let’s talk about

**Stroke Rehabilitation**

There is life – and hope – after stroke. Rehabilitation (rehab) can build your strength, capability and confidence. It can help you continue our daily activities despite the effects of your stroke.

The American Stroke Association recommends an inpatient rehabilitation facility (IRF) when possible. In an IRF, the stroke survivor must be capable of doing three hours of therapy five days a week. They must be medically stable. IRF’s provide hospital-level care that is physician directed with 24-hour specialized nursing care.

Some survivors may get rehab in skilled nursing facilities (SNF), long-term acute care facilities, nursing homes, outpatient clinics and in-home care through a home health agency. Patients may receive care in one or more settings during their recovery.

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**What is stroke rehabilitation?**

After a stroke, you may have to change or relearn how you live day to day. Getting quality rehab from a strong team of therapists leads to better recovery. It can also make a positive difference in other areas of your health.

The goal of rehab is to become as independent as possible. To do so means working on physical and communication functions harmed by the stroke. Making healthy lifestyle changes to prevent another stroke is another goal.

**Who will be a part of my rehabilitation program?**

Rehabilitation is a team effort. This team communicates about and coordinates the care to help achieve your goals. Your physician and neurologist are on the team, others may include:

- **Physiatrist** — A medical doctor specializing in stroke rehab.
- **Physical therapist (PT)** — PTs work to get you as mobile and as independent as possible. They help improve major physical and sensory deficits. The focus on walking, balance and coordination.
- **Occupational therapist (OT)** — OTs help you with daily activity skills (bathing, toileting, eating, driving).
- **Rehabilitation nurse** — A nurse who coordinates your medical support needs throughout rehab.
- **Speech-language pathologists (SLP)** — SLPs help with speech and language skills and swallowing disorders.
- **Recreation therapist (RT)** — RTs help with adapting activities you enjoyed before the stroke. They may introduce new ones, too.
- **Psychiatrist or psychologist** — Stroke may bring emotional and life changes. These health care providers can help you adjust.
- **Vocational rehabilitation counselor** — This specialist evaluates your work-related abilities. They help you make the most of your skills to return to work.
What will I do in rehabilitation?
Rehab programs focus on assessing and improving:
• Activities of daily living such as eating, bathing and dressing.
• Mobility (getting from bed to chair, walking, climbing stairs or using a wheelchair).
• Communication skills in speech and language.
• Cognitive skills such as memory or problem solving.
• Social skills, interacting with other people.
• Psychological functioning to improve coping skills and treatment to overcome depression, if needed.
The rehabilitation team meets weekly to check on progress. Part of rehab is working on recovery. Another part is learning to adapt for deficits that may not fully recover.

HOW CAN I LEARN MORE?

1 Call 1-888-4-STROKE (1-888-478-7653) or visit strokeassociation.org to learn more about stroke or find local support groups.
2 Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers, at strokeconnection.org.
3 Connect with stroke survivors and caregivers by joining our Support Network at strokeassociation.org/supportnetwork.

Do you have questions for the doctor or nurse?
Take a few minutes to write your questions for the next time you see your health care provider.
For example:
How can I continue to improve my skills after formal rehab ends?

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.