

ASSESSMENT

ADULT STROKE REHABILITATION & RECOVERY GUIDELINES

Multiple areas of function are part of a complete post-stroke patient assessment. These include motor impairment, including Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL); communication, both expressive and receptive; dysphagia; cognition; memory and dysfunction of the special senses.

Here are key recommendations from AHA/ASA's stroke rehab & recovery guidelines that provide the best clinical practices for adults recovering from stroke.

The information covered here addresses one of five major recommendation topics within the guidelines:

- The Rehabilitation Program
- Prevention and Medical Management of Comorbidities
- Assessment
- Sensorimotor Impairments and Activities
- Transitions in Care and Community Rehabilitation

ADL, IADL AND DISABILITY MEASUREMENT

- It is recommended that all persons with stroke be provided a formal assessment of their ADLs and IADLs, communication abilities, cognitive deficits and functional mobility prior to discharge from acute care hospitalization and that the findings be incorporated into the care transition and the discharge planning process. (Class I, LOE B)
- Determination of post-acute rehabilitation needs should be based on assessments of residual neurological deficits; activity limitations; cognitive, communicative and psychological status; swallowing ability; determination of previous functional ability and medical comorbidities; the level of family/caregiver support; the capacity of family/caregiver to meet the care needs of the stroke survivor; the likelihood of returning to community living; and the ability to participate in rehabilitation. (Class I, LOE C)

ASSESSMENT OF COMMUNICATION IMPAIRMENT

- By means of interview, conversation, observation, standardized tests and/or non-standardized items, the communication assessment should:
 - Evaluate speech, language, cognitive-communication, pragmatics, reading and writing
 - Identify communicative strengths and weaknesses
 - Identify helpful compensatory strategies
- Screening for cognitive deficits is recommended for all stroke patients prior to discharge home. (Class I, LOE B)

DYSPHAGIA SCREENING

- Early dysphagia screening is recommended for acute stroke patients to identify dysphagia and/or aspiration that can lead to pneumonia, malnutrition, dehydration and other complications. (Class I, LOE B)
- Assessment of swallowing before the patient begins eating, drinking or receiving oral medications is recommended. (Class I, LOE B)
- An instrumental evaluation is probably indicated for those patients suspected of aspiration to verify the presence/absence of aspiration and to determine the physiological reasons for dysphagia to guide the treatment plan. (Class IIa, LOE B)

Stroke rehabilitation requires a sustained and coordinated effort from a large team with the patient and the patient's goals at the center. In addition to the patient, the team includes family and friends, other caregivers (e.g. personal care attendants), physicians, nurses, physical and occupational therapists, speech/language pathologists, recreation therapists, psychologists, nutritionists, social workers and others.

Communication and coordination among these team members is paramount in maximizing the effectiveness and efficiency of rehabilitation and underlies the entire stroke rehabilitation and recovery guidelines.

