver education are essential components that reduce aspiration pneumonia risk and support functional recovery. Despite challenges such as limited motivation, caregiver burden, and resource constraints, speech therapy is crucial in enhancing patient safety, independence, and social reintegration. Through dedicated, collaborative rehabilitation, even modest improvements in speech and swallowing can significantly enhance the quality of life and dignity of stroke survivors.

10:10 am - 10:40 am

Navigating Life After Stroke: Post Discharges Rehabilitation through Case Stories and Strategies for Community Reintegration

Dr Rinita Mascarenhas

Stroke is a major cause of long-term disability, and significant physical, cognitive, and psychosocial challenges often mark the period following hospital discharge. While acute care pathways are increasingly standardized, post-discharge rehabilitation remains highly variable and fragmented, with limited focus on strategies that support meaningful community reintegration.

"Navigating Life After Stroke: Post-Discharge Rehabilitation through Case Stories and Strategies for Community Reintegration" explores the post-stroke rehabilitation needs of stroke survivors through case reports or series. Drawing on illustrative examples, we examine the persistence of motor impairments, communication difficulties, cognitive deficits, and emotional changes that impact daily functioning and quality of life.

We highlight key strategies that enable recovery beyond hospital walls, including personalised rehabilitation plans, caregiver engagement, home-based therapy models, and the use of telehealth and mobile platforms to extend care. Emphasis is placed on community-based approaches that support reintegration into social, vocational, and family roles. The symposium also explores the role of rehabilitation professionals in advocating for continuity of care and tailoring interventions to the survivor's context, goals, and capacities.

Through an integration of clinical insight and patient narratives, this session underscores the importance of early planning for discharge, follow-up mechanisms, and local rehabilitation networks. Attendees will gain a deeper understanding of practical and scalable solutions to address post-stroke impairments and promote full participation in community life, contributing to more inclusive and effective rehabilitation systems.

ABSTRACTS - COMPREHENSIVE WORKSHOP

11:00 am - 11:30 am

Essential Roles of Nursing in Stroke Rehabilitation: Advancing Patient Care and Recovery

Dr Pramudika Kariyawasam

Nurses play a major role in stroke rehabilitation, highlighting their pivotal contributions to advancing patient care and recovery. In Sri Lanka, rehabilitation nursing remains an underdeveloped subspecialty, despite nurses being central to stroke care across the continuum, from acute care in stroke units, through rehabilitation centres, to community-based settings. Nurses play a vital role in coordinating multidisciplinary care and addressing the physical, psychological, social, and spiritual needs of stroke survivors. They contribute to assessments of stroke-related impairments such as physical disabilities, cognitive deficits, speech and language disorders, and swallowing difficulties, ensuring timely referrals to appropriate rehabilitation services. Furthermore, nurses support patients in regaining independence in daily activities and enhancing their overall well-being and quality of life. This session will emphasise the significance of nursing interventions throughout the stroke recovery process and advocate for the advancement of rehabilitation nursing as a recognised and essential component of stroke care in Sri Lanka.

11:30 am - 11:50 am

Delivering Excellence in Stroke Rehabilitation: Key Quality Indicators and Evidence-Based Guidelines for Optimal Patient Care at Resource Poor Setting

Associate Prof. Ivy Sebastian

Delivering excellence in stroke rehabilitation in resource-poor settings requires a focus on key quality indicators and evidence-based guidelines adapted to local constraints. Critical quality indicators include early rehabilitation assessment within 48 hours of admission, timely initiation of rehabilitation interventions, and coordinated multidisciplinary care involving physiotherapists, occupational therapists, speech therapists, and nurses to optimise functional recovery. In LMICs, barriers such as limited skilled rehabilitation specialists, lack of national guidelines, and financial and transportation challenges impede access to quality care. Strategies to overcome these include task-shifting to trained community health workers, telerehabilitation, and community-based rehabilitation programs that extend care beyond hospitals. Emphasising patient- and caregiver-centred approaches, goal setting, and education enhances engagement and outcomes. Continuous quality improvement through data collection and adherence to adapted protocols ensures progress despite resource limitations. Ultimately, tailored, integrated rehabilitation services can significantly improve post-stroke recovery and quality of life in resource-poor environments.

ABSTRACTS - COMPREHENSIVE WORKSHOP

11:50 am - 12:10 pm
Overview of Stroke Rehabilitation Assessment
Prof. Dorcas Gandhi, Dr Rinita Mascarenhas

2:15 pm - 4:00 pm
Insights: Case Examples and Collaborative Group Discussions
Dr Chamara Jayatunga, Dr Anomali Vidanagamage, Dr Pramudika Kariyawasam, Mr P Gowritharan

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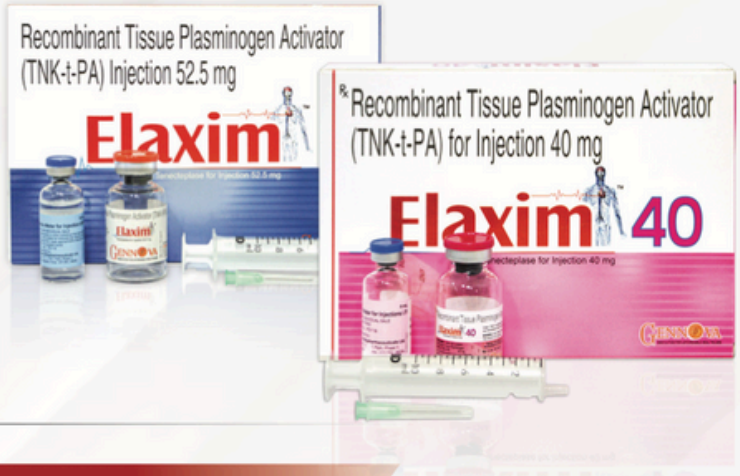


