



American Stroke Association®
A division of the American Heart Association.

Together to End Stroke®

ADULT STROKE REHABILITATION & RECOVERY GUIDELINES

ASSESSMENT

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 Adult Stroke Rehabilitation & Recovery Guidelines that provide the best clinical practices for adults recovering from stroke. For more information about these guidelines please refer to the full guidelines at [Heart.org/StrokeRehabGuidelines](https://www.heart.org/stroke-rehab-guidelines).

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.

- 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.

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.

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.
- Assessment of swallowing before the patient begins eating, drinking or receiving oral medications is recommended.
- 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.

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.
