

Application of Appropriate Traditional Chinese Medicine Techniques Combined with Rehabilitation Nursing in Community-based Hemiplegic Patients with Cerebral Infarction

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Abstract: *Objective:* To study the effect of appropriate traditional Chinese medicine techniques combined with rehabilitation nursing in community-based hemiplegic patients with cerebral infarction. *Methods:* From January 2024 to December 2025, 80 community hemiplegic patients with cerebral infarction received by our hospital were used as observation subjects. They were divided into an experimental group and a conventional group using the random number table method, with 40 people in each group. The conventional group received routine rehabilitation care in the community, while the experimental group received intervention with appropriate TCM techniques on the basis of routine care. The two groups of patients were compared in terms of limb motor function scores, daily living activity scores, and nursing satisfaction. *Results:* After the intervention, the limb motor function scores and daily living activity ability scores of the experimental group were higher than those of the conventional group, and the nursing satisfaction was also much higher than that of the conventional group ($P < 0.05$). *Conclusion:* Appropriate techniques of traditional Chinese medicine combined with rehabilitation nursing can effectively improve the limb motor functions of hemiplegic patients with cerebral infarction in the community, improve their daily living activities and nursing satisfaction, and have high application value in community clinical nursing.

Keywords: Appropriate techniques of traditional Chinese medicine; rehabilitation nursing; community; cerebral infarction; hemiplegia

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1. Introduction

Cerebral infarction is a particularly common cerebrovascular disease in community clinics. It has an acute onset and develops rapidly. Hemiplegia is its most common sequelae, which will hinder patients' limb movements and weaken their ability to perform daily activities. It not only brings great physical and mental pain to the patients themselves, but also increases the medical burden on families and communities^[1-2]. Most of the current community care for hemiplegic patients with cerebral infarction is routine rehabilitation care, which mainly focuses on limb function training. However, the single rehabilitation nursing model is not effective and cannot meet the rehabilitation needs of patients. Many patients

recover very slowly, and some patients even leave with permanent limb dysfunction. The appropriate technology of traditional Chinese medicine has the characteristics of simple operation, accurate curative effect and high safety. It has unique advantages in the rehabilitation treatment of sequelae of cerebrovascular diseases. It is based on syndrome differentiation and treatment of traditional Chinese medicine. It regulates the patient's qi and blood and dredges meridians through acupuncture, moxibustion, massage and other methods, which can effectively improve the blood circulation of the limbs and promote the recovery of neurological function^[3-4]. Because of this, our hospital tries to combine the appropriate techniques of traditional Chinese medicine with rehabilitation nursing and use it in the care of hemiplegic patients with cerebral infarction in the community. The purpose is to find a more effective nursing model, improve the patient's rehabilitation effect, reduce the patient's pain, improve their quality of life, and provide practical reference for the care of hemiplegic patients with cerebral infarction in the community.

2. Materials and methods

2.1. General information

From January 2024 to December 2025, 80 community hemiplegic patients with cerebral infarction received by our hospital were used as research cases and divided into two groups using the random number table method. There were 40 patients in the experimental group, 22 males and 18 females, aged between 45 and 78 years old, with an average age of (61.52 ± 5.34) years. There were 40 patients in the conventional group, 21 males and 19 females, aged from 46 to 79 years old, with an average age of (62.15 ± 5.28) years. There was no statistical significance in the general data comparison between the two groups of patients, $P > 0.05$. Inclusion criteria (1) Meet the diagnostic criteria for hemiplegia due to cerebral infarction and be confirmed by head CT or MRI examination; (2) The course of the disease is 1 to 6 months, with obvious symptoms of limb hemiplegia; (3) Clear consciousness and able to cooperate with nursing and rehabilitation training. Exclusion criteria: (1) Patients with severe heart, liver, kidney and other organ diseases; (2) Patients with coagulation dysfunction or contraindications to acupuncture and massage; (3) Patients with mental illness or unable to cooperate to complete the intervention.

2.2. Method

The conventional group received routine rehabilitation care in the community, and the nursing staff guided the patients to do basic limb rehabilitation training, including joint activity training, muscle strength training and balance training, etc., which lasted for 8 weeks.