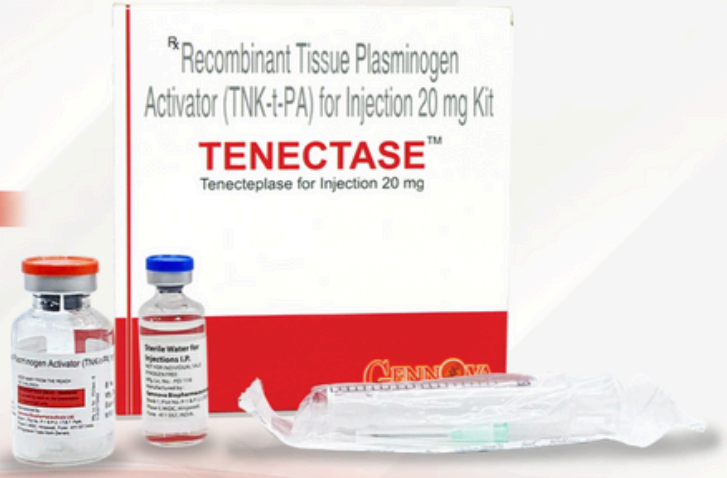
Thrombolytic treatment of acute ischemic stroke (AIS) within 3 hours of stroke initiation

In Acute Ischemic Stroke

℞ Tenectase®

Tenecteplase Injection 20 mg

Because every second matters



For more information, Please Contact - Prabath : 0779877128 Dayalan: 777427127

Ref: 1.Baig MU, Bodle J. Thrombolytic Therapy. [Updated 2022 Sep 8]. In: StatPearls [Internet] *AMI: Acute myocardial infarction

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SYNDOPA

(Levodopa + Carbidopa - Sun)

Syndicated Dopamine increase for comprehensive symptom relief

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Life made easier

OXETOL

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THE SAFER ALTERNATIVE TO CARBAMAZEPINE

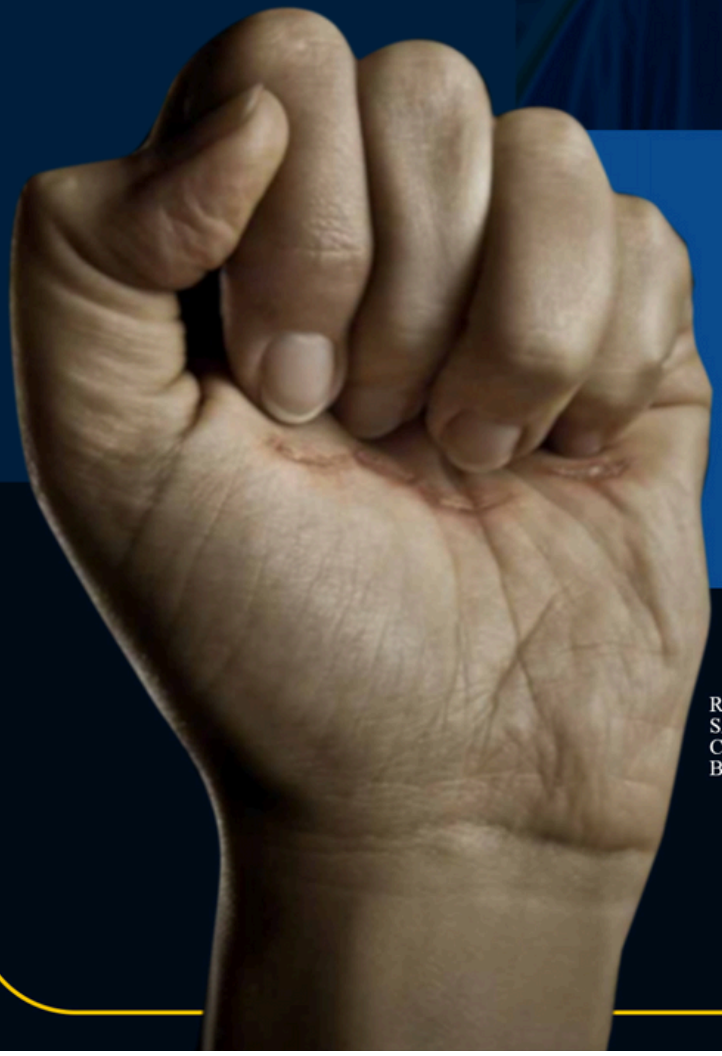
Rosuvas

Rosuvastatin 10mg

The Most Efficient Statin

TIME MATTERS IN CHANGING LIVES

YOUR ONE DECISION TO INJECT



CAN CHANGE LIVES

Treating Post-stroke Spasticity "EARLY" Is the Right Time[1-2]

Reference: 1. Opheim A, Danielsson A, Alt Murphy M, et al. Early prediction of long-term upper limb spasticity after stroke: part of the SALGOT study. Neurology. 2015;85(10):873-80 2. Early Identification, Intervention and Management of Post-stroke Spasticity: Expert Consensus Recommendations. Bavikatte G. et al, Journal of Central Nervous System Disease Volume 13: 1–8.
Botox® PI - *for more information please refer to the full prescribing information

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