American Heart Association | American Stroke Association
life is why

Together to End Stroke

TRANSITIONS IN CARE AND COMMUNITY INTERVENTIONS

ADULT STROKE REHABILITATION & RECOVERY GUIDELINES

A great deal of information must be transmitted intact from one treatment setting to the next. Accuracy and completeness are necessary to ensure continuity of care. In addition, new areas of concern appear, such as family and caregiver support, community resources for recreation and leisure activities, sexual function and driving.

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

ENSURING MEDICAL AND REHABILITATION CONTINUITY THROUGH THE REHABILITATION PROCESS AND INTO THE COMMUNITY

- It is reasonable to consider individualized discharge planning in the transition from hospital to home. (Class IIa, LOE B)
- It is reasonable to consider alternative methods of communication and support (e.g. telephone visits, tele-health or web-based support) particularly for patients in the rural settings. (Class IIa, LOE B)

SOCIAL AND FAMILY CAREGIVER SUPPORT

- It may be useful for the family/caregiver to be an integral component of stroke rehabilitation. (Class IIb, LOE A)

REFERRAL TO COMMUNITY RESOURCES

- Patient and family/caregiver preferences for resources should be considered. (Class I, LOE C)
- Follow-up is recommended to ensure that the patient/family receive necessary services. (Class I, LOE C)

REHABILITATION IN THE COMMUNITY

- A formal plan for monitoring compliance and participation in treatment activities may be useful for persons with stroke referred for home- or community-based rehabilitation services. A case manager or professional staff person should be assigned to oversee implementation of the plan. (Class IIb, LOE B)

RECREATIONAL AND LEISURE ACTIVITY

- It is reasonable to promote engagement in leisure and recreational pursuits, particularly through the provision of information on the importance of maintaining an active and healthy lifestyle. (Class IIa, LOE B)

SEXUAL FUNCTION

- An offer to patients and their partners to discuss sexual issues may be useful prior to discharge home and again after transition to the community. Discussion topics may include: safety concerns, changes in libido, physical limitations due to stroke and emotional consequences of stroke. (Class IIb, LOE B)

DRIVING

- Individuals who appear to be ready to return to driving, as demonstrated by successful performance on fitness-to-drive tests, should have an on-the-road test administered by an authorized person. (Class I, LOE C)

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

ESTIMATE OF CERTAINITY (PRECISION) OF TREATMENT EFFECT

	CLASS I	CLASS IIA	CLASS IIB	CLASS III NO BENEFIT OR CLASS III HARM
	BENEFIT > > > RISK PROCEDURE/TREATMENT SHOULD BE PERFORMED/ ADMINISTERED	**BENEFIT > > RISK** *ADDITIONAL STUDIES WITH FOCUSED OBJECTIVES NEEDED* IT IS RESONABLE TO PERFORM PROCEDURE/ADMINISTER TREATMENT	**BENEFIT ≥ RISK** *ADDITIONAL STUDIES WITH BROAD OBJECTIVES NEEDED; ADDITONAL REGISTRY DATA WOULD BE HELPFUL* PRODUCERE/TREATMENT MAY BE CONSIDERED	PROCDURE /TEST / TREAT-MENT COR III: NO BENEFIT — NOT HELPFUL / NO PROVEN BENEFIT COR III: HARM — EXCESS COST W/O BENEFIT OR HARMFUL / HARMFUL TO PATIENTS
LEVEL A MULTIPLE POPULATIONS EVALUATED* DATA DERIVED FROM MULTIPLE RANDOMIZED CLINCIAL TRIALS OR META-ANAYLSES	Recommendation that procedure or treatment is useful/effective Sufficient evidence from multiple randomizied trials or meta-analyses	Recommednation in favor of treatment or procedure being useful/effective Some conflicting evidence from multiple randomized trials or meta-analyses	Recommendation's usefulnesss/efficacy less well established Greater conflicting evidence from multiple randomized trials or meta-analyses	Recommendation that procedure or treatment is not useful/effective and may be harmful Sufficient evidence from multiple randomized trials or meta-analyses
LEVEL B LIMITED POPULATIONS EVALUATED* DATA DERIVED FROM A SINGLE RANDOMIZED TRIAL OR NONRANDOMIZED STUDIES	Recommedation that procedure or treatment is useful/effective Evidence from single randomized trial or nonrandomized studies	Recommendation in favor of treatment or procedure being useful/effective Some conflicting evidence from single randomized trial or nonrandomized studies	Recommendation's usefulnesss/efficacy less well established Greater conflicting evidence from single randomized trial or nonrandomized studies	Recommendation that procedure or treatment is not useful/effective and may be harmful Evidence from single randomized trial or nonrandomized studies
LEVEL C VERY LIMITED POPULATIONS EVALUATED* ONLY CONSENSUS OPINION OF EXPERTS, CASE STUDIES OR STANDARD OF CARE	Recommendation that procedure or treatment is useful/effective Only expert opinion, case studies or standard of care	Recommendation in favor of treatment or procedure being useful/effective Only diverging expert opinion, case studies or standard of care	Recommendation's usefulnesss/efficacy less well established Only diverging expert opinion, case studies or standard of care	Recommendation that procedure or treatment is not useful/effective and may be harmful Only expert opinion, case studies or standard of care
SUGGESTED PHRASES FOR WRITING RECOMMENDATIONS	Should is recommended is indiciated is useful/effective/beneficial	is reasonable can be useful/effective/beneficial is probably recommended or indicated	may/might be considered may/might be reasonable usefulness/effectiveness is unknown/unclear/uncertain or not well established	**COR III: No Benefit** is not recommended is not indicated should not be performed/ adminstered/ other is not useful/beneficial /effective **COR III: Harm** potentially harmful causes harm associated with excess morbidity /moratality should not be performed/ adminstered/ other
COMPARATIVE EFFECTIVENESS PHRASES	treatment/strategy A is recommended/indicated in perference to treatment B treatment A should be chosen over treatment B	treatment/stategy A is probably recommended/indicated in preference to treatment B it is resonable to choose treatment Aover treatment B		