On the basis of routine care, the experimental group combined appropriate techniques of traditional Chinese medicine for intervention: (1) Traditional Chinese medicine directional drug therapy intervention, combining traditional Chinese medicine and physical therapy technology, delivering drugs directly to the lesion through directional introduction, and applying the medicated electrode pads to Hegu point, Neiguan point, Quchi point, Zusanli point, and Yanglingquan point. According to the patient's tolerance and treatment needs, set the current intensity and temperature, and the time is 25 minutes. It is recommended to start with low intensity for the initial treatment. Initially, gradually adjust until the patient feels slight tingling and no discomfort, once a day; (2) Ear acupuncture seed burial intervention, use tape to fix Wangbuliuxing seeds at specific acupoints on the ear, Shenmen (the upper 1/3 of the back of the triangular fossa), and heart. (the depression in the middle of the auricular cavity), subcortical (inner surface of the tragus), and liver (the lower back part of the auricular cavity), through this intermittent stimulation, the meridians can be dredged, the qi and blood functions of the organs can be adjusted, and the yin and yang balance of the body can be promoted. Teach the patient (the counter-pressure method) to press with the pulp of the thumb and index finger, 3–5 times a day, 1–2 minutes each time, until the auricle becomes flushed and warm, especially before going to bed. One ear is applied at a time, usually for 1–3 days in summer and 3–7 days in winter. The two ears are applied alternately, and 10 times is a course of treatment; (3) Massage intervention: the

nursing staff uses kneading, pressing, rolling and other techniques to massage the patient's hemiplegic limbs, slowly advancing from the distal end to the proximal end, focusing on massaging the tense parts of the muscles and around the joints, for 30 minutes each time, once a day, 5 times a week. Massage is used to promote blood circulation in the limbs and relieve pain. Muscle spasm, improve limb activity function; (4) Chinese medicine fumigation intervention, select safflower, angelica, chuanxiong, mugwort and other Chinese medicines that can activate blood circulation, remove blood stasis, dredge meridians, add water to boil, take the medicine liquid, wait until the temperature of the medicine liquid drops to the appropriate level, The patient's hemiplegic limbs were fumigated and washed for 20 minutes each time, once a day, and treated 5 times a week. With the help of the efficacy of traditional Chinese medicine and thermal stimulation, the meridians of the limbs were dredged and the nerve function was restored. The entire intervention process lasted for 8 weeks.

2.3. Observation indicators

2.3.1. Compare the limb motor function scores of the two groups of patients before and after intervention

Evaluate using the Fugl-Meyer Functional Motor Scale (FMA), which ranges from 0 to 100, with higher being better.

2.3.2. Compare the daily living activity ability scores of the two groups of patients before and after intervention

Evaluate using the Barthel Index (BI) from 0 to 100, with higher being better.

2.3.3. Compare the nursing satisfaction of the two groups of patients

Our hospital's self-made nursing satisfaction scale was used for evaluation. Satisfied refers to the patient's complete recognition of the nursing service, relatively satisfied refers to the patient's basic recognition of the nursing service, and dissatisfaction refers to the patient's obvious dissatisfaction with the nursing service.

2.4. Statistical methods

Data were analyzed using SPSS 24.0. Measurement data that conform to a normal distribution are expressed as mean plus or minus standard deviation and subjected to *t* test; count data are expressed as percentage and subjected to χ^2 test. $P < 0.05$ represents a significant difference.

3. Results

3.1. Comparison of limb motor function scores between the two groups before and after intervention

After intervention, the scores of the experimental group were higher than those of the conventional group ($P < 0.05$). See Table 1 for details.

Table 1. Comparison of limb motor function scores between the two groups before and after intervention

Group	Pre-intervention score	Post-intervention score
Regular group (n=40)	45.28 ± 6.35	58.64 ± 7.21
Experimental group (n=40)	45.76 ± 6.42	72.35 ± 7.86
<i>t</i>	0.336	8.130
<i>P</i>	0.738	0.000

3.2. Comparison of daily living activity ability scores between the two groups before and after the intervention

After intervention, the scores of the experimental group were higher than those of the conventional group ($P < 0.05$). See Table 2 for details.