RATING OF THE EVIDENCE: CLASSIFICATION OF RECOMMENDATIONS AND LEVELS OF EVIDENCE

SIZE OF THE TREATMENT EFFECT

	CLASS I	CLASS IIA	CLASS IIB	CLASS III NO BENEFIT OR CLASS III HARM									
	<p style="text-align: center;">BENEFIT >>> RISK</p> <p style="text-align: center;">PROCEDURE/TREATMENT SHOULD BE PERFORMED/ADMINISTERED</p>	<p style="text-align: center;">BENEFIT >> RISK</p> <p style="text-align: center;">ADDITIONAL STUDIES WITH FOCUSED OBJECTIVES NEEDED</p> <p style="text-align: center;">IT IS REASONABLE TO PERFORM PROCEDURE/ADMINISTER TREATMENT</p>	<p style="text-align: center;">BENEFIT ≥ RISK</p> <p style="text-align: center;">ADDITIONAL STUDIES WITH BROAD OBJECTIVES NEEDED; ADDITIONAL REGISTRY DATA WOULD BE HELPFUL</p> <p style="text-align: center;">PROCEDURE/TREATMENT MAY BE CONSIDERED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">PROCEDURE /TEST</th> <th style="text-align: center;">TREATMENT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">COR III: NO BENEFIT</td> <td style="text-align: center;">NOT HELPFUL</td> <td style="text-align: center;">NO PROVEN BENEFIT</td> </tr> <tr> <td style="text-align: center;">COR III: HARM</td> <td style="text-align: center;">EXCESS COST W/O BENEFIT OR HARMFUL</td> <td style="text-align: center;">HARMFUL TO PATIENTS</td> </tr> </tbody> </table>		PROCEDURE /TEST	TREATMENT	COR III: NO BENEFIT	NOT HELPFUL	NO PROVEN BENEFIT	COR III: HARM	EXCESS COST W/O BENEFIT OR HARMFUL	HARMFUL TO PATIENTS
	PROCEDURE /TEST	TREATMENT											
COR III: NO BENEFIT	NOT HELPFUL	NO PROVEN BENEFIT											
COR III: HARM	EXCESS COST W/O BENEFIT OR HARMFUL	HARMFUL TO PATIENTS											
<p>LEVEL A</p> <p style="font-size: small;">MULTIPLE POPULATIONS EVALUATED*</p> <p style="font-size: x-small;">DATA DERIVED FROM MULTIPLE RANDOMIZED CLINICAL TRIALS OR META-ANALYSES</p>	<p>Recommendation that procedure or treatment is useful/effective</p> <p>Sufficient evidence from multiple randomized trials or meta-analyses</p>	<p>Recommendation in favor of treatment or procedure being useful/effective</p> <p>Some conflicting evidence from multiple randomized trials or meta-analyses</p>	<p>Recommendation's usefulness/efficacy less well established</p> <p>Greater conflicting evidence from multiple randomized trials or meta-analyses</p>	<p>Recommendation that procedure or treatment is not useful/effective and may be harmful</p> <p>Sufficient evidence from multiple randomized trials or meta-analyses</p>									
<p>LEVEL B</p> <p style="font-size: small;">LIMITED POPULATIONS EVALUATED*</p> <p style="font-size: x-small;">DATA DERIVED FROM A SINGLE RANDOMIZED TRIAL OR NONRANDOMIZED STUDIES</p>	<p>Recommendation that procedure or treatment is useful/effective</p> <p>Evidence from single randomized trial or nonrandomized studies</p>	<p>Recommendation in favor of treatment or procedure being useful/effective</p> <p>Some conflicting evidence from single randomized trial or nonrandomized studies</p>	<p>Recommendation's usefulness/efficacy less well established</p> <p>Greater conflicting evidence from single randomized trial or nonrandomized studies</p>	<p>Recommendation that procedure or treatment is not useful/effective and may be harmful</p> <p>Evidence from single randomized trial or nonrandomized studies</p>									
<p>LEVEL C</p> <p style="font-size: small;">VERY LIMITED POPULATIONS EVALUATED*</p> <p style="font-size: x-small;">ONLY CONSENSUS OPINION OF EXPERTS, CASE STUDIES OR STANDARD OF CARE</p>	<p>Recommendation that procedure or treatment is useful/effective</p> <p>Only expert opinion, case studies or standard of care</p>	<p>Recommendation in favor of treatment or procedure being useful/effective</p> <p>Only diverging expert opinion, case studies or standard of care</p>	<p>Recommendation's usefulness/efficacy less well established</p> <p>Only diverging expert opinion, case studies or standard of care</p>	<p>Recommendation that procedure or treatment is not useful/effective and may be harmful</p> <p>Only expert opinion, case studies or standard of care</p>									
<p>SUGGESTED PHRASES FOR WRITING RECOMMENDATIONS</p>	<p>Should</p> <p>is recommended</p> <p>is indicated</p> <p>is useful/effective/beneficial</p>	<p>is reasonable</p> <p>can be useful/effective/beneficial</p> <p>is probably recommended or indicated</p>	<p>may/might be considered</p> <p>may/might be reasonable</p> <p>usefulness/effectiveness is unknown/unclear/uncertain or not well established</p>	<p>COR III: No Benefit</p> <p>is not recommended</p> <p>is not indicated</p>	<p>COR III: Harm</p> <p>potentially harmful</p> <p>causes harm</p>								
<p>COMPARATIVE EFFECTIVENESS PHRASES</p>	<p>treatment/strategy A is recommended/indicated in preference to treatment B</p> <p>treatment A should be chosen over treatment B</p>	<p>treatment/strategy A is probably recommended/indicated in preference to treatment B</p> <p>it is reasonable to choose treatment A over treatment B</p>		<p>should not be performed/administered/other</p> <p>is not useful/beneficial/effective</p>	<p>associated with excess morbidity/mortality</p> <p>should not be performed/administered/other</p>								

ESTIMATE OF CERTAINTY (PRECISION) OF TREATMENT EFFECT