Table 2. Comparison of daily living activity ability scores between the two groups before and after the intervention

Group	Pre-intervention score	Post-intervention score
Regular group (n = 40)	42.35 ± 5.87	56.82 ± 6.74
Experimental group (n = 40)	42.89 ± 5.93	70.56 ± 7.12
<i>t</i>	0.409	8.864
<i>P</i>	0.683	0.000

3.3. Comparison of nursing satisfaction between the two groups

The nursing satisfaction of the experimental group was higher than that of the conventional group ($P < 0.05$). See Table 3 for details.

Table 3. Comparison of nursing satisfaction between the two groups

Group	Satisfied	Quite satisfied	Not satisfied	Overall satisfaction
Regular group (n = 40)	15 (37.50)	14 (35.00)	11 (27.50)	29 (72.50)
Experimental group (n = 40)	26 (65.00)	12 (30.00)	2 (5.00)	38 (95.00)
χ^2				7.440
<i>P</i>				0.006

3. Discussions

Hemiplegia caused by cerebral infarction is classified as “stroke” in the category of traditional Chinese medicine. The root cause of hemiplegia is abnormal circulation of qi and blood and obstruction of meridians, causing the limbs to lose nourishment and moisturizing. From the perspective of traditional Chinese medicine, the core of rehabilitation for hemiplegia patients after cerebral infarction is to open up the meridians, reconcile qi and blood, and nourish the limbs, so as to promote the gradual recovery of nerve function and limb movement function. The community is the main place for rehabilitation care for patients with cerebral infarction and hemiplegia. The quality of nursing work is directly related to the speed of the patient’s recovery process and the quality of life^[5]. Although routine rehabilitation nursing can improve the patient’s limb function to a certain extent, it lacks targeted conditioning methods and is difficult to solve the root causes of meridian blockage and Qi and blood deficiency, resulting in slow recovery and unsatisfactory nursing effects. The appropriate technology of traditional Chinese medicine is guided by the theory of traditional Chinese medicine and forms a unique diagnostic and treatment method. It is easy to operate and adapts to community nursing scenarios. It does not require the support of complex equipment and can be quickly applied to the care of hemiplegic patients with cerebral infarction in the community. When combined with conventional rehabilitation nursing, it can achieve complementary advantages, further improve the nursing effect, and provide patients with more comprehensive and targeted intervention services^[6].

After the intervention, the limb motor function scores of the patients in the experimental group were significantly higher than those in the conventional group. This result is closely related to the synergistic effect of appropriate techniques of traditional Chinese medicine combined with rehabilitation care. Limb training in routine rehabilitation

care can directly exercise the muscle strength and joint flexibility of patients with hemiplegic limbs, prevent muscle atrophy and joint stiffness, and lay the foundation for limb function recovery. However, it is difficult to improve limb blood circulation and nerve conduction functions by relying solely on training. Acupuncture intervention, a suitable technique of traditional Chinese medicine, can directly stimulate the meridians, dredge stagnant Qi and blood, regulate organ function, promote the repair and regeneration of nerve cells, improve nerve conduction function, and enhance limb movement ability through acupuncture at Jiankui, Quchi, Zusanli and other acupoints. Moxibustion relies on the warming effect to stimulate acupoints, which can warm the meridians, dispel cold evil, reconcile Qi and blood, and enhance the treatment of acupuncture. The effect is to simultaneously relieve limb muscle spasms, reduce the pain and stiffness of the patient's limbs, and create good conditions for limb rehabilitation training; massage stimulates hemiplegic limbs through manual techniques, promotes local blood circulation, relaxes tense muscles, relieves muscle spasms, improves the range of motion of limb joints, promotes the circulation of qi and blood, provides sufficient nutrition for limb tissues, and assists in the recovery of limb movement functions^[7]. The appropriate techniques of traditional Chinese medicine are combined with conventional rehabilitation care. It not only exercises limb muscle strength and flexibility through training, but also uses traditional Chinese medicine methods to regulate qi and blood and dredge meridians. It focuses on physiological functions and limb training to effectively promote the improvement of patients' limb motor functions, making the FMA score of the experimental group after intervention significantly higher than that of the conventional group.

In this study, the daily living activity ability scores of the patients in the experimental group after the intervention were significantly higher than those in the conventional group. This is inseparable from the comprehensive intervention of appropriate traditional Chinese medicine technology combined with rehabilitation nursing. Hemiplegic patients with cerebral infarction are unable to complete daily activities of daily living such as dressing, eating, and washing independently due to impairment of limb movement. They rely on others for long-term care, which not only reduces their own quality of life, but also easily produces negative emotions such as low self-esteem and anxiety, which further affects the recovery process. Although routine rehabilitation care includes training in activities of daily living, there is a lack of targeted conditioning, and patients recover slowly and find it difficult to quickly achieve self-care. The appropriate technology of traditional Chinese medicine combined with rehabilitation care, while carrying out daily life activity training, improves the patient's limb function and physical condition through acupuncture, moxibustion, massage and other traditional Chinese medicine methods, enhances the patient's limb strength and coordination, and allows the patient to gradually complete daily life activities independently^[8]. For example, acupuncture and massage can improve the patient's fine hand movements and help patients regain flexibility in dressing, eating and other movements; moxibustion and traditional Chinese medicine fumigation can relieve stiffness in the lower limbs, improve the patient's ability to walk and stand, and provide support for daily activities. At the same time, during the intervention process, the nursing staff adjusted the training plan and traditional Chinese medicine intervention measures according to the patient's recovery status to ensure the pertinence and effectiveness of the intervention, and gradually improved the patient's ability to carry out daily life activities. The BI score of the experimental group after intervention was significantly higher than that of the conventional group, helping patients gradually realize self-care and reducing the nursing pressure on families and communities.

In this study, the nursing satisfaction of patients in the experimental group was significantly higher than that in the conventional group. The main reason is that the combination of appropriate techniques of traditional Chinese medicine and rehabilitation nursing can provide patients with more comprehensive and targeted nursing services and meet the patients' rehabilitation and psychological needs. The conventional rehabilitation nursing model is relatively simple, mainly focusing on limb rehabilitation training, ignoring the individual differences and psychological state of patients. Some patients are prone to negative emotions such as anxiety and irritability due to poor rehabilitation effects and slow recovery of limb functions, and have low recognition of nursing services. The experimental group adopts a combination of appropriate TCM technology and rehabilitation nursing model, which not only focuses

on the recovery of patients' limb functions, but also combines the concept of TCM syndrome differentiation and treatment to provide patients with personalized TCM intervention measures, fully considering the patient's physical constitution and disease characteristics, making the intervention measures more targeted and improving the rehabilitation effect. At the same time, during the intervention process, nursing staff should strengthen communication with patients, understand the patients' psychological state and needs, provide patients with psychological support and encouragement, alleviate patients' negative emotions, enhance patients' confidence in recovery, and let patients feel the care and attention of nursing staff. In addition, the appropriate techniques of traditional Chinese medicine are easy to operate, have no obvious adverse reactions, are easy for patients to accept, and have significant recovery effects. They can allow patients to see recovery results in a short period of time, further enhance patients' recognition of nursing services, and thereby improve nursing satisfaction.

Based on the results of this study, it can be seen that the combination of appropriate traditional Chinese medicine technology and rehabilitation nursing has achieved remarkable results in the care of hemiplegic patients with cerebral infarction in the community. It can effectively improve the patient's limb motor function, enhance their daily living activities and nursing satisfaction, solve the problem of ineffective conventional rehabilitation nursing alone, and provide new ideas and methods for the rehabilitation nursing of community hemiplegic patients with cerebral infarction. This nursing model not only conforms to the concept of "treatment based on syndrome differentiation and taking into account both symptoms and root causes" of traditional Chinese medicine, but also meets the actual needs of community nursing. It is simple to operate, has an accurate curative effect, and is highly safe. It is easy to promote and apply in the community. It can help more community hemiplegic patients with cerebral infarction improve their rehabilitation effects, improve their quality of life, and reduce the nursing burden on families and communities. It has high clinical application value and promotion significance.

About the author

Min Xiaofei (1990-), female, Han nationality, Wuxi, Jiangsu, bachelor's degree, current title of supervisor nurse, working at Hudai Town Health Center, research direction is clinical nursing related.

Disclosure statement

The author declares no conflict of interest.

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